

# 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				b. Level Registered	
a. Full Name, Mailing Address (include city, state, and zip) & Phone Number				<input type="checkbox"/> Federal	<input type="checkbox"/> County
c. Item Number				<input checked="" type="checkbox"/> State	<input type="checkbox"/> Muni
d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	h. Election Sum to Date	
NCDP - House Caucus PO Box 1906 Raleigh NC 27602					
check	GOTV	10/12/2020	\$ 2252	\$	
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	
c. Item Number				<input type="checkbox"/> Federal	<input type="checkbox"/> County
d. Form of Payment	e. Description	f. Date (mm/dd/yyyy)	g. Amount	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Muni
NCDP - Senate Caucus PO Box 1906 Raleigh NC 27602					
check	GOTV	10/12/2020	\$ 2252	\$	
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				\$ 4504	
3. Total Disbursements ALL Pages				\$ 4504	

OCT 13 2020  
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					e. Amount
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)		
					\$
					\$
					\$
					\$
					\$
					\$
<b>2. Total Donations THIS Page</b> <i>(sum all the 'Te' entries on this page)</i>					\$
<b>3. Total Donations ALL Pages</b> <i>(sum all the 'Te' entries on all receipt pages)</i>					\$

**IN PERSON**

CRO-2215B

NC State Board of Elections

February 2012

OCT 13 2020

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# Contributions to Registered Entities Report Cover

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).

Amendment  
 Yes  No

<b>1. Reporting Entity Information</b>	
a. Full Name of Entity Making Disbursement <i>Committee To Elect Philip Azar</i>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>917 Monmouth Ave Durham NC 27701</i>	
c. Detailed Description of Entity <i>Candidate Campaign Committee</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)	
f. Date Filed <i>10-12-2020</i>	
g. Employer's Name or Principal Place of Business	
h. Occupation	
2. Report Year	3. Period Start Date (mm/dd/yyyy)
4. Period End Date (mm/dd/yyyy)	
<b>5. Custodian of Books</b>	
a. Full Name of Entity's Custodian of Books and Accounts <i>Diane M Amato</i>	
b. Mailing Address (include City, State and Zip Code) and Phone Number <i>902 Demeius St Durham NC 27701</i>	
c. Employer's Name or Principal Place of Business <i>Chels Acena, CPA</i>	
d. Occupation <i>Accounting Assistant</i>	
6. Total Donations ALL Pages	\$
7. Total Contributions ALL Pages	\$ <i>4504</i>
<b>CERTIFICATION</b>	
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 Amato</i>	<i>Diane M Amato</i>
Printed Name of Signer	Signature
	<i>10-12-2020</i>
	Date

OCT 13 2020

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