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Dawn



Amendment

Disclosure Report Cover

Full Name       c. ID Number         Kith       Kining Communities to Fload for Cody Connect 1       46-399 41661         Mailing Address (include (ity, State and Zip Code)       d. Date Filed       46-394 413         Mailing Address (include (ity, State and Zip Code)       d. Date Filed       46-344 413         Multicity       State Code       d. Date Filed       46-344 413         Multicity       State Code       42. Period End Date (mm/dd/yy)       5. Treasurer Full Name         Ao 13       Le ~ 25 13       Le ~ 369 ^ 13       Date Masca         Type of Committee (Check One)       9. Type of Report (check only) One type of Perform one calegory)       7. Treasurer Full Name         Candidate Campaign       Party       Monipial       State/County       Referendum         Independent Expenditure       Joint Fundraiser       Thirty-five day       Quarterly       Pre-referendum         Independent Expenditure       Joint Fundraiser       Thirty-five day       Quarterly       Pre-referendum         Independent Expenditure       Joint Fundraiser       Thirty-five day       Quarterly       Pre-referendum         Independent Expenditure       Joint Fundraiser       Third       Annual       Second       Supplemental Final         Booster Fund       Gereinanual       Fourth       Specia	Do not use this form to update information.		
Kaith       Kind       Line world       In Elect       Let       Carmed       Us       Difference         Mailing Address (include City, State and Zip Code)       Let       Let       Let       Let       Difference         With       N       Liberty       State Conduct       Let       Difference	1. Committee Information		- ID Marshar
Mailing Address (include City, State and Zip Code)       4 Date Filed       4 Date Filed         We Solve Solv	a, Full Name	<b>A</b>	c. ID Number
With Cuberty St.       (-241+13)         W - S, N.C. 20101       (-240+13)         Report Year 3: Period Start Date immunoty (4 Period End Date immunoty)       (3 Period End Date immunoty)         A 13       (-240+13)         A 13       (-240+13)         A 14       (-240+13)         A 15       (-240+13)         A 16       (-240+13)         A 17       (-240+13)         A 17       (-240+13)         A 15       (-240+13)         A 16       (-240+13)         A 17       (-240+13)         A 16       (-240+13)         A 16       (-240+13)         A 16       (-240+13)         A 17       (-240+13)         A 16       (-240+13)         A 16       (-240+13)         A 16       (-240+13)         A 16       (-240+13)         B 16       (-240+13)		Elect for Caty Cemail	
Report Venc 3: Derived Start Date main days)       4: Derived End Date main days)       5: Treasurer Full Name         A 1 3 $u - 25$ 13 $u - 25$ 14 $u - 25$ 14 $u - 25$ 15 $u - 25$	Visiting Address (include City, State and Zip Code)		1. 74-12
Report Vene 3. Derived Start Date mained by:       4: Period End Date mained by:       5: Trensorer End Name         A 1 3 $u - 25$ 13 $u - 25$ 13 $u - 25$ Type of Committee Check One:       9: Type of Refort Collect on Nome Street Staff Collect Conduct Conduc	the is closeng si		Bar 13
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2013       Le - 25 13       Le - 26 - 13       Dawn Shows         Styre of Committee (Check One)       9 Type of Report (Orient antercale anter	00 (. d. 110)	(	336)749-0365
2013       Le - 25 13       Le - 26 - 13       Dawn Shows         Styre of Committee (Check One)       9 Type of Report (Orient antercale anter	2. Report Year 3. Period Start Date (mm/dd/y) 4	Period End Date (mm/dd/yy) 5. Treasur	er Full Name
Candidate Campaign       Party       Municipal       State/County       Referendum         Independent Expenditure       Joint Fundraiser       Organizational       Organizational       Organizational         Legal Expense Fund       Doint Fundraiser       Pre-primary       First       Final         Supplemental Final       Supplemental Final       Supplemental Final         Booster Fund       Beriannual       Beriannual       Second       Supplemental Final         Bouster Fund       Mid Year       Semi-annual       Second       Supplemental Final         Bouster Fund       Mid Year       Semi-annual       Second       Supplemental Final         Bouster Fund       Year End       Mid Year       Semi-annual       It Second       Supplemental Final         Bouster Fund       Special       Special       Special       Special       Special         Other:       Prace End       Final       Special       Special       Special         Primose       C. Account Code       b. Purpose       C. Account Code       It Parce         Purpose       C. Account Code       b. Purpose       C. Account Code       It Period Begin Balance         S. O. O       Code       Staptarter of Appointed To staptare are commigled with prohition focisclosed fu			Diana
PAC       Referendum       Organizational       Organizational       Organizational         Independent Expenditure       Joint Pundraiser       Thirty-five day       Quarterly       Pre-referendum         Pre-primary       First       First       Final       Supplemental Final         Pre-primary       Pre-ruoff       Third       Annual       Supplemental Final         Booster Fud       Booster Fud       Second       Year Eod       Mid Year         Other:       Mid Year       Year Eod       Mid Year       Its Special         Other:       Final       Final       Special       Special         Mimbler of Conditations       11 Account Information       Its Special       Special         Financial Institution Full Name       a. Financial Institution Full Name       G. Account Code       b. Purpose       c. Account Code       c. Account Code         Margen A       C. Account Code       b. Purpose       c. Account Code       Special Special Special Special Special Special Special Special       Special Sp			
Independent Expenditure       Joint Pundraiser       Thirty-five day       Quarterly       First       First         Legal Expense Pund       Pre-primary       First       Second       Supplemental Final         Pre-belexion       Pre-primary       First       Second       Supplemental Final         Bootstr Fund       Bootstr Fund       Second       Second       Special         Bootstr Fund       Second       Wid Year       Mid Year       Mid Year         Other:       Year End       Mid Year       Year End       Special         Number of Fundraisers this Report       Special       Special       Special         Propose       c. Account Code       b. Purpose       c. Account Code       Final         Purpose       c. Account Code       b. Purpose       c. Account Code       Final         Purpose       c. Account Code       b. Purpose       c. Account Code       Final         Cond       Stance       Stance       Stance       Stance       Stance         Purpose       c. Account Code       b. Purpose       c. Account Code       First       Stance         Purpose       c. Account Code       b. Purpose       c. Account Code       Stance       Stance         Purpose			
Legal Expense Pund       Pre-primary       First       Final         Dype of Nund       With annual       Pre-primary       Second       Supplemental Final         Booster Fund       Booster Fund       Second       Special       Special         Booster Fund       Mid Year       Court       Special       Special         Other:       Pre-nuoff       Special       Special       Special         Other:       Prinal       Special       Special       Special         Number of Fundraisers this Report       Special       Final       Special         Number of Fundraisers this Report       Special       Final       Special         Parancial Institution Full Name       Final       Special       Final         Propose       C. Account Code       b. Purpose       C. Account Code       Image: Special         Purpose       C. Account Code       b. Purpose       C. Account Code       Image: Special         Carter of the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163       Go 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, the and correct and that T have been thiged by the NC state Board of Elections.       Date         OR OFFICE USE ONLY       Da	= = 1=		
Type of Fund       Buptemental Final         Type of Fund       Buptemental Final         Booster Fund       Booster Fund         Booster Fund       Mid Year         Booster Fund       Mid Year         Booster Fund       Mid Year         Booster Fund       Mid Year         Other:       Final         Number of Fundraisers this Report       Special         Final       Special         Number of Fundraisers this Report       Bispecial         Pare End       Mid Year         Pare End       Final         Special       Special         Pare End       Final         Pare End       Special         Pare End       Final         Special       Special         Booster Fund       Special         Pare End       Special         Pare End       Final         Special       Special         Pare End       Special         Booster Fund       Special         Pare End       Special         P			
Type of Fund       If applicable check and       Pre-runoff       Third       Annual         Booster Fund       Semi-annual       Fourth       Semi-annual       Special         Building Fund       Mid Year       Mid Year       Mid Year       10:Special: Report Name         Other:       Binal       Special       Final       Special       ID:Special: Report Name         Other:       Bread       Special       Special       Special       Special         Index of Fundraisers this Report       Special       Special       Special       Special         Index of Fundraisers this Report       Special       Special       Special       Special         Index of Fundraisers this Report       Special       Special       Special       Special         Index of Fundraisers this Report       Special       Special       Special       Special         Index of Fundraisers this Report       Internation       Special       Special       Special         Index of Fundraisers this Report       Internation       Special       Special       Special         Index of Fundraisers this Report       A. Account Code       Special       Special       Special         Internation       Internation Special       Special       Special			
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Other:       Year End       Mid Year       10: Special Report Name         Number of Pundraisers this Report       Final       Special       Final       Special         It Account Information       It Account Information       It Account Information       Special       Special         Purpose       c. Account Code       b. Purpose       c. Account Code       b. Purpose       c. Account Code       If I			
Other:       Year End         Number of FundFalsers this Report       Special         Printed       Special         It: Account Information:       It: Account Information:         Financial Institution Full Name       a. Financial Institution Full Name         B       + T         Purpose       c. Account Code         Purpose       c. Account Code         W       b. Purpose         C. Account Code       b. Purpose         C. Account Code       c. Account Code         It: Account Code       b. Purpose         C. Account Code       c. Account Code         It: Account Code       b. Purpose         C. Account Code       c. Account Code         It: Account Code       b. Purpose         C. Account Code       c. Account Code         It: Account Code       <			10. Special Report Name
Image: Special         It Account Information         Financial Institution Full Name         B       +T         Purpose       c. Account Code         M       S         M       S         M       S         M       S         Purpose       c. Account Code         M       S         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163	🖸 Other:	inal 🔲 Year End	
I. Account Information       II. Account Information         Financial Institution Full Name       a. Financial Institution Full Name         BB + T       a. Financial Institution Full Name         Purpose       c. Account Code         Ways       K \$ 75 7         d. Period Begin Balance       b. Purpose         c. Account Code       b. Purpose         c. Account Code       c. Account Code         Financial Institution Full Name       c. Account Code         Image: Status       d. Period Begin Balance         s       G. GD         S       G. GD         ERTIFICATION       Go         Icertify 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.         Account Printed Rame of Signer       Signature of Appointed Theasurer         OR OFFICE USE ONLY       Date         Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:	8. Number of Fundraisers this Report 👘 S	pecial Final	
Financial Institution Full Name       a. Financial Institution Full Name         BB+T       a. Financial Institution Full Name         Purpose       c. Account Code         WHANK       K 5757         d. Period Begin Balance       b. Purpose         c. Account Code       b. Purpose         c. Account Code       b. Purpose         c. Account Code       c. Account Code         WHANK       K 5757         d. Period Begin Balance       g. O. OD         s       G. OD         EERTIFICATION       g. OD         Icertify 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, rue and correct and that I have been trained by the NC State Board of Elections.         Printed Name of Signer       Signature of Appointel Theasurer         OR OFFICE USE ONLY       Date         Date Received:       1/3/2013         Employee:       Delivery Method         Date Scanned:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Date Data Entered:       Employee:         Date Data Entered:		Special	
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Purpose       c. Account Code       b. Purpose       c. Account Code       1         Impland       K 5 75 7       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S       d. Period Begin Balance       d. Period Begin Balance         S (J. U)       S (J. U)       S       d. Period Begin Balance         S (J. U)       S (J. U)       S       d. Period Begin Balance         S (J. U)       S (J. U)       S       d. Period Begin Balance         S (J. U)       S (J. U)       S (J. U)       S (J. U)         I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163       General Statutes and that I have been trained by the NC State Board of Elections.         Printed kalpe of Signer       Signature of Appointed Theasurer       Date         OR OFFICE USE ONLY	a. Financial Institution Full Name	a. Financial Institution Full Name	<u>ت ار ا</u>
Purpose       c. Account Code       b. Purpose       c. Account Code       I         WMPMW       K \$ 757       J.       P       J.	BB+T		$\tilde{m} \geq 1$
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<b>CERTIFICATION</b> Co         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.	d. Period Begin Bala	nce	d. Period Begin Balance
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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.	•	with all applicable provisions of Article 22A 22	
report is complete, true and correct and that I have been trained by the NC State Board of Elections.         Date         Printed Name of Signer         Signature of Appointed Treasurer         Date         Date         Delivery Method         Date         Delivery Method         Date         Delivery Method         Date         Date Received:       1/3/2013       Employee:       Delivery Method         Date Postmarked:       Date       Delivery Method         Date Postmarked:			
Printed Name of Signer       Signature of Appointed Teasurer       Date         OR OFFICE USE ONLY       Date Received:       1/3/2013       Employee:       Delivery Method         Date Received:       1/3/2013       Employee:       Delivery Method         Date Postmarked:       Employee:       Delivery Method         Date Scanned:       Employee:       Delivered         Date Data Entered:       Employee:       Discontrol 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.			
Printed Name of Signer       Signature of Appointed Teasurer       Date         OR OFFICE USE ONLY       Date Received:       1/3/2013       Employee:       Delivery Method         Date Received:       1/3/2013       Employee:       Delivery Method         Date Postmarked:       Employee:       Delivery Method         Date Scanned:       Employee:       Delivered         Date Data Entered:       Employee:       Discontrol 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.	all all	(1) $(1)$ $(1)$ $(1)$	Vilan)a
OR OFFICE USE ONLY         Date Received:       1/3/2013       Employee:       Delivery Method         Date Postmarked:       Employee:       Imployee:       Imployee:         Date Scanned:       Employee:       Imployee:       Imployee:         Date Data Entered:       Employee:       Imployee:       Imployee:         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.		Naun M. Dhoon	$\sim$ $(0)$
Date Received:       1/3/2013       Employee:       Ju du		Signature of Appointed Treasurer	Date
Date Received:       Imployee:       Imployee:<	FOR OFFICE USE ONLY		
Date Postmarked:       Employee:       Registered Mail         Date Scanned:       Employee:       Electronically Filed         Date Data Entered:       Employee:       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.       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.	Date Received: <u>1/3/2013</u>	Employee: Jududleas De	
Date Postmarked:       Employee:         Date Scanned:       Employee:         Date Data Entered:       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.	<del></del>		•
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assistant treasurer, custodian of books information, or account information.	Date Data Entered:	Employee:	
assistant treasurer, custodian of books information, or account information.	Please Note: This form cannot be used to am	end committee information such as the co	nmittee address, treasurer,
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			
	You must amend the Statement of O	rganization (CRO-2100A-E) to make com	mittee changes.
RO-1000 NC State Board of Elections August 2008	CRO-1000	C State Board of Elections	August 2008

## **Detailed Summary**

Amendment	
	No

Use this form to summarize all disclosure reporting forms a <b>1. Committee Full Name (and Fund if applicable)</b>			D Number
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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	nanga satu satu satu satu satu satu satu sat		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizatio		\$	\$
11c) Autside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1			\$ 7
EXPENDITURES		i de la de la composición de la composi La composición de la c	
13) Disbursements	n a dha ann an Aolta a bha a dhaal a dhica a dhica aa dhaanadh		
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee		\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14		\$ 0	\$ 0
19) Cash on Hand at End (Add lines 4 and 12 together, then			\$ Ò
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) (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)	\$	\$ 7 5
26) Forgiven Loans	(CRO-1440)	\$	\$ 11 =
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$ <u> </u>
28) Contributions to be Refunded	(CRO-1215)	\$	s w

CRO-1100

NC State Board of Elections

August 2008

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