

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.

Committee Information	
a. Full Name COMMITTEE TO ELECT PHILIP AZAR	c. ID Number
b. Mailing Address (include City, State and Zip Code) 917 MONMOUTH AVENUE DURHAM, NC 27701	d. Date Filed 08/27/2015
	e. Phone Number

Year 2015	Period Start Date (mm/dd/yy) 07/01/2015	Period End Date (mm/dd/yy) 08/25/2015	Treasurer Full Name DIANE AMATO
---------------------	---	---	---

1. Committee (Check One)		2. Type of Report (check only one type of report)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
3. Name of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<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"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	4. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
5. Number of Fundraisers in Report 1				

Account Information		Account Information	
a. Financial Institution Full Name BANK OF NORTH CAROLINA		a. Financial Institution Full Name	
b. Purpose CAMPAIGN EXPENSES	c. Account Code 01	b. Purpose IN PERSON	c. Account Code
	d. Period Begin Balance \$ 8551.00	d. Period Begin Balance AUG 28 2015 DURHAM BOE	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

Diane M. Amato Diane M. Amato 08/27/2015
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 8/28/15 Employee: ME **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ 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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
COMMITTEE TO ELECT PHILIP AZAR	2015 Thirty-five-day		
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8,551.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 865.00	\$ 1,216.00
6) Contributions from Individuals (CRO-1210)		\$ 9,325.00	\$ 20,525.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 10,190.00	\$ 21,741.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 11,185.65	\$ 14,185.65
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	AUG 2 8 2015	\$ 160.55	\$ 160.55
15) Loan Repayments (CRO-1420)	DURHAM BOE	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,346.20	\$ 14,346.20
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,394.80	\$ 7,394.80
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Name (and Fund if applicable)		2. ID Number			
COMMITTEE TO ELECT PHILIP AZAR					
3. Contribution 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 <input type="checkbox"/> Remove	01	Check		07/02/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/01/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		08/06/2015	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		08/06/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		07/26/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/08/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/06/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/06/2015	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		08/04/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/03/2015	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/06/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		08/06/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		08/06/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	IN PERSON	08/05/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card	AUG 28 2015	08/03/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	DURHAM BOE	08/05/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/31/2015	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		08/06/2015	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		07/29/2015	\$ 50.00
4. Total only this Page					\$ 865.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 865.00

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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
COMMITTEE TO ELECT PHILIP AZAR					
ROSE AZAR 3 CAROLINA MDWS 210 CHAPEL HILL, NC 27517				RETIRED	
				c. Employer's Name/Specific Field	
				RETIRED	
				e. Election Sum to Date	
				\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Check		07/19/2015	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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
MARIE BAKER 506 OAKWOOD AVE DURHAM, NC 27701				FINANCIAL ADVISOR	
IN PERSON AUG 2 8 2015 DURHAM BOE				c. Employer's Name/Specific Field	
				EDWARD JONES INVESTMENTS	
				e. Election Sum to Date	
				\$ 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"/>	01	Credit Card		07/24/2015	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
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
SUMMER BICKNELL 1309 CARROLL ST DURHAM, NC 27707				FOOD SERVICE	
				c. Employer's Name/Specific Field	
				SELF EMPLOYED	
				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"/>	01	Credit Card		07/24/2015	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
c. Total only this Page					\$ 650.00
d. Total of ALL CRO-1210 Pages (This box must be on back of Detailed Campaign Page (CRO-1100))					\$ 9,325.00

Contributions from Individuals

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 ELECT PHILIP AZAR						
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		
CHRISTOPHER BURKE 3311 RIDGE RD CHARLOTTESVILLE, VA 22901			PRESIDENT			
			c. Employer's Name/Specific Field			
			CHARLOTTESVILLE INSURANCE			
			e. Election Sum to Date			
			\$ 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"/>	01	Credit Card		08/04/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. 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		
ROBERT CHAPMAN 2525 LANIER PLACE DURHAM, NC 27705			REAL ESTATE DEVELOPER			
			c. Employer's Name/Specific Field			
			SELF			
			e. Election Sum to Date			
			\$ 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"/>	01	Check		07/10/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. 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		
BRYAN CONKLIN 3401 ARAP UNIT 316 BOULDER, CO 80303			CONSULTING			
			c. Employer's Name/Specific Field			
			SELF			
			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"/>	01	Credit Card		08/24/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 600.00
5. Total of ALL CRO-1210 Pages (This does not include any of the Detailed Summary Page CRO-1200)						\$ 9,325.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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																								
f. Prior				g. Account Code	h. Form of Payment																								
i. In-Kind Description				j. Date (mm/dd/yyyy)	k. Amount																								
COMMITTEE TO ELECT PHILIP AZAR																													
<table border="1"> <tr> <td colspan="4">KATHY CONNELL 49778 BATTERY LANE BETHESDA, MD 20814</td> <td>SOCIAL WORKER</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>c. Employer's Name/Specific Field CNMC</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>100.00</td> </tr> </table>						KATHY CONNELL 49778 BATTERY LANE BETHESDA, MD 20814				SOCIAL WORKER						c. Employer's Name/Specific Field CNMC						e. Election Sum to Date						\$	100.00
KATHY CONNELL 49778 BATTERY LANE BETHESDA, MD 20814				SOCIAL WORKER																									
				c. Employer's Name/Specific Field CNMC																									
				e. Election Sum to Date																									
				\$	100.00																								
<input type="checkbox"/>	01	Credit Card		08/18/2015	\$ 100.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<table border="1"> <tr> <td colspan="4">LEONORA COURTLAND 915 MONMOUTH AVE DURHAM, NC 27701</td> <td>SELF</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>c. Employer's Name/Specific Field SELF</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>100.00</td> </tr> </table>						LEONORA COURTLAND 915 MONMOUTH AVE DURHAM, NC 27701				SELF						c. Employer's Name/Specific Field SELF						e. Election Sum to Date						\$	100.00
LEONORA COURTLAND 915 MONMOUTH AVE DURHAM, NC 27701				SELF																									
				c. Employer's Name/Specific Field SELF																									
				e. Election Sum to Date																									
				\$	100.00																								
<input type="checkbox"/>	01	Check		08/06/2015	\$ 100.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
<table border="1"> <tr> <td colspan="4">FRANCES DELDUCA 506 S COLLEGE ST CARLISLE, PA 17013</td> <td>ATTORNEY</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>c. Employer's Name/Specific Field RETIRED</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="2">e. Election Sum to Date</td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td>150.00</td> </tr> </table>						FRANCES DELDUCA 506 S COLLEGE ST CARLISLE, PA 17013				ATTORNEY						c. Employer's Name/Specific Field RETIRED						e. Election Sum to Date						\$	150.00
FRANCES DELDUCA 506 S COLLEGE ST CARLISLE, PA 17013				ATTORNEY																									
				c. Employer's Name/Specific Field RETIRED																									
				e. Election Sum to Date																									
				\$	150.00																								
<input type="checkbox"/>	01	Check		08/04/2015	\$ 150.00																								
<input type="checkbox"/>					\$																								
<input type="checkbox"/>					\$																								
4. Total only this Page					\$ 350.00																								
5. Total of ALL CRO 1210 Pages (This line must be on the 5th of Detailed Summary Page (CRO 1209))					\$ 9,325.00																								

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Full Name (and Phone if applicable)						FID Number
COMMITTEE TO ELECT PHILIP AZAR						
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	
SCOTT DEPOY 524 SALEM HEIGHTS DR GIBSONIA, PA 15044			ATTORNEY			
			c. Employer's Name/Specific Field			
			FEDEX			
					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"/>	01	Credit Card		07/06/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JIM DOYLE 4000 TUNLAW RD NW WASHINGTON, DC 20007			OFFICE DIRECTOR			
			c. Employer's Name/Specific Field			
			US DEPT OF COMMERCE			
					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"/>	01	Credit Card		07/24/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
FRANK FERRELL 3059 SAM GREEN TRL HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/06/2015	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total Only this Page						\$ 325.00
5. Total of ALL CRO-1210 Pages						\$ 9,325.00
<i>(This line must be on Page 6 of Detailed Summary Page CRO-1210)</i>						

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Contributor Information						ID Number
COMMITTEE TO ELECT PHILIP AZAR						
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	
BARKER FRENCH 1005 MONMOUTH AVE DURHAM, NC 27701			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 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"/>	01	Check		07/13/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
EMILY FRIEDMAN 1014 CAROLINA AVE DURHAM, NC 27705			TREASURER			
			c. Employer's Name/Specific Field			
			SEEDS			
					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"/>	01	Check		08/06/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
GREGORY GARNEAU 2535 PERKINS RD DURHAM, NC 27705			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 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"/>	01	Check		07/02/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$ 9,325.00	
Please do not file on the 4 of October Summary Page CRO-1100						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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
COMMITTEE TO ELECT PHILIP AZAR						
GREGORY GARNEAU 2535 PERKINS RD DURHAM, NC 27705					RETIRED	
					c. Employer's Name/Specific Field	
					RETIRED	
					e. Election Sum to Date	
					\$	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"/>	01	Check		08/06/2015	\$	250.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
MICHAEL HERRINGSHAW 1928 MCCOOL FOREST LN COLLIERVILLE, TN 38017					SUPPLY CHAIN EXECUTIVE	
					c. Employer's Name/Specific Field	
					MEDTRONIC	
					e. Election Sum to Date	
					\$	2,500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/05/2015	\$	2,500.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
RON HORVATH 16 CONSULTANT PL STE 201 DURHAM, NC 27707					ATTORNEY	
					c. Employer's Name/Specific Field	
					SELF	
					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"/>	01	Check		08/06/2015	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page					\$	2,850.00
5. Total of ALL CRO-1210 Pages					\$	9,325.00

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						2. ID Number
a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Comments
b. Job Title/Profession						
c. Employer's Name/Specific Field						
e. Election Sum to Date						
COMMITTEE TO ELECT PHILIP AZAR						
DANIEL JEWELL 1025 GLORIA AVE DURHAM, NC 27701						
LANDSCAPE ARCHITECT						
SELF						
						\$ 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"/>	01	Check		07/18/2015	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						2. ID Number
a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Comments
b. Job Title/Profession						
c. Employer's Name/Specific Field						
e. Election Sum to Date						
ALISA JOHNSON 1104 BURCH AVE DURHAM, NC 27701						
ENGLISH PROFESSOR						
MEREDITH COLLEGE						
						\$ 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"/>	01	Check		07/20/2015	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						2. ID Number
a. Full Name, Mailing Address & Phone (Include city, state, & zip)						d. Comments
b. Job Title/Profession						
c. Employer's Name/Specific Field						
e. Election Sum to Date						
BLAIR KENDALL 3430 LOCHNORA PKWY DURHAM, NC 27703						
GEHRLICHER SOLAR						
M+G GROUP						
						\$ 500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		08/06/2015	\$	500.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 700.00
5. Total of ALL CRO-1210 Pages <i>(Check the amount on line 5 of Detailed Summary Page CRO-1100)</i>						\$ 9,325.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Full Name (and Party if applicable)						ID Number
COMMITTEE TO ELECT PHILIP AZAR						
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	
IAN KIPP 100 WEST MARKHAM AVE DURHAM, NC 27701			REAL ESTATE BROKER			
			c. Employer's Name/Specific Field			
			BHHS			
					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"/>	01	Credit Card		07/18/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
BASHARAH LIBBUS 401 IRONWOODS DR CHAPEL HILL, NC 27516			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 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"/>	01	Check		08/06/2015	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
BISHARAH LIBBUS 401 IRONWOODS DR CHAPEL HIL, NC 27516			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"/>	01	Check		07/02/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages					\$ 9,325.00	
<small>(This form must be filed with a Detailed Statement Page CRO-1100)</small>						

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Committee Information (and Fund if applicable)						A. ID Number
COMMITTEE TO ELECT PHILIP AZAR						
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	
PHIL MARSOSUDIRO 2908 ARNOLD RD DURHAM, NC 27707			CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		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"/>	01	Credit Card		07/27/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JONATHAN MATTINGLY 500 N DUKE ST APT 56-303 DURHAM, NC 27701			MATH PROFESSOR			
			c. Employer's Name/Specific Field			
			DUKE UNIVERSITY		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/31/2015	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
JOAN MAY 11312 KENILWORTH AVE GARRETT PARK, MD 20896			SEMI RETIRED			
			c. Employer's Name/Specific Field			
			SELF		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"/>	01	Credit Card		08/14/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 400.00
5. Total of ALL CRO-1210 Pages						\$ 9,325.00
(Total due must be on the 4th itemized Summary Page CRO-1210)						

Contributions from Individuals

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 ELECT PHILIP AZAR						
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		
NATASHA NAZARETH 1020 URAN AVE DURHAM, NC 27701			ATTORNEY			
			c. Employer's Name/Specific Field			
			NAZARETH-PHELPS PLLC	e. Election Sum to Date		
				\$ 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"/>	01	Credit Card		07/06/2015	\$ 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		
CHRISTINE RICHARDS 8855 MEMPHIS ARLINGTON RD ARLINGTON, TN 38002			ATTORNEY			
			c. Employer's Name/Specific Field			
			FEDEX	e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/13/2015	\$ 500.00	
<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		
MIGUEL RUBIERA CHELMSFORD DR DURHAM, NC 27705			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			RETIRED	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"/>	01	Check		08/06/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO 1210 Pages (This form and its back of Detailed Summary Page CRO 1200)					\$ 9,325.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Name (and Fund if applicable)						2. ID Number
COMMITTEE TO ELECT PHILIP AZAR						
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	
JOSE SANDOVAL 3 BARKRIDGE CT DURHAM, NC 27713			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"/>	01	Check		07/02/2015	\$ 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	
KELLY SCAGGS 30 BEDFORD RD ARMONK, NY 10504			MANAGER			
			c. Employer's Name/Specific Field			
			IBM		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		07/20/2015	\$ 200.00	
<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	
WILLIAM SCHWALBE 302 W 12TH NEW YORK, NY 10014			EDITOR			
			c. Employer's Name/Specific Field			
			MACMILLAN		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"/>	01	Credit Card		08/07/2015	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages					\$ 9,325.00	

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

A. Committee Full Name (and Fund if applicable)						B. ID Number
COMMITTEE TO ELECT PHILIP AZAR						
C. 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	
CONNIE SEMANS 1514 HERMITAGE CT DURHAM, NC 27707			REAL ESTATE BROKER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					e. Election Sum to Date	
					\$ 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"/>	01	Credit Card		07/28/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
D. 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	
CHRISTOPHER SINKS 10504 BILL LILLY CT LAUREL, MD 20723			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		07/11/2015	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
E. 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	
MARTIN STEINMEYER 1017 DEMERIUS ST DURHAM, NC 27701			EVALUATOR			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 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"/>	01	Credit Card		08/06/2015	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 650.00
5. Total of ALL CRO-1210 Pages						\$ 9,325.00

Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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
COMMITTEE TO ELECT PHILIP AZAR						
PAUL STINSON 1006 GLORIA AVE DURHAM, NC 27701					REALTOR	
					c. Employer's Name/Specific Field	
					SELF	
					e. Election Sum to Date	
					\$	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"/>	01	Credit Card		07/17/2015	\$	250.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
HAZELILNE UMSTEAD 1216 CORNELL ST DURHAM, NC 27707					RETIRED	
					c. Employer's Name/Specific Field	
					RETIRED	
					e. Election Sum to Date	
					\$	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"/>	01	Check		07/03/2015	\$	75.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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
JODY WHITE 309 N GREGSON ST DURHAM, NC 27701					DEVELOPMENT OFFICER	
					c. Employer's Name/Specific Field	
					SEEDS	
					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"/>	01	Credit Card		07/01/2015	\$	100.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$	425.00
5. Total of ALL CRO-1210 Pages <i>(This does not include the Total of Detailed Summary Page CRO-1100)</i>					\$	9,325.00

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Email (if applicable)		2. ID Number			
COMMITTEE TO ELECT PHILIP AZAR					
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		
ALLEN WILCOX 213 WATT ST DURHAM, NC 27701		RESEARCHER			
		c. Employer's Name/Specific Field US GOVERNMENT			
		e. Election Sum to Date			
		\$ 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"/>	01	Credit Card		07/29/2015	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 250.00
5. Total of ALL CRO-1210 Pages <small>(This information is on Page 1 of Detailed Summary Page CRO-1209)</small>					\$ 9,325.00

Disbursements

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)						2. ID Number
COMMITTEE TO ELECT PHILIP AZAR						
3. Type of Disbursement (Please use separate CRO-1310 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. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
9TH STREET BAKERY 136 E. CHAPEL HILL ST DURHAM, NC 27701					c. Level Registered (Specify)	
					<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					e. Election Sum to Date	
				\$		695.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	C	08/01/2015	\$ 695.00	FOR FOOD/BEV FOR	
				\$	8/6/15 FUNDRAISER	
5. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
PHILIP AZAR 917 MONMOUTH AVENUE DURHAM, NC 27701					c. Level Registered (Specify)	
					<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					e. Election Sum to Date	
				\$		100.57
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	I	08/24/2015	\$ 29.40		
01	Check	B	08/24/2015	\$ 71.17	PRINTED MATERIAL FOR	
						FUNDRAISER
6. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CITY OF DURHAM NC					c. Level Registered (Specify)	
					<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
					e. Election Sum to Date	
				\$		205.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	O	07/06/2015	\$ 205.88	CANDIDATE FILING FEE	
				\$		
7. Total only this Page						\$ 1,001.45
8. Total of ALL CRO-1310 Pages						\$ 11,185.65
(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)						
9. 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		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k.)						

Disbursements

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): **COMMITTEE TO ELECT PHILIP AZAR**

2. ID Number: _____

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. Party Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DEMOCRACY ENGINE 2125 14TH ST NW WASHINGTON, DC 20009	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 342.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Electric Funds Tran	C	07/02/2015	\$ 210.79	CREDIT CARD FEES
				\$	

4. Party Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DURHAM COMMITTEE ON AFFAIRS OF BLACK PEOPLE PO BOX 110072 DURHAM, NC 27709	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	08/18/2015	\$ 500.00	FOR AD IN FOUNDERS DAY JOURNAL
				\$	

4. Party Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOE COHN PHOTOGRAPHY 3725 LOCHNORA PARKWAY DURHAM, NC 27705	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 199.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	A	08/18/2015	\$ 199.95	PHOTOGRAPHY AT FUNDRAISER
				\$	

5. Total only this Page: \$ 910.74

6. Total of ALL CRO-1310 Pages: \$ 11,185.65
 (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 (Use detailed expenditure code in (h) 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 | Q* - Donation to Legal Expense Fund |
| O* Other | | | |

8. Code names, detailed amounts, in original remarks field (k)

Disbursements

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

Committee Full Name (and Email Address)						ID Number	
COMMITTEE TO ELECT PHILIP AZAR							
Type of Disbursement (Please use separate CRO-1310 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			
Type Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
LASTING PRINTING AND GRAPHICS PO BOX 18361 RALEIGH, NC 27619 (919) 834-0770							
				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:			
						\$ 671.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	B	07/22/2015	\$ 139.84	REMITTANCE		
01	Check	B	08/24/2015	\$ 531.62	ENVELOPES LETTERHEAD, ENVELOPES, BUSINESS		

Type Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
NC DEMOCRATIC PARTY - VOTE BUILDER 220 HILLSBOROUGH STREET RALEIGH, NC 27603							
				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:			
						\$ 422.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	08/18/2015	\$ 422.00	VOTE BUILDER		
				\$	AGREEMENT		

Type Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
TARGETED PERSUASION 206 NEW BERN PLACE RALEIGH, NC 27601 (919) 819-2138							
				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:			
						\$ 11,150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	AC	07/06/2015	\$ 1,950.00	SOCIAL MEDIA,		
01	Check	AO	07/14/2015	\$ 4,700.00	ONLINE/FUNDRAISING 1/2 WEBSITE AND CONSULTING		

5. Total only this Page	\$ 7,743.46
-------------------------	-------------

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)	\$ 11,185.65
--	--------------

Purpose Codes (Use detailed expenditure code in (h.) 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	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k.)			

Disbursements

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/Accounts)						2. ID Number
COMMITTEE TO ELECT PHILIP AZAR						
3. Type of Disbursement (Check one, submit CRO-1310 form 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. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
TARGETED PERSUASION 206 NEW BERN PLACE RALEIGH, NC 27601 (919) 819-2138						
			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:		\$ 11,150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	08/05/2015	\$ 1,500.00	WEBSITE DEVELOPMENT	
				\$		
5. Page Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CYNTNIA VIOLA 919 HAYNES ST RALEIGH, NC 27604						
			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:		\$ 30.00	
IN PERSON AUG 28 2015 DURHAM BOE						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	Check	A	08/21/2015	\$ 30.00	HEAD SHOTS	
				\$		
6. Total only this Page					\$ 1,530.00	
7. Total of ALL CRO-1310 Pages					\$ 11,185.65	
(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)						
8. Purpose Codes - (Use detailed expenditure code in (h) 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		Q* - Donation to Legal Expense Fund
O* Other						
* Codes require detailed explanation in required remarks field (k)						

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

COMMITTEE TO ELECT PHILIP AZAR						
Party Information						
	1. Account Code	2. Form of Payment	3. Purpose Code	4. Date (mm/dd/yyyy)	5. Amount	6. Description/Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check	C	08/04/2015	\$ 29.00	REIMBURSEMENT FOR MONTHLY
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	07/01/2015	\$ 4.18	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	07/08/2015	\$ 3.95	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	07/15/2015	\$ 15.59	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	07/22/2015	\$ 13.52	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	07/29/2015	\$ 27.24	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	08/05/2015	\$ 29.30	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	08/12/2015	\$ 33.82	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	08/19/2015	\$ 3.95	CREDIT CARD FEES
Total only this Page					\$	160.55
Total of ALL CRO-1315 Pages					\$	160.55
<i>(This information is required only if the donor's signature page CRO-1315 is filed)</i>						
E - Salaries		B* - Printing		D - To Another Candidate		
		G - Political Party				
O* - Other		J - Penalties		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						