

Contributions to Registered Entities Report Cover

Amendment
 Yes No

This form should be accompanied by forms CRO-2215B and CRO-2215C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

| 1. Reporting Entity Information | | | |
|--|---|---|---|
| a. Full Name of Entity Making Disbursement <i>COMMITTEE TO ELECT PHILIP AZAR</i> | d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization | e. Federal ID Number (if applicable) | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number <i>917 MONMOUTH AVE DURHAM NC 27702</i> | f. Date Filed <i>10-28-2016</i> | | g. Employer's Name or Principal Place of Business |
| c. Detailed Description of Entity <i>Candidate Campaign Committee</i> | | | h. Occupation |
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | |
| 5. Custodian of Books | | | |
| a. Full Name of Entity's Custodian of Books and Accounts <i>DIANE M ANATO</i> | | | |
| b. Mailing Address (include City, State and Zip Code) and Phone Number <i>902 DEMETRIUS SE DURHAM NC 27701</i> | | c. Employer's Name or Principal Place of Business <i>Preservation Durham</i> | |
| | | d. Occupation <i>Manager</i> | |
| 6. Total Donations ALL Pages | | | \$ <i>0</i> |
| 7. Total Contributions ALL Pages | | | \$ <i>500</i> |
| CERTIFICATION | | | |
| I certify that this statement is complete, true and correct to the best of my knowledge. I further understand that this certification shall be treated as under oath, and any person making this certification knowing the information to be untrue is guilty of a Class I felony. | | | |
| <i>Diane M Anato</i> Printed Name of Signer | | <i>Diane M Anato</i> Signature | <i>10-27-2016</i> Date |

IN PERSON

NOV 22 2016

DURHAM BOE

Contributions Made to Registered Committees

Use this form to report Contributions within 30 days after they exceed \$100 or 10 days before an election they affect. The term Contribution includes anything of value given to a registered committee including monetary and in kind coordinated expenditures.

| 1. Committee Receiving Contribution | | | | | | |
|--|--------------------|----------------|----------------------|-----------|---|--|
| a. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | b. Level Registered | |
| PEOPLE'S ALLIANCE PAC PO BOX 3221 DURHAM NC 27715 | | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Muni | |
| c. Item Number | d. Form of Payment | e. Description | f. Date (mm/dd/yyyy) | g. Amount | h. Election Sum to Date | |
| | check | GOTV | 10/20/2016 | \$ 250 | \$ | |
| If Form of Payment above is In Kind provide information on Vendor Paid below. | | | | | | |
| i. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | j. Date Vendor Paid | |
| | | | | | | |
| | | | | | k. Amount | |
| | | | | | \$ | |
| 1. Committee Receiving Contribution | | | | | | |
| a. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | b. Level Registered | |
| DCABP- PAC PO Box 3846 DURHAM NC 27702 | | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Muni | |
| c. Item Number | d. Form of Payment | e. Description | f. Date (mm/dd/yyyy) | g. Amount | h. Election Sum to Date | |
| | check | GOTV | 10/20/2016 | \$ 250 | \$ | |
| If Form of Payment above is In Kind provide information on Vendor Paid below. | | | | | | |
| i. Full Name, Mailing Address (include city, state, and zip) & Phone Number | | | | | j. Date Vendor Paid | |
| | | | | | | |
| | | | | | k. Amount | |
| | | | | | \$ | |
| 2. Total Disbursements THIS Page <i>(sum all the 'If' entries on this page)</i> | | | | | \$ 500 | |
| 3. Total Disbursements ALL Pages <i>(sum all the 'If' entries on all disbursement pages)</i> | | | | | \$ 500 | |

IN PERSON

NOV 22 2016

DURHAM BOE

Donations to further Contributions reported at 2215C

Use this form to identify each person or entity making a donation of more than \$100, to further the contribution(s) reported on 2215C.

| 1. Donation Information | | | | |
|--|--|---|-----------------------------|------------------|
| a. Item Num | b. Full Name, Mailing Address & Phone Number (include city, state, and zip) | c. Principal Occupation of Donor | d. Date (mm/dd/yyyy) | e. Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 2. Total Donations THIS Page <i>(sum all the '1e' entries on this page)</i> | | | | \$ |
| 3. Total Donations ALL Pages <i>(sum all the '1e' entries on all receipt pages)</i> | | | | \$ |

IN PERSON
 NOV 22 2016
 DURHAM BOE