Disclosure Report Cover

Do not use this form to update information.

Amendment ☐ Yes

X No Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Information a. Full Name c. ID Number SGHN20 Elect Terri Sessoms for School Board OCT 2 5 2018 b. Mailing Address (include City, State and Zip Code) d. Date Filed 6 Avon Court 02/12/2018 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 07/1/2018 10/20/2018 Mary P. Braswell 2018 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum Organizational x Organizational Organizational ☐ PAC Referendum Independent Expenditure I Joint Fundraiser Thirty-five day Quarterly Pre-referendum Final Pre-primary First Legal Expense Fund Pre-election Second Supplemental Final Third 7. Type of Fund (if applicable, check one) Pre-runoff Annual Booster Fund Semi-annual Fourth ☐ Special Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final 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 **United Community Bank** b. Purpose c. Account Code b. Purpose c. Account Code Campaign Contributions and **Expenses** d. Period Begin Balance d. Period Begin Balance 1148.35 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. 10/25/2018 Mary P. Braswell Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY 10/25/18 Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered **Electronically Filed** Employee: Date Scanned: ☐ Signer has not received Employee: Date Data Entered: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number SGHN20 Elect Terri Sessoms for School Board Quarterly Total this Total this Start of Election Cycle: January 1. 2018 **Reporting Period Election Cycle** 9.38 4) Cash on Hand at Start 1148.35 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 334.40 1415 30 6) Contributions from Individuals (CRO-1210) \$ \$ 2335.00 9140.00 7) Contributions from Political Party Committees (CRO-1220) \$ \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 9) Loan Proceeds (CRO-1410) (CRO-1240) \$ \$ 10) Refunds/Reimbursements to the Committee 11) Other Receipt Sources (CRO-1250) \$ 11a) Interest on Bank Accounts \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income \$ (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ (CRO-1265) 11e) Exempt Purchase Price Sales \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 2669.40 10555.30 EXPENDITURES 13) Disbursements (CRO-1310) \$ \$ 13a) Operating Expenditures 3753.97 10165.62 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ (CRO-1420) \$ 15) Loan Repayments \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ 54.40 \$ 380.30 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 3808.37 10545.92 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 9.38 \$ 9.38 ADDITIONAL INFORMATION (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ (CRO-1710) \$ 25) Administrative Support \$ 26) Forgiven Loans (CRO-1440)\$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215) \$ \$

Aggregated Contributions from Individuals	Page	_1_	of	_1_	Amendment Yes	X	٧e

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

1. Co	mmitte	ee Full Name (a		2. ID Number							
		ct Terri Sessom		SGHN20							
	3. Contributor Information										
a. Ame	Andrew Street, St.	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y) f. Amount					
R	ldd Lemove	1	Cash		07/12/2018	\$ \$50					
	Add Remove	1	Cash		07/12/2018	\$ 50					
A	Add Remove	1	PayPal		09/30/2018	\$ 50					
☐ A	Add Remove	1	Cash		10/01/2018	\$ 50					
A	Add Remove	1	Cash		10/01/2018	\$ 50					
A	Add Remove	1	Cash		10/01/2018	\$ 30					
□ A	Add Remove	1		Campaign candy, Merv Sessoms	10/12/2018	\$ 23.98					
	Add Remove	1		Campaign candy, Merv Sessoms	10/12/2018	\$ 30.42					
	Add Remove					\$					
☐ A	Add Remove					\$					
	Add					\$					
□ A	Add					\$					
☐ A	Add					\$					
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_	Remove Add										
	Remove Add					\$					
☐ R	Remove Add					\$					
	Remove Add				1	\$					
	Remove					\$					
	Add Remove					\$					
		only this Page				\$ 334.40					
5. T	otal o	of ALL CRO-	-1205 Pages	CRO-1100)		\$ 334.40					
	(This line must be on line 5 of Detailed Summary Page CRO-1100) 334.40										

Amendment **Contributions from Individuals** of <u>4</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. Committee Full Name (and Fund if applicable) 2. ID Number Elect Terri Sessoms Board of Education SGHN20 ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Homemaker Vickie Stephenson c. Employer's Name/Specific Field PO Box 1187 Smithfield, NC 27577 e. Election Sum to Date 500 j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount f. Prior g. Account Code h. Form of Payment 500 07/17/2018 Check \$ \$ 3. Contributor Information ☐ Add ■ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Retired c. Employer's Name/Specific Field Keith Beamon 245 Batten Farm Road e. Election Sum to Date Selma, NC 27576

					<u> </u>		
							\$
3. Cont	ributor Informa	ation		Add Rei	nove		
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(includ	e city, state, & zip)			B. 4			
W IT				Retired		1	
	8481-11	F		c. Employer's Nar	ne/Specific Field		
	Mary Neii 1108 Bak	Ferguson er Street					
		I, NC 27577				e. El	ection Sum to Date
						\$	500
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			08/02/2018		\$ 200
							\$
							\$
4. Tot	al only this P	age				\$	1700
		RO-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	2335

i. In-Kind Description

g. Account Code

f. Prior

h. Form of Payment

Check

2000

k. Amount

1000

\$

\$

j. Date (mm/dd/yyyy)

07/19/2018

Contributions from Individuals

Pg 2 of 4 Yes X No

Use this	form to report in	ndividual contribution	ons over \$50 or co	ontributions	under \$50 if form C	RO 1	205 is not used
		e (and Fund if app					D Number
Ek	ect Terri Sessor		SGHN20				
	ributor Informa			Add 🔲	Remove		
	me, Mailing Addre			b. Job Title/	Profession	d. C	omments
(includ	e city, state, & zip)						
	Timmy Penny			Entrepre		1	
	6434 Zacks Mill Ro	oad		c. Employer	's Name/Specific Field	-	
	Angier, NC 27501					e. El	lection Sum to Date
				Self-Si	torage		
						\$	25
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount
	1	Check			08/16/2018		\$ 25
							\$
							\$
	ributor Informa			Add 🔲	Remove		
	ame, Mailing Addre	ess & Phone		b. Job Title/	Profession	d. C	omments
(includ	e city, state, & zip)			Retired			
					's Name/Specific Field	-	
	Kimery Wellons	vette Bood		c. Employer's Name/Specific Field		1	
4	451 Wellons Bo Princeton, NC 2					e. Election Sum to Date	
1,29						\$	
							550
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount
	1	Check		08/20/2018			\$ 100
							\$
							\$
	ributor Inform			Add _	Remove		Y de la company
	ame, Mailing Addr			b. Job Title	Profession	d. C	comments
(includ	le city, state, & zip)			Retire	d		
	J. W. Hawk PO Box 38				's Name/Specific Field	1	
	Pine Level, NC	27568					
						e. E	lection Sum to Date
						\$	150
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount
	1	Check			9/10/2018		\$ 150
							\$
							\$
4. Tot	al only this P	age				\$	275
5. Tot	al of ALL CI	RO-1210 Pages				¢	
		6 of Detailed Summary 1	Page CRO-1100)			\$	2335

Contributions from Individuals

Amendment ☐ 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 Elect Terri Sessoms Board of Education SGHN20 Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard Heilmann c. Employer's Name/Specific Field 225 Belve Drive Radio Station 102.3 Garner, NC 27529 **Country Superstars** e. Election Sum to Date 100 j. Date (mm/dd/yyyy) k. Amount h. Form of Payment i. In-Kind Description f. Prior g. Account Code \$ 100 10/05/2018 Check \$ \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Homemaker c. Employer's Name/Specific Field Leanne Groff 15 Drayton Street Clayton, NC 27527 e. Election Sum to Date 60 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П \$ 10/07/2018 Cash \$ \$ 3. Contributor Information Add ■ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Homemaker Jessica Wahler c. Employer's Name/Specific Field 65 Oglethorpe Avenue Clayton, NC 27527 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 10/07/2018 100 Check 1 \$ 4. Total only this Page \$ 260 5. Total of ALL CRO-1210 Pages

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

\$

2335

Contr	sibutions fr	om Individua	le.		4 - 4		Amendment	
		idividual contribution			<u>4</u> of <u>4</u> er \$50 if form CR		Yes X No	
		e (and Fund if appl				2. ID Number		
		ns Board of Educat	ion	===		<u> </u>	SGHN20	
	ributor Informa		<u> </u>		nove	<u> </u>		
	me, Mailing Addre city, state, & zip)	ss & Phone		b. Job Title/Profe	SSION	a. C	omments	
(IIICIUU)	city, state, & zip)			Retired				
	Terri Sessoms P O Box 449			c. Employer's Nai	ne/Specific Field			
	Smithfield, NC 2	27577						
						e. El	ection Sum to Date	
					_	\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	у)	k. Amount	
	1	Check			10/15/2018		\$ 100	
					_		\$	
							\$	
3. Cont	ributor Informa	ition		Add Re	move			
	me, Mailing Addre	ss & Phone		b. Job Title/Profession			omments	
(includ	e city, state, & zip)						6	
				c. Employer's Na	me/Specific Field			
						e. E	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	/y)	k. Amount	
							\$	
		4					\$	
							\$	
	ributor Informa				move			
	me, Mailing Addr	ess & Phone		b. Job Title/Profe	ession	d. C	omments	
(includ	e city, state, & zip)			-				
				c. Employer's Na	me/Specific Field	1		
					-			
						e. E	lection Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	<u></u> уу)	k. Amount	

			2		\$
4. Tota	al only this Pa	age //		\$	100
5. Tot	al of ALL CR	O-1210 Pages		\$	
(This li	ne must be on line 6	of Detailed Summary Page CRO-1100)		Ψ	2335

\$

\$

Disbursements	Pg	_1_	of
2 100 41 001110110	- 5		0.

				Amendment	
Pg	1	of	4	☐ Yes	No No

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

1. Committee F	2. ID Number								
Elect Ter	ri Sessoms for So	chool Board				SGHN20			
3. Type of Disb		use separate CR	O-1310	forms for e	ach type of Disb				
X Operating Expe		tributions to Candida	tes/Politic	al Committees	Coor	rdinated Party Expenditures			
	4. Payee Information								
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Committee Name	d. Comments			
(include city, state,	(include city, state, & zip)								
Benson Area Chamber of Commerce c. Level Registered (Specify) PO Box 246 County:									
Benson, NC 27504 State Municipality: e. Election Sum to Date									
						1.273			
						\$ 100			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	A	07.	/12/2018	\$ 100	Golf Hole Sponsor			
					\$				
4. Payee Inform	nation			Add 🗖	Remove				
	ing Address & Phone				ed Committee Name	d. Comments			
(include city, sta	•					V.,			
112	Distant		ten 11						
Hinson's PO Box					stered (Specify)				
Smithfiel	ld, NC 27577			Federal	County:	Lieu - Election Company to Date			
				State	Municipa Municipa	lity: e. Election Sum to Date			
						\$ 2974.79			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	В	07	/31/2018	\$ 390.06	Vote labels			
	Check	В	09/	06/2018	\$ 93.41	Color copies			
4. Payee Inform	nation			Add	Remove				
	ing Address & Phone			b. Coordinat	ed Committee Name	d. Comments			
(include city, sta	te, & zip)								
				a Level Degi	stered (Specify)				
Quid	Shirts, Inc.			Federal	County:				
110 8	S Center Street			State		dity: e. Election Sum to Date			
Princ	eton, NC 27569				16 m g = 10	\$ 2274.00			
				1		2371.99			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	Check	С	08/1	3/2018	\$ 120.93	T-shirts			
	Check	С	09/0	04/2018	\$ 228.24	T-shirts			
5. Total only th	is Page					\$ 932.64			
6. Total of AL	L CRO-1310 Pages					3753.97			
(This line goes in	n line 13a of Detailed Su	mmary Page CRO-11	100 if Ope	rating Expens	es)	\$			
	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line goes is	n line 13c of Detailed Su	mmary Page CRO-11	00 if Coo	rdinated Party	Expenditures)				
	odes (List detaile								
A* - Media	B* - Print	_		undraising		Another Candidate			
E - Salaries	F* - Equi	•		litical Party		olding Public Office Expenses			
I - Postage O* Other	J - Penal	nes	V C	Office Expen	ises Q* - D	onation to Legal Expense Fund			
	re detailed explana	tion in required :	remark	s field (k)					
Cours I cyul	e v uvumitu tapialla	Lou in required	- VILLEGE IN	LIVIU (D)					

Disbursements	Pø	2	of	
Disbui Schiches	ı g		O1	

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

Amendment

Yes

1. Committee F	full Name (and Fun	d if applicable)				2. ID Number
Float To	ri Cosserve for S	shool Board				SGHN20
3. Type of Disb	ri Sessoms for So	e use separate CR	00-1310	forms for a	ach type of Dich	
Operating Exp		ntributions to Candida				ordinated Party Expenditures
4. Payee Inform		infibutions to Candida	ites/i ontic	Add	Remove	rumated Farty Expenditures
	Tailing Address & Pl	none			ed Committee Name	e d. Comments
(include city, state		ione		Di Cool unuit	tu Committee Ham	u. Comments
(menuc city, state	, CL 21.p)					
Antioch	Fire Department		6 4	c. Level Regis	stered (Specify)	
8604 NO	C Highway 39 ex, NC 27557			Federal	County:	
Wildeles	5,110 21001			State	Municipa Municipa	ality: e. Election Sum to Date
						\$ 100
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A		/23/2018	\$ 100	Dinner Sponsor
	Crieck		00/	23/2010	\$	Diffier Sponsor
		1	-	4 1 2	<u> </u>	
4. Payee Infort				Add	Remove	li a
	ling Address & Phone			b. Coordinate	ed Committee Name	e d. Comments
(include city, sta	ite, & zip)					
	Printing			c. Level Regi	stered (Specify)	
PO Box Smithfie	87 ld, NC 27577			Federal	County:	
- Citilisiii -	,			☐ State	Municipa	ality: e. Election Sum to Date
						\$
						\$ 2974.79
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	В	09/	26/2018	\$ 1190.27	Flyers, copies
	Check	В	10/1	0/2018	\$ 26.69	Color copies
4. Payee Inform	nation			Add	Remove	
a. Full Name, Mai	ling Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments
(include city, sta	rte, & zip)					
	0.10			c. Level Regi	stered (Specify) County:	EN SECTION
	on Card Company, Inc. Box 369			State		ality: e. Election Sum to Date
	son, NC 27504			- State	Wumcip	
						\$ 3246.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	В	08/2	9/2018	\$ 515.60	Political print
73.7	Check	В		5/2018	\$ 515.60	Signs
5 To4-11- 4			1		7 313.00	
5. Total only the						\$ 2348.16
	L CRO-1310 Pages					
	n line 13a of Detailed Su	-				\$ 3753.97
	n line 13b of Detailed Su n line 13c of Detailed Su		_			(1)
					Lapenmun cs)	
	Codes (List detaile				n m-	Another Candidate
A* - Media E - Salaries	B* - Print F* - Equi			undraising litical Party		Another Candidate Iolding Public Office Expense
I - Postage	J - Penal			office Exper		Conation to Legal Expense Fu
O* Other	J - I Cildi			THE LAPE	Q -D	and the state of t
	re detailed explana	tion in required	remark	field (k)		

		Amenament					
Pg	3	of	3	Yes	□ No		

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

1. Committee F	ull Name (and Fund	l if applicable)					2. ID Number		
Elect Ter		SGHN20							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Information									
a. Full Name, M	ailing Address & Pho	one		b. Coordinate	d Committee Name	:	d. Comments		
(include city, state,	& zip)								
	hirts, Inc.								
110 S Center Street Princeton, NC 27569				c. Level Regis	stered (Specify)				
			State	County: Municipal	litur	e. Election Sum to Date			
				L. State	Manicipa	iity.			
						^{\$} 2371.99			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	equired Remarks		
	Check	С	10/1	5/2018	\$ 214.22		T-shirts		
					\$				
4. Payee Inform	nation			Add	Remove				
	ing Address & Phone				ed Committee Name		d. Comments		
(include city, stat	te, & zip)								
	Station 102.3								
Country 104 Ain	/ Superstars port Industrial Drive		ı	c. Level Registered (Specify)			-		
Clayton	, NC 27520		i	Federal State	County: Municipality:		e, Election Sum to Date		
				State	Municipa	my:	e. Election Sum to Date		
							\$ 506.68		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. R	equired Remarks		
	Check	Α	10/1	3/2018	\$ 257.20		Advertisement		
					\$				
4. Payee Inform	nation			Add \square	Remove	<u> </u>			
	ing Address & Phone			b. Coordinate	ed Committee Name	2	d. Comments		
(include city, sta	-								
PayPa	1								
Í				c. Level Registered (Specify)					
				Federal	County:		a Floritan Cum to Data		
				State	Municipa	uity:	e. Election Sum to Date		
							\$ 9.65		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks		
	PayPal	С	09/3	30/2018	\$ 1.75	Fee	for Donation Transaction		
					\$				
5. Total only th	nis Page				•	1	\$ 473.17		
	L CRO-1310 Pages					-			
(This is a reason in the 12 of Detailed Comments Dans CDO 1100 if Operating Expression									
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) 3753.97									
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
E - Salaries F* - Equipment G - Po			itical Party H* - Holding Public Office Expense						
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund									
O* Other									
* Codes require detailed explanation in required remarks field (k)									

Amendment **In-Kind Contributions** Pg $\underline{1}$ of $\underline{1}$ 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 Number SGHN20 Elect Terri Sessoms for School Board Add ☐ Remove 3. Contributor Information b. Type of Contributor a. Full Name, Mailing Address & Phone c. Comments Individual (include city, state, & zip) Candidate Merv Sessoms ☐ Party PO Box 449 Smithfield, NC 27577 □ PAC Referendum d. Election Sum to Date Other Receipt Source 280.30 f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description 10/12/2018 23.98 Campaign Candy \$ 10/12/2018 30.42 Campaign Candy \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments X Individual (include city, state, & zip) Candidate Party ☐ PAC Referendum d. Election Sum to Date Other Receipt Source \$ f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description \$ \$ \$ 3. Contributor Information □ Add ☐ Remove b. Type of Contributor a. Full Name, Mailing Address & Phone c. Comments (include city, state, & zip) Individual Candidate ☐ Party ☐ PAC Referendum d. Election Sum to Date Other Receipt Source g. Fair Market Amount e. Description f. Date (mm/dd/yyyy)

	\$
	\$
4. Total only this Page	\$ 54.40
5. Total of ALL CRO-1510 Pages	\$
(This line must be on line 17 of Detailed Summary Page CRO-1100)	 54.40

\$