

Disclosure Report Cover

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

Amendment
 Yes No

1. Committee Information	
a. Full Name <i>Campaign 2011</i>	c. ID Number <i>8JMOYP</i>
b. Mailing Address (include City, State and Zip Code) <i>P.O. Box 1801 Monroe, N.C. 28111</i>	d. Date Filed <i>8/31/11</i>
	e. Phone Number <i>704-441-2160</i>

2. Report Year <i>2011</i>	3. Period Start Date (mm/dd/yy) <i>07/23/11</i>	4. Period End Date (mm/dd/yy) <i>08/30/11</i>	5. Treasurer Full Name <i>Jeanette B. Sherrod</i>
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6. Type of Committee (check one)			7. Type of Report (check one)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund
8. Type of Fund (check applicable)			9. Report Frequency (check one)		
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Building Fund	<input type="checkbox"/> NC Political Party Financing Fund	<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Other
8. Number of Fundraisers in this Report <i>non applicable</i>			<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> Pre-election
			<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Mid Year
			<input type="checkbox"/> Year End	<input type="checkbox"/> Final	<input type="checkbox"/> Special
			<input type="checkbox"/> Organizational	<input type="checkbox"/> Quarterly	<input type="checkbox"/> First
			<input type="checkbox"/> Second	<input type="checkbox"/> Third	<input type="checkbox"/> Fourth
			<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Year End
			<input type="checkbox"/> Final	<input type="checkbox"/> Final	<input type="checkbox"/> Special
			<input type="checkbox"/> Special	10. Special Report Name <i>Thirty-five Day Report</i>	

11. Account Information		
a. Financial Institution Full Name <i>SunTrust</i>	b. Purpose <i>The purpose is for campaign material for distribution. (Flyers, posters, & printing)</i>	c. Account Code <i>(01)</i>
	d. Period Begin Balance <i>\$ 1473.65</i>	<i>Union County</i>
		<i>SEP 1 2011</i>

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 undisclosed 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

Bonnie Rushing *Jeanette B. Sherrod* *8-31-11*
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: *9-1-2011* Employee: *Under* Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ 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.
 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

Committee Full Name (and Fund if applicable)	Reporting Period	ID Number
Campaign 2011	Thirty-five Day	BJMOYP
Start of Election Cycle: January 1, 2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 1473.65	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 50.00	\$
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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 50.00	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 100.00	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 100.00	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1,423.65	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
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)	\$	
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)	\$	\$

Disbursements

Pg ____ of ____

Amendment
 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 Full Name (and Fund if applicable) Campaign 2011						2. ID Number 8JMOYP
3. Type of Disbursement (Please use separate forms for each type of Disbursement)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
Marquette Barrino 818 King Street Marshville, NC. 28103 704.624.6457						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	B,0	08/11/2011	\$ 100.00	Candidates Printed Information (Flyers/Guides)	
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name	d. Comments	
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 100.00	
6. Total of All CRO-1310 Pages					\$ 100.00	
7. Purpose Codes (Use detailed expenditure code number above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Other						
Codes require detailed explanation in required remarks field (k)						

Disclosure Report Cover

Amendment
 Yes No

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

I. Committee Information	
a. Full Name Campaign 2011	c. ID Number 8JMOYP
b. Mailing Address (include City, State and Zip Code) P.O. Box 1801 Monroe, N.C. 28111	d. Date Filed 7/13/11
	e. Phone Number 704.441.2160

Report Year 2011	Period Start Date (mm/dd/yy) 07/13/11	Period End Date (mm/dd/yy) 07/22/11	State/County/Committee Name Jeanette B Sherrod
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II. Type of Committee (check one)		III. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referral
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
IV. Type of Fund (check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"	<input type="checkbox"/> Building Fund	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund	<input type="checkbox"/> Presidential Election Year Candidates Fund	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Other	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
Special Number of Reports (if Special Report)		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
non applicable				

V. Account Information	
a. Financial Institution Full Name SunTrust	c. Account Code Union County
b. Purpose This political committee is required to maintain a bank account, exclusively by an assigned treasurer for campaign usage.	d. Period Begin Balance \$ 1500.00

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 undisclosed 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

Bonnie Rushing *Jeanette B Sherrod* **7-22-11**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received: July 22, 2011	Employee: Dicki Dew	Delivery Method:	
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail	<input type="checkbox"/> Registered Mail
Date Scanned:	Employee:	<input checked="" type="checkbox"/> Hand Delivered	<input type="checkbox"/> Electronically Filed
Date Data Entered:	Employee:	<input type="checkbox"/> 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.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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
Campaign 2011	Detailed Summary	8JMOYP
Start of Election Cycle: January 1, 2011	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1500.00	\$
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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)	\$ 1500.00	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 26.35	\$
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 26.35	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1473.65	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
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)	\$	
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)	\$	\$

Contributions from Individuals

Pg ____ of ____

Amendment
 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	
Campaign 2011						8JMOYP	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Bonnie L Rushing P.O. Box 1801 Monroe, N.C. 28111 704-441-2160				Retired Educator			
				c. Employer's Name/Specific Field			
				non/applicable			
						e. Election Sum to Date	
						\$1479.65	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		Cash		07/13/2011	\$1500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				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		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				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		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$		
5. Total of ALL CRO 1210 Pages					\$		
<small>(This section may be omitted on a Detached Summary Page CRO 1200)</small>							

Disbursements

Pg ____ of ____

Amendment
 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 Full Name (and fund if applicable) Campaign 2011	2. ID Number 8JMOYP
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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 <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bonnie L. Rushing P.O. Box 1801 Monroe, NC. 28111-1801 704-441-2160	b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:
d. Comments	
e. Election Sum to Date \$1473.65	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
[REDACTED]	cash	0	07/13/2011	\$ 5.00	Filing Fee
[REDACTED]	cash	0	07/13/2011	\$ 21.35	GIS Maps(2)

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments	
e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
d. Comments	
e. Election Sum to Date \$	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page	\$
6. Total of All CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	\$

7. Purpose Codes (List detailed expenditure code in (k) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

Codes require detailed explanation in required remarks field (k)