

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

<b>I. Committee Information</b>	
a. Full Name <i>Committee to Re-Elect Cora Cole-McFadden</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>5613 Old Well St. Durham, NC 27704</i>	d. Date Filed
<i>P.O. Box 72251 Durham, NC 27722</i>	e. Phone Number <i>(919) 477-8995</i>

2. Report Year <i>2009</i>	3. Period Start Date (mm/dd/yy) <i>9-22-09</i>	4. Period End Date (mm/dd/yy) <i>10-19-09</i>	5. Treasurer Full Name <i>Jessica Brown-Linton</i>
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<b>7. Type of Fund (If applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
<b>8. Number of Fundraisers this Report</b> <i>1</i>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	<b>10. Special Report Name</b>
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>II. Account Information</b>		<b>II. Account Information</b>	
a. Financial Institution Full Name <i>Mechanics + Farmer's Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Checking</i>	c. Account Code
b. Purpose	c. Account Code	d. Period Begin Balance <i>\$112.40</i>	d. Period Begin Balance <i>\$</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 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.

*Cora Cole-McFadden* *Cora Cole-McFadden* *10-26-09*  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: *10/25/2009* Employee: *MP*

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Signer has not received mandatory training

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**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
Committee to Re-Elect <sup>Cora Cyle</sup> McFadden	Re-Election	
Start of Election Cycle: January 1, 2009	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 4,112.40	\$
<b>RECEIPTS</b>		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 1,420.00	\$
6) Contributions from Individuals (CRO-1210)	\$ 2,950.00	\$
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)	\$ 150.00	\$
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)	\$ 4,520.00	\$
<b>EXPENDITURES</b>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2,835.13	\$
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 300.00	\$
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)	\$ 3,135.13	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,499.27	\$
<b>ADDITIONAL INFORMATION</b>		
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-1730)	\$	\$
27) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

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# Aggregated Contributions from Individuals

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Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <i>Committee to Re-Elect Cora Cole-McFadden</i>	2. ID Number
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3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	1	Check		9-23-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	3	Check		9-25-09	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	4	check		9-27-09	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	5	check		9-27-09	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	6	check		9-27-09	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	7	check		9-27-09	\$ 30.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	8	check		9-27-09	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	9	check		9-27-09	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	10	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	11	check		9-25-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	12	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	13	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	14	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	15	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	16	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	17	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	18	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	19	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	20	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	21	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	22	check		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	23	Cash		9-27-09	\$ 50.00
<input type="checkbox"/> Remove					

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4. Total only this Page	\$ 970.00
5. Total of ALL CRO-1205 Pages	\$ 1420.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)



# Contributions from Individuals

Page 1 of 8

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	
Committee to Re-Elect Cora Cook-McKadden						
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	
John H. Atkins, III P.O. Box 12031 Durham, NC 27707			Architect/CEO			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			O'Brien/Atkins		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9-23-09	\$ 250.00	
<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	
Larry N. Beatty 1610 Juniper St. Durham, NC 27703-1641			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9-27-09	\$ 100.00	
<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	
Helen F. Ladd 493-7496 1723 Tisdale St. Durham, NC 27705			Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Duke University		\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check	RECEIVED	9-27-09	\$ 75.00	
<input type="checkbox"/>			OCT 25 2009		\$	
<input type="checkbox"/>			DURHAM COUNTY		\$	
4. Total only this Page					\$ 425.00	
5. Total of ALL CRO-1210 Pages					\$	

(This line must be on line 6 of Detailed Summary Page CRO-1160)

# Contributions from Individuals

Page 2 of 8

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	
Committee to Re-Elect Cora Cole-McFadden						
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	
William D. Austin 286-1493 813 Lancaster St. Rpt. 2 Durham, NC 27701			Administrator			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			R Williams		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9-27-09	\$ 100.00	
<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	
Kathryn Myers 419-0194 6815 Falconbridge Rd. Chapel Hill, NC 27517			Retired - School Board			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		check		9-27-09	\$ 100.00	
<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	
Carolyn McAllister 2111 W. Club Blvd. 682-3559 Durham, NC 27705			Law Professor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Duke Law School		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		9-27-09	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

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