Disclosure Report Cover

Amendment ☐ Yes

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

Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number SGHN20 Elect Terri Sessoms for School Board b. Mailing Address (include City, State and Zip Code) d. Date Filed 6 Avon Court 02/12/2018 APR 2 7 2018 PO Box 449 e. Phone Number Smithfield, NC 27577 919-915-5239 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 04/21/2018 2018 01/1/2018 Mary P. Braswell **9. Type of Report** (check only one type of report from one category) 6. Type of Committee (Check One) X Candidate Campaign Party Municipal State/County Referendum Referendum ☐ PAC Organizational x Organizational Organizational Independent Expenditure I Joint Fundraiser Thirty-five day Pre-referendum Quarterly Legal Expense Fund Pre-primary First Final Pre-election Supplemental Final Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth □ Special Building Fund Mid Year Semi-annual Year End 10. Special Report Name Mid Year Final Other: Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Four Oaks Bank b. Purpose c. Account Code b. Purpose c. Account Code Campaign Contributions and **Expenses** d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163

of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Mary P. Braswell

Printed Name of Signer	Signature of Appointed Treasurer	Date			
FOR OFFICE USE ONLY	4 . 5				
Date Received: 4-27-18	Employee: AUS	Delivery Method Normal Mail			
Date Postmarked:	Employee:	Registered MailHand Delivered			
Date Scanned:	Employee:	Electronically Filed			
Date Data Entered:	Employee:	☐ Signer has not received mandatory training			
Diama Mada min c					

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.

Mary P. Braswell

04/27/2018

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 Elect Terri Sessoms for School Board SGHN20 Quarterly Total this Total this Start of Election Cycle: 2018 January 1. Reporting Period **Election Cycle** 4) Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 1000.90 1000.90 \$ 6) Contributions from Individuals (CRO-1210) \$ 6455.00 6455.00 7) Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 7455.90 7455.90 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 5974.35 5974.35 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee \$ (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ \$ 325.90 325.90 **18) TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 6300.25 6300.25 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 1155.65 1155.65 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) (CRO-1610) 22) Debts and Obligations owed by the Committee \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support \$ (CRO-1710) \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum \$ \$ (CRO-2220) 28) Contributions to be Refunded \$ \$ (CRO-1215)

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

1. (. Committee Full Name (and Fund if applicable) 2. ID Number										
	Fle	ct Terri Sessom	s for School Board			SGHN20					
3.0		tor Information				OCHIVZO					
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	Remove	1		Printing/Copies, Merv Sessoms	02/13/2018	\$ 34.03					
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	Add Remove	1	Cash		02/13/2018	\$ ₅₀					
	Add Remove	1		Printing/Copies, Merv Sessoms	02/14/2018	\$ 13.45					
	Add Remove	1		Printing/Copies, Merv Sessoms	02/16/2018	\$ 9.99					
P	Add Remove	1		Printing/Copies, Merv Sessoms	02/17/2018	\$ 10.25					
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	Add Remove	1	97	Printing/Copies, Merv Sessoms	02/22/2018	\$ _{7.47}					
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	Add Remove	1		Printing/Copies, Merv Sessoms	03/08/2018	\$ 1.67					
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(Petailed Summary Page C	'RO-1100)		\$ 1000.90					

Aggregated Contributions from Individuals

Amendment

2 of 3 Yes

X No

Page

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

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	Ele	ct Terri Sessom		SGHN20		
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	Add Remove	1		Printing/Copies, Merv Sessoms	03/14/2018	\$ 24.98
	Add Remove	1		Printing/Copies, Merv Sessoms	03/20/2018	\$ 28.34
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Amendment **Aggregated Contributions from Individuals** Page 3 of 3 Yes X No

Optional form used to report	NC Contributions From	Individuals of \$50 or less
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			ns for School Board			SGHN20		
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	(This line must be on line 5 of Detailed Summary Page CRO-1100) NC State Regard of Flections April 2007							

Pg 1 of 23 Yes X 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 Elect Terri Sessoms Board of Education SGHN20 3. Contributor Information ☐ Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Attorney Allen Wellons c. Employer's Name/Specific Field 609 Hancock Street Smithfield, NC 27577 e. Election Sum to Date Wilkins, Wellons, and Coats 100 g. Account Code j. Date (mm/dd/yyyy) f. Prior h. Form of Payment i. In-Kind Description k. Amount 1 Check 02/05/2018 100 \$ \$ 3. Contributor Information ☐ Remove Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator c. Employer's Name/Specific Field Kathy Mast 1099 N. Lakeside Drive Smithfield, NC 27577 e. Election Sum to Date **JCPS** 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/08/2018 100 \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Part-Time Educator Mary Nell Ferguson c. Employer's Name/Specific Field 1108 Baker Street **JCPS** Smithfield, NC 27577 e. Election Sum to Date 300 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 02/09/2018 300 Check П \$ \$ 4. Total only this Page \$ 500 5. Total of ALL CRO-1210 Pages \$ 6455 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals Pg 2 of 23 Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not up

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3. Cont	ributor Inform	ation		Add	R	emove		
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		6 of Detailed Summary 1	Page CRO-1100)				\$	6455

x No

Contributions from Individuals Pg 3 of 23 Yes 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 Elect Terri Sessoms for School Board SGHN20 3. Contributor Information ☐ Add □ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Retired Priscilla Temple c. Employer's Name/Specific Field PO Box 203 Four Oaks, NC 27524 e. Election Sum to Date g. Account Code h. Form of Payment f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 02/13/2018 Check 20 \$ П \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Construction Thomas Gunshinan c. Employer's Name/Specific Field 238 Silverado Court Kenly, NC 27542 Self-Employed e. Election Sum to Date 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 2/13/2018 100 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator c. Employer's Name/Specific Field Sarah Anderson 222 Maylon Lane Clayton, NC 27520 **JCPS** e. Election Sum to Date 175 g. Account Code k. Amount f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) \$ Check 02/13/2018 1 \$ Check 03/05/2018 50 Check 04/17/2018 4. Total only this Page \$ 295 5. Total of ALL CRO-1210 Pages 6455 (This line must be on line 6 of Detailed Summary Page CRO-1100)

	Contributions from Individuals Pg 4 of 23 Yes No Is this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used									
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(include city, state, & zip)										
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	rine Davis 5 Reedy Creek Road			c. Employer's Nar	ne/Specific Field			
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		RO-1210 Pages of Detailed Summary P	age CRO-1100)			\$	6455	

b. Job Title/Profession

d. Comments

a. Full Name, Mailing Address & Phone

(include city, state, & zip)

					Amendmen	t
Contributions from Individuals	Pg	_5	of	23	Yes Yes	∡ No
Ise this form to report individual contributions over \$50 or contributions	unde	r \$50 if	form	CRO	1205 is not	used

1. Com	mittee Full Nam	e (and Fund if appl	icable)			2. ID Number			
Ele	ect Terri Sessom		SGHN20						
3. Cont	ributor Informa	tion		Add Ren	nove				
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	e city, state, & zip)								
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Lisa Stafford 601 N Perry Street Greenville, AL 36037				c. Employer's Nan	ne/Specific Field				
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Amendment

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									\$
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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

6455

Contributions from Individuals Pg 7 of 23 Yes 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 Elect Terri Sessoms for School Board SGHN20 3. Contributor Information Add □ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator **Ashley Young** c. Employer's Name/Specific Field 1381 Ivey Rd Benson, NC 27504 JCPS e. Election Sum to Date g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/26/2018 25 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field e. Election Sum to Date f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field Sue Wilder 775 Friendship Church Rd Middlesex, NC 27557 e. Election Sum to Date 25 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ Check 02/26/2018 \$ 4. Total only this Page \$ 50 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) 6455

Amendment Pg <u>8</u> of <u>23</u> Yes x No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appl	licable)	Committee Full Name (and Fund if applicable)							
Ele	ct Terri Sessom	ns for School Board							SGHN20		
3. Cont	ributor Informa	ition		Add		Rem	ove	M.J.A			
	ame, Mailing Addre	ss & Phone		b. Job 1	itle/Pr	rofess	ion	d. Com	ments		
	le city, state, & zip)				ıtal Hyg						
	sley Nelson 06 Holly Drive			c. Empl	oyer's	Name	e/Specific Field				
	leigh, NC 27615				Dr. T	īm Gri	nder	e Flast	ion Sum to Date		
									on valu to valt		
								\$	25		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j	j. Date (mm/dd/yyy	y) k.	Amount		
	1	Check					02/26/2018	\$	25		
	,							\$			
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	3. Contributor Information										
	ame, Mailing Addre			b. Job	Title/P	rofess	ion	d. Com	ments		
(includ	le city, state, & zip)			-	Minn-3						
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	,	200						e. Elect	ion Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion			j. Date (mm/dd/yyy	(y) k.	Amount		
	1	Check					2/26/2018	\$	25		
			1					\$	8		
								\$	5		
	tributor Inform			Add		Rem					
	ame, Mailing Addr			b. Job	Title/P	rofess	sion	d. Com	ments		
(inclu	de city, state, & zip)	1		Ed	ucator						
	auren Barbour					Nam	e/Specific Field	1			
18	501 Old Clayton Road							L	<u>-1.16</u>		
V	Villow Spring, NC 2759	92			JCPS			e. Elect	tion Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ition		\Box	j. Date (mm/dd/yyy	yy) k.	Amount		
	1	Check					02/27/2018		25		
	1	Check					03/08/2018	3	25		
								3	В		
4. Tot	tal only this P	age						\$ 10	00		
		RO-1210 Pages						¢			
			Page CRO-1100)	(This line must be on line 6 of Detailed Summary Page CRO-1100) 6455							

Amendment **Contributions from Individuals** X No ☐ Yes of 23 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 **Elect Terri Sessoms for School Board** SGHN20 3. Contributor Information Add □ Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field Karen Kenney-Lassiter 1555 Lassiter Road Four Oaks, NC 27524 JCPS e. Election Sum to Date g. Account Code i. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description k. Amount f. Prior Check 02/27/2018 25 \$ \$ Add 3. Contributor Information ■ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Counselor Susan Hager c. Employer's Name/Specific Field 2304 Weybridge Drive Raleigh, NC 27615 **JCPS** e. Election Sum to Date 50 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 2/27/2018 \$ \$ 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field H Edward Croom 537 Oliver Road Kenly, NC 27542 e. Election Sum to Date 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/28/2018 100 \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 175

6455

Amendment Yes x No Pg 10 of 23 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appli			2. ID Number		
Ele	ct Terri Sessom	s for School Board					SGHN20
3. Cont	ributor Informa	tion		Add	☐ Rer	nove	
	me, Mailing Addre	ss & Phone		b. Job Ti	tle/Profes	sion	d. Comments
(includ	e city, state, & zip)			Educator			
	McAllister			c. Emplo	yer's Nan	ne/Specific Field	
	2 Indian Rock Rd				1000		
					JCPS		e. Election Sum to Date
							\$ ₅₀
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y) k. Amount
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							\$
3. Cont	ributor Informa	tion		Add	Rer	nove	
}	me, Mailing Addre	ss & Phone		b. Job Ti	tle/Profes	sion	d. Comments
(includ	e city, state, & zip)			Reti		,	
	Mary Braswell					ne/Specific Field	
	103 Bennett Drive Selma, NC 27576				,	operate 1 tela	
							e. Election Sum to Date
							\$ 05
	4.6.1	1 E 0D				1	25
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y) k. Amount
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							\$
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3. Cont	ributor Informa	tion		Add	Rer	nove	
	me, Mailing Addre	ss & Phone		b. Job Ti	tle/Profes	ssion	d. Comments
(includ	e city, state, & zip)			Educ	ete-	18	
D	ittany Adcock			<u> </u>		ne/Specific Field	
75	0 New Rand Rd, Apt	В		ļ	-	acoptenie i ieiu	
Ga	mer, NC 27529			10	PS		e. Election Sum to Date
						13	\$ ₂₅
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y) k. Amount
	1	Check				03/02/2018	\$ ₂₅
							\$
							\$
4. Total only this Page \$ 100							
		RO-1210 Pages					ψ
		of Detailed Summary Pa	ge CRO-1100)				\$ 6455

Amendment Contributions from Individuals

Pg 11 of 23 Yes

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used x No

OSC tills	Torni to report ii	dividual contribution	ons over 450 or e	onunour	ions und	ci \$50 ii ioini ci	VO I	203 is not used	
1. Com	mittee Full Nam	e (and Fund if app	licable)				2. I	D Number	
Ele	ect Terri Sesson	ns for School Board	1					SGHN20	
3. Cont	ributor Informa	tion		Add	☐ Re	move			
	ame, Mailing Addre	ss & Phone		b. Job T	itle/Profe	ssion	d. C	omments	
(includ	e city, state, & zip)	···							
				<u> </u>	cal Manag				
	h Callehan i 6 Yelverton Grove Ro	1		c. Emple	yer's Nai	me/Specific Field	ļ		
	ithfield, NC 27577				Sohi Eye	Care	- 171	landar Com to Date	
							e. Ei	lection Sum to Date	
							\$	25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy)	/V)	k. Amount	
	8		-			<u> </u>	3)		
	1	Money Order				03/02/2018		\$ 25	
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	ributor Informa			Add	☐ Re	move	ν.		
	ame, Mailing Addro	ess & Phone		b. Job T	itle/Profe	ssion	d. C	omments	
(includ	e city, state, & zip)	······································							
Ι,	Marilyn Lundon				If Employe				
	1516 Yelverton Grove	Rd		c. Emple	oyer's Nai	me/Specific Field	1		
	Smithfield, NC 27577				Intensive	In-Home Therapy	<u> </u>		
					1110110110	in-riome merapy	e. El	lection Sum to Date	
							\$	25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy)	yy)	k. Amount	
								\$ 25	
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3 Cont	ributor Informa	tion	 	Add	□ Pa	move			
	ame, Mailing Addra		<u>_</u>				la c	omments	
	le city, state, & zip)	as & I none		b. Job Title/Profession			<u>u. C</u>	ountents	
(Includ	ic city, state, & zip)			Edu	cator				
S	ue Stephenson Wood					me/Specific Field	1		
60	7 W Parrish Drive				3		1		
Be	enson, NC 27504			J	CPS		e. E	lection Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy	<u> </u>	k. Amount	
			•			.	,,,		
	1	Check				03/02/2018		\$ 25	
				2				\$	
					5.11			\$	
4. Tot	al only this P	age					\$	75	
5. Tot	al of ALL CI	RO-1210 Pages					\$		
		of Detailed Summary I	Page CRO-1100)			<u> </u>	Ф	6455	

Pg 12 of 23 Yes No

Use this	form to report i	ndividual contribution	ons over \$50 or c	ontribution	s under \$50 if form C	RO 1205 is not used
1. Com	mittee Full Nan	ne (and Fund if app	licable)			2. ID Number
Ele	ect Terri Sessor	ns for School Board	1			SGHN20
	ributor Inform			Add	Remove	
	ame, Mailing Addr			b. Job Title	/Profession	d. Comments
(includ	le city, state, & zip)					
	icie Johnson 5 Dogeye Rd			c. Employe	or r's Name/Specific Field	
Bei	nson, NC 27504			J	CPS	e. Election Sum to Date
						\$ 25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y)	yy) k. Amount
	1	Check			03/05/2018	\$ ₂₅
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	ributor Inform			Add	Remove	
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title	/Profession	d. Comments
(includ	le city, state, & zip) Tucker Twisdale 1755 Buffalo Roa Smithfield, NC			Retin	ed r's Name/Specific Field	
8	Omanicia, 140					e. Election Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	yyy) k. Amount
	1	Check			03/05/2018	\$ 100
						\$
						\$
3. Cont	ributor Inform	ation		Add	Remove	
	ame, Mailing Addr			b. Job Title	/Profession	d. Comments
(includ	le city, state, & zip)					
				Educat		4
	icki Grimes 35 Strickland St			c. Employe	r's Name/Specific Field	
	our Oaks, NC 27524			JCP	s	e. Election Sum to Date
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See at						\$ 25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/y	yyy) k. Amount
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	al only this F					\$ 150
		RO-1210 Pages				\$ 0.55
(This h	ine must be on line	6 of Detailed Summary	Page CRO-1100)			6455

Contributions from Individuals Pg 13 of 23 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if app	licable)				2. ID Number	
Ele	ect Terri Sesson	ns for School Board						SGHN20
3. Cont	ributor Informa	ation		Add	Ren	nove		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profession			d. Co	mments
(includ	le city, state, & zip)			Retired				
Anı	n P Parrish					ne/Specific Field		
400	S Lincoln Street							
De	nson, NC 27504						e. Ele	ection Sum to Date
							\$	50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	1	Check				03/08/2018		\$ 50
						*		\$
								\$
3. Cont	ributor Inform	ation		Add	Ren	nove		
a. Full N	ame, Mailing Addro	ess & Phone		b. Job Ti	tle/Profes	sion	d. Co	mments
(includ	le city, state, & zip)							
	Jane Pope				cator	10 10 71 13		
	1905 NC Hwy 50N			c. Employ	yer's Nan	ne/Specific Field		
	Benson, NC 27504			}	JCPS		o Flo	ection Sum to Date
							c. El	cuon Sum to Date
							\$	25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	(y)	k. Amount
	1	Check				03/09/2018		\$ ₂₅
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	tributor Inform			Add	☐ Rer	nove		
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Ti	tle/Profe	ssion	d. Co	mments
(includ	le city, state, & zip)							
					ance Ager		1	
	lison Hudson 805 Woodstone Drive			c. Empio	yer's Nan	ne/Specific Field	-	
	aleigh, NC 27615			Н	orace Man	n	e. Ele	ection Sum to Date
							<u> </u>	out of the state
100							\$	100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	уу)	k. Amount
	1	Check				03/09/2018		\$ 100
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4. Tot	tal only this P	age					\$	175
5. Tot	tal of ALL Cl	RO-1210 Pages					\$	
		6 of Detailed Summary I	Page CRO-1100)				Φ 6	5455

Amendment **Contributions from Individuals** 23 Yes x No of 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 SGHN20 Elect Terri Sessoms for School Board 3. Contributor Information Add □ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator c. Employer's Name/Specific Field Wanda Lee 1130 White Oak Rd Four Oaks, NC 27524 **JCPS** e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior 03/10/2018 40 1 Check \$ \$ 3. Contributor Information ☐ Add ■ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Deborah Hooker c. Employer's Name/Specific Field 510 Fisher Street Clayton, NC 27520 e. Election Sum to Date 20 j. Date (mm/dd/yyyy) h. Form of Payment i. In-Kind Description k. Amount f. Prior g. Account Code Check 03/11/2018 1 \$ \$ 3. Contributor Information ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field Thomas J Williams 5955 Sentinel Drive Raleigh, NC 27609 e. Election Sum to Date 100 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior \$ 100 Check 03/14/2018

CRO-1210	NC State Board of Elections	April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

\$

6455

\$ 160

Amendment **Contributions from Individuals** x No 23 ☐ Yes 15 of 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 Elect Terri Sessoms for School Board SGHN20 3. Contributor Information Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field Sharon Castleberry PO Box 1597 Clayton, NC 27520 East Triangle Surgery e. Election Sum to Date 100 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior k. Amount \$ 1 Check 03/15/2018 100 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator Michelle Morgan-Johnson 6188 Elevation Road c. Employer's Name/Specific Field Benson, NC 27504 **JCPS** e. Election Sum to Date 30 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior k. Amount Check 03/15/2018 \$ \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip)

				Retired			
70	rbara George 5 First Street			c. Employer's Na	me/Specific Field		
Sn	nithfield, NC 27577				-	e. E	lection Sum to Date
						\$	25
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount
	1	Check			03/16/2018		\$ ₂₅
							\$
							\$
1. Tota	al only this Pa	age				\$	155
		RO-1210 Pages S of Detailed Summary Po	age CRO-1100)	=		\$	6455
CRO-12	210		NC State Boar	rd of Elections			April 2007

Amendment Pg <u>16</u> of <u>23</u> Yes x No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam		2. ID Number						
Ele	ct Terri Sessom	s for School Board							SGHN20
3. Cont	ributor Informa	tion		Add		Ren	nove		
a. Full Na	me, Mailing Addre	ss & Phone		b. Job T	itle/P	rofes	sion	d. Co	omments
Mic	e city, state, & zip)	,		Educator c. Employer's Name/Specific Field			ne/Specific Field		
	Herring Rd nceton, NC 27569				IOD				
	•				JCP	8	NT.	e. El	ection Sum to Date
								\$	25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	-		j. Date (mm/dd/yyy	y)	k. Amount
	1	Check					03/16/2018		\$ 25
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(includ	e city, state, & zip)			_					
١ .	Oliver Johnson				etired		/G - 10 TO 11		
4	405 Ash Street			c. Empi	oyer's	s Nan	ne/Specific Field		
,	Smithfield, NC 27577						*	e El	ection Sum to Date
									ccuon built to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion			j. Date (mm/dd/yyy	y)	k. Amount
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3. Cont	ributor Informa	ation		Add		Rer	nove		
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(includ	e city, state, & zip)								
					t-time				
	velyn S Andrews Afton Lane			c. Emp	oyer'	s Nar	ne/Specific Field	-	
	mithfield, NC 27577				CPS			e Fi	lection Sum to Date
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								\$	50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion			j. Date (mm/dd/yyy	yy)	k. Amount
	1	Check					03/26/2018		\$ ₅₀
									\$
								4	\$
4. Tot	al only this P	age				-		\$	175
	5 Total of ALL CRO-1210 Pages								
		s of Detailed Summary F	Page CRO-1100)					\$	6455

Amendment **Contributions from Individuals** 23 Yes ☑ No 17 of 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 Elect Terri Sessoms for School Board SGHN20 Add ■ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field Renee Wiggs 2951 Stevens Chapel Rd Smithfield, NC 27577 e. Election Sum to Date h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior \$ 1 Check 03/27/2018 50 \$ \$ 3. Contributor Information Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired Mae Elizabeth Carpenter c. Employer's Name/Specific Field PO Box 644 Four Oaks, NC 27524 e. Election Sum to Date 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 03/27/2018 100 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Educator c. Employer's Name/Specific Field Haley Stancil-Mitchell 411 W Harnett Street Benson, NC 27504 **JCPS** e. Election Sum to Date 300 g. Account Code i. In-Kind Description f. Prior h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check 03/27/2018 300

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$

6455

\$ 450

Amendment Pg <u>18</u> of <u>23</u> Yes x No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nan	2. ID Number				
Fle	ect Terri Sesson	ns for School Board				SGHN20
	ributor Informa			Add	Remove	0011120
	ame, Mailing Addre			b. Job Title/Profession		d. Comments
126	le city, state, & zip)					
				Retired		
	rrrest Johnson) Box 394			c. Employer's	Name/Specific Field	
	iley, NC 27807					e. Election Sum to Date
						\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount
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						\$
3. Cont	tributor Inform	ation		Add 🔲	Remove	
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/P	rofession	d. Comments
(includ	le city, state, & zip)					
	Darla Peedin			Educator	Name/Specific Field	
	154 Peedin Street Selma, NC 27576			c. Employer s	Name specific Field	
				JCPS		e. Election Sum to Date
						\$
		T	1			50
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount
	1	Check			03/27/2018	\$ 50
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	tributor Inform			Add	Remove	
	lame, Mailing Addr			b. Job Title/P	rofession	d. Comments
(inclu	de city, state, & zip))		Retired		
	holly W March				Name/Specific Field	
1	helly W Marsh 08 Carolina Oaks Ave	•				
s	mithfield, NC 27577					e. Election Sum to Date
		n				\$ 100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy) k. Amount
	1	Check			03/27/2018	\$ 100
						\$
						\$
4. To	tal only this F	Page				\$ 250
		RO-1210 Pages				¢
		6 of Detailed Summary	Page CRO-1100)			\$ 6455

Contributions from Individuals Pg 19 of 23 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	2. П	D Number					
Ele	ect Terri Sessom	ns for School Board						SGHN20
3. Cont	ributor Informa	ation		Add	Re	move		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profession			d. Co	omments
(includ	le city, state, & zip)			Realtor				
	nald B Rains			c. Empl	yer's Na	me/Specific Field		
	5 Azalea Drive nceton, NC 27569			Self	-employe	ed.		
					J pioye		e. El	ection Sum to Date
							\$	250
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	/y)	k. Amount
	1	Check				03/28/2018		\$ 250
								\$
								\$
	ributor Informa			Add		move		
	ame, Mailing Addre	ess & Phone		b. Job T	itle/Prof	ession	d. Co	omments
(includ	le city, state, & zip)		,	A re	m Assista	nt		
	Nora Sharpe Dixon					me/Specific Field	1	
	965 Gamer Road Selma, NC 27576							
E 14]]	CPS		e. El	ection Sum to Date
							\$	25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy)	y y)	k. Amount
	1	Check				04/04/2018		\$ ₂₅
								\$
								\$
	tributor Inform			Add		emove		
	ame, Mailing Addr			b. Job 7	itle/Prof	ession	d. Co	omments
(includ	de city, state, & zip)			Entr	cator			
ν.	eith Beamon					me/Specific Field	1	
24	45 Batten Farm Rd							
S	elma, NC 27576			Se	f-employe	d	e. El	lection Sum to Date
							<u> </u>	1000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yy)	уу)	k. Amount
	1	Check				04/05/2018		\$ 1000
								\$
					Jim.			\$
4. Tot	tal only this P	age			1977		\$	1275
		RO-1210 Pages			125		\$	
(This l	ine must be on line	6 of Detailed Summary 1	Page CRO-1100)				Ψ.	6455

Pg 20 of 23 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used									
1. Comr	nittee Full Nam	2. П	D Number						
Ele	ct Terri Sesson	ns for School Board	l				SGHN20		
3. Conti	ributor Informa	ation		Add 🔲 Rer	nove				
a. Full Na	me, Mailing Addre	ess & Phone		b. Job Title/Profession			omments		
(include	e city, state, & zip)								
Can	olyn Rotondaro			Adm Assistant c. Employer's Name/Specific Field					
209	Waverly Drive yton, NC 27520				•				
Cia	ywn, 140 27020			JCPS		e. El	ection Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	L	k. Amount		
	g. Account Code	n. Form of Fayment	i. m-kma Descrip	поп	J. Date (mirdwyyy	y)			
	1	Check			04/08/2018		\$ 50		
				2			\$		
							\$		
3. Contributor Information									
	me, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Co	omments		
(include	(include city, state, & zip)								
J	lason O'Neal Davis			Executive Dire					
	245 Reedy Creek Rd Four Oaks, NC 2752	4		c. Employer's Name/Specific Field					
· '	our cara, No 2102	•		Council on Aging			ection Sum to Date		
						\$	100		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	ry)	k. Amount		
	1	Check			04/08/2018		\$ 100		
				-			\$		
							\$		
3. Cont	ributor Inform	ation		Add Re	move				
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments		
(includ	e city, state, & zip)			Title I Director					
	1in 84"44			Title I Director	me/Specific Field	1			
10	na Lucia Milazzotto 15 Brampton Circle			c. Employer 3 14a	maspeeme Field	1			
Cl	ayton, NC 27520			JCPS		e. El	lection Sum to Date		
						\$	20		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)		k. Amount		
				W.E.					
	1	Check	_		04/05/2018		\$ 20		
							\$		
				1			\$		
	4. Total only this Page \$ 170								
5. Tot	al of ALL Cl	RO-1210 Pages				\$			
(Thi: 15		C of Detailed Common	Deca CDO 1100				6455		

Amendment **Contributions from Individuals** x No _21__ of 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 Elect Terri Sessoms for School Board SGHN20 3. Contributor Information ☐ Add ■ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field **Cathy Truitt** 422 Rand Rd Raleigh, NC 27603 **JCPS** e. Election Sum to Date 100 h. Form of Payment i. In-Kind Description f. Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount PayPal 04/10/2018 100 \$

					l				
							\$		
	ributor Informa			Add Ren	nove				
	me, Mailing Addre	ss & Phone		b. Job Title/Profession			omments		
(includ	e city, state, & zip)				l				
	3 Raynor			Estimator	/G : # *** * * *				
1	1039 Woods Crossroa	ds Rd		c. Employer's Name/Specific Field			20		
	Benson, NC 27504			Wellons Construction			e. Election Sum to Date		
							COLOR SUIL IO 1/410		
	_					\$	25		
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount		
	1	Check			04/15/2018		\$ ₂₅		
							\$		
		93					\$		
3. Cont	ributor Informa	tion		Add Ren	nove				
. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. C	omments		
(includ	e city, state, & zip)								
				Retired			10		
	avid Stephens 1 N 2nd Street			c. Employer's Name/Specific Field					
	nithfield, NC 27577			JCPS			ection Sum to Date		
						\$	250		
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount		
	1	Check			04/16/2018		\$ ₂₅₀		
							\$		
							\$		
4. Tot	al only this P	age				\$	375		
	. Total of ALL CRO-1210 Pages								
		of Detailed Summary Pa	age CRO-1100)			\$	6455		
CRO-12	210		NC State Boa	ard of Elections			April 2007		

Contributions from Individuals Pg 22 of 23 Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appl	licable)				2. I	D Number
Ele	ct Terri Sessom	s for School Board						SGHN20
3. Cont	ributor Informa	ntion		Add	Ren	nove		
a. Full Na	ame, Mailing Addre	ss & Phone		b. Job Title/Profession		sion	d. C	omments
(includ	e city, state, & zip)							, , , , , , , , , , , , , , , , , , ,
					retary			
	ly Nord			c. Emplo	oyer's Nan	ne/Specific Field		
	New Hope Rd or Oaks, NC 27524			JCPS	6		<u> </u>	
le.				l John	3		e. El	ection Sum to Date
							\$	25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	1	Check				04/17/2018		\$ 25
								\$
								\$
3. Cont	ributor Informa	ntion		Add	Ren	nove		
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments								
	e city, state, & zip)							
				[R	tetired			
	ae Carpenter			c. Emple	oyer's Nan	ne/Specific Field		
	D Box 644 our Oaks, NC 27524							
10	di Oaks, NO 21524						e. El	ection Sum to Date
				Ĺ			\$	100
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	y)	k. Amount
	1	Check				04/19/2018		\$ 100
								\$
								\$
3. Cont	ributor Informa	ntion		Add	Ren	nove		
	ame, Mailing Addre			b. Job T	itle/Profes		d. C	omments
	le city, state, & zip)							
				Reti	red	<u> </u>		
	filma Bisesi			c. Empl	oyer's Nan	ne/Specific Field		
	O Box 728 ne Level, NC 27568							
	į.						e. El	lection Sum to Date
			_				\$	75
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion		j. Date (mm/dd/yyy	/y)	k. Amount
	1	Check				04/19/2018		\$ ₇₅
								\$
								\$
4. Total only this Page \$ 200								200
5. Tot	al of ALL CF	RO-1210 Pages					\$	
(This h	ine must be on line (of Detailed Summary P	Page CRO-1100)					6455

Amendment

		om marviaua ndividual contributio		Pg ontributions und		23 20 1	Yes No 205 is not used
		e (and Fund if app			01 030 11 101111 01		D Number
		ns for School Board					SGHN20
	ributor Informa			Add Rer	nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	e city, state, & zip)			Retired			
lan	e and Dick Hawk			c. Employer's Nan	ne/Specific Field	1	
PO	Box 38			C Employer 3 Nan	no opecute Ficia	1	
Pin	e Level, NC 27568					e. E	lection Sum to Date
				1		\$	
		l	1	<u> </u>	L		150
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	1	Check			04/19/2018		\$ 150
				4			\$
			į.				\$
3. Cont	ributor Informa	ition		Add Rer	nove		
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	e city, state, & zip)			_		ł	
				c. Employer's Nar	/Sific Field	-	
1 2				c. Employer s Nat	ne/specific Field	\mathbf{I}	
						e. E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Informa	ation		Add Rei	nove		
	ame, Mailing Addro	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(includ	le city, state, & zip)						
				c. Employer's Nar	ma/Smarifia Field	-	
				c. Employer s Nai	ne/specific Field	1	
						e. E	lection Sum to Date
						\$	ū.
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
							\$
							\$
							\$
4. Tot	al only this P	age				\$	150
5. Tot	al of ALL CI	RO-1210 Pages				¢	
		6 of Detailed Summary I	Page CRO-1100)			\$	6455

				Amendment
Disbursements	Pg	 of	6	☐ Yes

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number
Elect To-	ri Cassama for Ca	hool Poord					CCHNO
3. Type of Disb	ri Sessoms for Sc		0_1210	forms for a	ach type of Disb	1/200	SGHN20
Operating Exp		tributions to Candida					ment.) ted Party Expenditures
4. Payee Inform		mountains to Cantilua	nes/Ponuc		Remove	JEHIL	ou raity expenditures
	ailing Address & Pho	one	<u> </u>	_	ed Committee Name		d. Comments
(include city, state,	•	····		- Ooi Ginac	- Johnston Hilling		a. administra
comme city state,	····P/						
	nt Services			c. Level Regis	stered (Specify)		
112 W An Selma, N	derson St C 27576			Federal	County:		
Jonna, IV	J = . 0, 0			☐ State	☐ Municipa	lity:	e. Election Sum to Date
							\$ _{58.71}
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Check	В	02	/09/2018	\$ 58.71	L	Business cards
					\$		
4. Payee Inform	nation			Add	Remove		
49/20/20	ing Address & Phone				ed Committee Name	: "	d. Comments
(include city, sta	•						
Onightsh	irte Inc						
QuickSh 110 Cen	irts, inc. ter Street				stered (Specify)		
Princeton, NC 27569				Federal	County:	1:au	- 101 - 41 C 4 10 4
				State	Municipa Municipa	uity:	e. Election Sum to Date
		I					\$ 1691.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Check	С	02	/16/2018	\$ 167.90		T-Shirts
	Check	С	02	/27/2018	\$ 114.52		T-Shirts
4. Payee Inform	nation	-		Add 🔲	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	2	d. Comments
(include city, sta	te, & zip)						
Hinson's P				c. Level Regi	stered (Specify)		
1294 W Ma Smithfield,				State	County: Municipa	litv-	e. Election Sum to Date
				State	wiumerpa	uity.	
							\$ 1274.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Check	В	02/1	9/2018	\$ 70.84	N	ame badge, business cards
	Check	В	03/1	9/2018	\$ 701.79	В	lusiness cards, labels
5. Total only th	is Page				-		\$ 1113.76
	L CRO-1310 Pages						
991	i line 13a of Detailed Sun	nmary Page CRO-11	100 if One	rating Expens	es)		Ф. 507. 4 СТ
	i line 13b of Detailed Sun)	\$ 5974.35
	line 13c of Detailed Sun						
	odes (List detailed	*		05.097			
A* - Media	B* - Printi			undraising	D - To	Ano	ther Candidate
E - Salaries	F* - Equip			litical Party			ng Public Office Expenses
I - Postage	J - Penalti		K* - C	office Exper			ion to Legal Expense Fund
O* Other							
* Codes requi	<u>re detailed explanat</u>	ion in required :	remark:	s field (k)			

☐ No

The	10				4
1 11	ch	urs	em	en	te

				Amenumen	
Pg	_2	of	_6	Yes	No No

1. Committee F	ull Name (and Fund	if applicable)				2. ID Number
Elect Ter	ri Sessoms for Scl	hool Board				SGHN20
3. Type of Disb			O-1310	forms for e	ach type of Disb	
X Operating Expe		tributions to Candida				rdinated Party Expenditures
4. Payee Inforn				Add 🔲	Remove	
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)					
PayPal					stered (Specify)	
				Federal State	County: Municipa	lity: e. Election Sum to Date
				State	Iviumcipa	
			.			\$ 7.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
	PayPal	С	02	/22/2018	\$ 4.70	Fee for Donation Transaction
	PayPal	С	04	/10/2018	\$ 3.20	Fee for Donation Transaction
4. Payee Inforn				Add 🔲	Remove	
	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)					
Clayton	Chamber of Commerce			- I amil De 1		
301 E Main Street				c. Level Regis	stered (Specify) County:	
Clayton, NC 27520				State	Municipa	lity: e. Election Sum to Date
_					- Aramorpa	
					<u> </u>	\$ 100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	PayPal	0	02	/23/2018	\$ 100	Tee Sponsor
	,				\$	
4. Payee Inform	nation			Add	Remove	
	ing Address & Phone				ed Committee Name	d. Comments
(include city, sta	-					
	Printing & Sign Shop				stered (Specify)	
229 E Main Clayton, N				Federal	County:	Littur - Floation Court - Dat
J. 2, 10.11, 140	- 1, 			State	Municipa Municipa	lity: e. Election Sum to Date
						\$ 85.40
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	В	02/2	26/2018	\$ 85.40	Car decal, name tag
			 		\$	
5 M 4 7 7 7	· D	I	l		ΙΨ	L
5. Total only th				·		\$ 193.30
	CRO-1310 Pages					
,	tine 13a of Detailed Sun					\$ 5974.35
	line 13b of Detailed Sun	-	-)
	line 13c of Detailed Sun				Expenditures)	
	odes (List detailed					
A* - Media	B* - Printi			undraising		Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage O* Other	J - Penalti	C3	N +-0	Office Expen	ises Q* - De	onation to Legal Expense Fund
	re detailed explanat	ion in required :	remark	s field (k)		

									Amenomen	Ĺ
Disbursements					Pg	_3	of	6	Yes Yes	□ N
	**		•							

1. Committee F	full Name (and Fund	l if applicable)			2. ID Number	
Elect Ter	ri Sessoms for Sc	hool Board			SGHN20	
3. Type of Disb	ursement (Please	use separate CR	O-1310 forms for	each type of Disb		
X Operating Exp	enses	tributions to Candida	tes/Political Committe	es Coo	rdinated Party Expenditures	
4. Payee Inform	nation		Add	Remove		
a. Full Name, M	lailing Address & Pho	one	b. Coordina	ted Committee Name	d. Comments	
(include city, state,	& zip)					
QuickShir 110 Cent			c. Level Re	gistered (Specify)		
	, NC 27569		State	County:	lity: e. Election Sum to Date	
			State	- wrumcipa	e. Election Sum to Date	
					\$ 1691.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	T	k. Required Remarks	
	Check	С	03/05/2018	\$ 114.52	T-Shirts	
	Check	С	03/12/2018	\$ 124.06	T-Shirts	
4. Payee Inform			☐ Add ☐	Remove		
	ing Address & Phone		b. Coordina	ted Committee Name	d. Comments	
(include city, sta	te, & zip)					
Faceboo	ok			10		
			c. Level Reg	gistered (Specify) County:		
			State	Municipa	e. Election Sum to Date	
			State	Withhelpa		
>	i i				\$ 15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks	
	PayPal	Α	03/02/2018	\$ 3.42	Facebook Ads	
	PayPal	A gg	03/31/2018	\$ 11.58	Facebook Ads	
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordina	ited Committee Name	d. Comments	
(include city, sta	te, & zip)					
QuickShirts 110 Center				gistered (Specify)		
Princeton,			Federa State	= -	lity: e. Election Sum to Date	
			State	i withhicipa	e. Election Sum to Date	
					^{\$} 1691.94	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks	
	Check	c	03/20/2018	\$ 114.52	T-shirts	
				\$		
5. Total only th	is Page			J:	\$ 368.10	
	L CRO-1310 Pages				4 000	
	line 13a of Detailed Sun	umanı Paga CPO 11	IM if Oneseting Franci)		
					\$ 5974.35	
	(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)					
	odes (List detailed			<i>y</i> = - <i>y</i> =		
A* - Media	B* - Printi		C* - Fundraising	D To	Another Candidate	
E - Salaries	F* - Equip		G - Political Part	-	olding Public Office Expenses	
I - Postage	J - Penalti		K* - Office Expe	•	onation to Legal Expense Fund	
O* Other						
* Codes requir	re detailed explanati	ion in required i	remarks field (k)			

TO:			4
112	burs	am	ontc
1719	vuis		

				Amenumen	L
Pg	_4	of	6	☐ Yes	□ No

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number
Elect Ter	ri Sessoms for Sc	hool Board		<u>'</u>			SGHN20
3. Type of Disb		use separate CR	<u>O-13</u> 10	forms for e	ach type of Disb	ursei	
X Operating Exp		tributions to Candida					ed Party Expenditures
4. Payee Inforn					Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committee Name		d. Comments
(include city, state,	& zip)						
	Card Co				stered (Specify)		
	Vall Street , NC 27504			Federal State	County: Municipa	,,,	e. Election Sum to Date
				State	- Iviunicipa	inty:	
						[\$ 2215.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	Check	В	03/1	9/2018	\$ 1183.86		Signs
	Check	В	04/	05/2018	\$ 515.60		Signs
4. Payee Inforn	nation			Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name		d. Comments
(include city, sta	te, & zip)						
QuickSh	irts, Inc.			a Lauri Da '	-tom-3 (5		
110 S C	enter St			c. Level Regis	stered (Specify) County:		
Princeto	n, NC 27569			State	Municipa	lity:	e. Election Sum to Date
							*
							\$ 1691.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
	Check	С	03.	/28/2018	\$ 137.88		T-Shirts
d.	Check	С	04	/11/2018	\$ 114.52		T-Shirts
4. Payee Inform				Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	e	d. Comments
(include city, sta	te, & zip)						
1				o Torrel D.	stand (S!P-)		
WTSB Smithfiel	d, NC 27577			c. Level Regis	stered (Specify) County:	-	
Smimle	u, NC ZIJII			State	Municipa	ditv:	e. Election Sum to Date
		•					\$ 1230
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Check	Α	04/	03/2018	\$ 290		Ad
	Check	A	04/	11/2018	\$ 800		Ad
5. Total only th	is Page			3			\$ 3041.86
6. Total of ALI	CRO-1310 Pages						
	line 13a of Detailed Sun	nmary Page CRO-11	00 if Ope	rating Expens	es)		\$ 5974.35
	line 13b of Detailed Sun)	ψ 3555
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coo	rdinated Party	Expenditures)		
7. Purpose C	odes (List detailed	expenditure code	e in (h.)	above)			
A* - Media	B* - Printi	ng	C* - F	undraising			her Candidate
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penalti	es	K* - C	office Expen	ises Q* - De	onati	ion to Legal Expense Fund
O* Other		!am !m ! 1		. #.13 /L\			
* Codes requi	<u>re detailed explanat</u>	<u>ion in required i</u>	remark	s field (k)			

Disbursements	Do	5
Dispui schients	Pg	

		rancount						
Pg	5	of	6	☐ Yes	No No			

1. Committee F	'ull Name (and Fun	d if applicable)				2. ID Number			
Elect Ter	ri Sessoms for So	chool Board				SGHN20			
3. Type of Disb	pursement.)								
X Operating Exp		ntributions to Candida				ordinated Party Expenditures			
4. Payee Inform	nation			Add	Remove				
a. Full Name, M	lailing Address & Ph	one		b. Coordinate	ed Committee Nam	e d. Comments			
(include city, state,	& zip)								
	Smithfield-Selma Chamber of Commerce C. Level Registered (Specify) Federal County:								
	utlet Center Dr eld, NC 27577			State	Municipa	e. Election Sum to Date			
Ommuni	514, 110 21011								
		J. 18 18 18 18 18 18 18 18 18 18 18 18 18				\$ 100			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	0	04	/09/2018	\$ 100	Flame for Learning Award Sponsorship			
124					\$				
4. Payee Inform	nation			Add \square	Remove				
	ing Address & Phone			b. Coordinate	ed Committee Nam	e d. Comments			
(include city, sta	te, & zip)								
	on's Printing W Market Street				stered (Specify)				
	nfield, NC 27577			Federal State	County:	ality: e. Election Sum to Date			
				- State	Wanterpa				
						\$ 1273.56			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	В	04/	12/2018	\$ 501.73	Flyers			
			100		\$				
4. Payee Infort	nation			Add 🔲	Remove				
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments			
(include city, sta	te, & zip)								
				Y 170 .	1 10 10 1				
WTSB PO Box	90			Federal	stered (Specify) County:				
	eld, NC 27577			State	Municipa	ality: e. Election Sum to Date			
						\$ 1230			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	A	04/1	8/2018	\$ 140	Ad			
					\$				
5. Total only th	is Page					\$ 741.73			
	L CRO-1310 Pages					. 14110			
		mmarv Page CRO-1	100 if One	rating Expens	es)				
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 5974.35 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)									
	ı line 13c of Detailed Su		-						
7. Purpose C	odes (List detailed	d expenditure cod	e in (h.)	above)					
A* - Media	B* - Print	ing	C* - F	undraising	D - To	Another Candidate			
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses			
I - Postage	J - Penalt	ies	K* - C	office Exper	ises Q* - D	onation to Legal Expense Fund			
O* Other	no dotailed armier-	tion in magning 1	romo-l-	. field (1-)					
- Codes requi	re detailed explanat	uon in requirea :	remark	s rieia (K)					

					Amenament	
Disbursements	Pg	6	of	6	☐ Yes	

1. Committee Full Name (and Fund if applicable)					2. ID Number			
Elect Te	rri Sessoms	for Sc	hool Board					SGHN20
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbur								
X Operating Exp								
4. Payee Inform	4. Payee Information							
a. Full Name, N	Mailing Addres	ss & Pho	one		b. Coordinate	ed Commi	ttee Name	d. Comments
(include city, state	, & zip)							
					- T1 D	-4 - 1 (C		
	Card Co				c. Level Regi	sterea (Sp	County:	
	Wall Street n, NC 27504				State	H	Municipality	y: e. Election Sum to Date
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
								\$ 2214.48
f. Account Code	g. Form of Pay	ment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	it k.	. Required Remarks
	Check		В	04	1/20/2018	\$ 515.60	0	Signs
						\$		
4. Payee Inform	mation				Add	Remove	3	
a. Full Name, Mai		Phone			b. Coordinate		· · · · · · · · · · · · · · · · · · ·	d. Comments
(include city, sta	ate, & zip)							
					c. Level Regi	stered (Sp		
					Federal State	H	County: Municipality	y: e. Election Sum to Date
7					- State		withincipatit	
21-12								\$
f. Account Code	g. Form of Pay	ment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	it k.	. Required Remarks
						\$		
						\$		
4. Payee Inform	mation			П	Add	Remove	<u> </u>	
a. Full Name, Mai		Phone			b. Coordinat			d. Comments
(include city, sta	_							
					c. Level Regi	stered (Sp		
					Federal State	片	County:	Election Com to Date
					State		Municipality	y: e. Election Sum to Date
								\$
f. Account Code	g. Form of Pay	ment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	it k	. Required Remarks
						\$		
12000						\$		
5. Total only the	his Page							\$ 515.60
6. Total of AL		Pages						Ψ 515.60
			nmary Page CRO-11	IND if One	ratina Evnens	ec)		
	-		nmary Page CRO-11				cal Comm)	\$ 5974.35
			nmary Page CRO-11	_				
7. Purpose C	odes (List	detailed	expenditure cod	e in (h.)	above)			
A* - Media		- Printi			undraising		D - To Aı	nother Candidate
E - Salaries		- Equip			litical Party		H* - Hole	ding Public Office Expenses
I - Postage	J -	Penalti	es	K* - C	ffice Exper	ises	Q* - Don	ation to Legal Expense Fund
O* Other	3.4. 9. 3	1			E.110)			
* Codes requi	re detailed ex	kpianati	ion in required	remark:	rield (k)			

T-	W:-	10		hast	ions
ın-	KIN	ata	nnr	INIIT	ions

				Amenament	
Pg	_1_	of	_6_	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. I	D Number
Elect Terri Sessoms for School Board			_		SGHN20
3. Contributor Information	Add _	Ren	nove		
a. Full Name, Mailing Address & Phone	b. Type of (Contrib	utor	c. Co	omments
(include city, state, & zip) Merv Sessoms 6 Avon Court Smithfield, NC 27577	Individ Candid Party PAC				
Officiality, NO 27577	Referen	ıdum		d. El	ection Sum to Date
	Other I	Receipt	Source	\$	225.90
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Printing/Copies			02/13/2018		\$ 34.03
Printing/Copies			02/14/2018		\$ 13.45
Printing/Copies			2/16/2018		\$ 9.99
3. Contributor Information	Add				
a. Full Name, Mailing Address & Phone	b. Type of (utor	c. Co	omments
(include city, state, & zip) Paula Woodall 1209 Galilee Road Smithfield, NC 27577	X Individ ☐ Candid ☐ Party ☐ PAC	late		1 70	
	Referen		Cauma	d. E	lection Sum to Date
	Other I			\$	100
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Ticket, raffle FFA Dinner SJHS			02/23/2018		\$ 50
Ticket, raffle FFA Dinner SJHS	43		02/23/2018		\$ ₅₀
					\$
3. Contributor Information	Add _	-	nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Individ		outor	e. Co	omments
(include city, state, & Zip)	Candid Party PAC	late			
l	Refere			d. E	lection Sum to Date
	Other I	Receipt	Source	\$	
e. Description	-		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
					\$
					\$
		:			\$
4. Total only this Page				\$	157.47
5. Total of ALL CRO-1510 Pages				\$	225.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)					325.90

Tm	Win.	4	Contri	hutions
ın-	·Kın	a	t ontri	nutions

				Amenament	
Pg	2	of	6	☐ 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

Use CRO-1215 II In-Kind Contributions were of will be return	ded widini / day	75.		
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Elect Terri Sessoms for School Board		SGHN20		
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Co	omments
(include city, state, & zip) Merv Sessoms 6 Avon Court Smithfield, NC 27577	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt	Source	d. El	ection Sum to Date 225.90
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Printing/Copies		02/17/2018		\$ 10.25
Printing/Copies		02/19/2018		\$ 14.89
Printing/Copies		2/21/2018		\$ 4.46
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril		c. Co	omments
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. El	ection Sum to Date
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$
				\$
				\$
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Co	omments
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	Source	d. El	lection Sum to Date
e. Description		f. Date (mm/dd/yy)	(y)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	29.60
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	325.90

In-Kind Contributions

				Amendment		
Pg	3	of	_6	☐ 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 Number	
Elect Terri Sessoms for School Board			SGHN20	
3. Contributor Information	Add 🔲 Rer	move		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	butor	c. Comments	
(include city, state, & zip) Merv Sessoms 6 Avon Court	☐ Individual ☐ Candidate ☐ Party ☐ PAC			
Smithfield, NC 27577	Referendum	. 14 4 4 4	d. Election Sum to Date	
	Other Receipt		\$ 225.90	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
Printing/Copies		02/21/2018	\$ 10.89	
Printing/Copies		02/22/2018	\$ 7.47	
Printing/Copies		02/22/2018	\$ 7.47	
3. Contributor Information	Add Rer	move		
a. Full Name, Mailing Address & Phone	b. Type of Contril		c. Comments	
(include city, state, & zip) In Ca Pa				
	Referendum Other Receipt		d. Election Sum to Date	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
3. Contributor Information	Add Ret	move		
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Comments	
(include city, state, & zip)	Individual Candidate Party PAC Referendum Other Receipt	t Source	d. Election Sum to Date	
e. Description		f. Date (mm/dd/yyy		
e. Description		1. Date (minum)		
			\$	
			\$	
4 Total only this Dage				
4. Total only this Page			\$ 25.83	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 325.90	

In-Kind Contributions

		Amendment	ient			
Pg	_4_	of	6	Yes	X	No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

		•			
Use CRO-121	15 if In-Kind	Contributions we	ere or will be	e refunded	within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID Number
Elect Terri Sessoms for School Board			SGHN20
3. Contributor Information	Add 🔲 R	emove	
a. Full Name, Mailing Address & Phone	b. Type of Cont	ributor	c. Comments
(include city, state, & zip)	Individual		
	Candidate		
Merv Sessoms 6 Avon Court	Party		
Smithfield, NC 27577	PAC		
	Referendur		d. Election Sum to Date
	Other Rece		\$ 225.90
e. Description		f. Date (mm/dd/yyy	yy) g. Fair Market Amount
Printing/Copies		03/01/2018	\$ 3.37
Printing/Copies		03/14/2018	\$ 1.67
Printing/Copies		03/14/2018	\$ 16.01
3. Contributor Information		lemove	
a. Full Name, Mailing Address & Phone	b. Type of Cont	ributor	c. Comments
(include city, state, & zip)	Individual		
	Candidate		į į
	Party PAC		
	Referendur	n	d. Election Sum to Date
	Other Rece		
	Outer Rece		\$
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information		Remove	
a. Full Name, Mailing Address & Phone	b. Type of Con	ributor	c. Comments
(include city, state, & zip)	Individual		
	Candidate Party		
	PAC		
	Referendur	n	d. Election Sum to Date
	Other Rece	fipt Source	\$
e. Description		f. Date (mm/dd/yy	yy) g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 21.05
5. Total of ALL CRO-1510 Pages			\$
(This line must be on line 17 of Detailed Summary Page CRO-1100)			325.90

In.	Kin	A C	ontr	ihm	tions
	· IN 1111			TEDER	1111115

			Amendment				
Pg	5	of	6	☐ Yes	X No		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

	efunded within 7 da		2 T	TA 37 1
1. Committee Full Name (and Fund if applicable)			2. 1	D Number
Elect Terri Sessoms for School Board	<u> </u>			SGHN20
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments
(include city, state, & zip)	Individual			
Merv Sessoms	Candidate			
6 Avon Court	Party PAC			
Smithfield, NC 27577	Referendum		d.E	lection Sum to Date
	Other Receipt	t Source		ICCUVII DUIII tO DIIIC
			\$	225.90
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Candy		03/14/2018		\$ 4.27
Printing/Copies		03/14/2018		\$ 24.98
Printing/Copies		03/20/2018		\$ 28.34
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments
(include city, state, & zip)	Individual	•		
	Candidate Party	-		
	PAC			
	Referendum		d. E	lection Sum to Date
	Other Receipt	t Source	\$	
e. Description		f. Date (mm/dd/yyy		g. Fair Market Amount
t. Detripuon	·	I. Date (hair das j.j.)	3)	
				\$
				\$
				\$
3. Contributor Information		move		
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. C	omments
(include city, state, & zip)	Individual	5255555555		
	Candidate			
	Party PAC			
	Referendum		d. E	lection Sum to Date
	Other Receip	t Source	\$	netion busin to busin
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
				\$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

\$

\$

57.59

325.90

\$

\$

In-Kind Contributions

	Amendment					
Pg	6	of	6	☐ Yes	Х	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		
Elect Terri Sessoms for School Board			,	SGHN20
3. Contributor Information	Add Ren	nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Merv Sessoms 6 Avon Court	b. Type of Contributor Individual Candidate Party PAC		c. Co	onments
Smithfield, NC 27577	Referendum		d. E	lection Sum to Date
	Other Receipt	Source	\$	225.90
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Printing/Copies		03/27/2018		\$ 4.48
Printing/Copies		04/03/2018		\$ 29.88
				\$
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. C	omments
(include city, state, & zip)	Individual Candidate Party PAC	II.		**
	Referendum		d. E	lection Sum to Date
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount
	-			\$
				\$
				\$
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. C	omments
(include city, state, & zip)	Individual Candidate Party PAC			
	Referendum	5	d. E	lection Sum to Date
	Other Receipt		\$	
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page			\$	34.36
5. Total of ALL CRO-1510 Pages			\$	225.00
(This line must be on line 17 of Detailed Summary Page CRO-1100)				325.90