

Disclosure Report Cover

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

1. Committee Information	
a. Full Name NATE BAKER	c. ID Number
b. Mailing Address (include City, State and Zip Code) 609 N ROXBORO ST DURHAM, NC 27707	d. Date Filed 02/24/2020
	e. Phone Number

2. Report Year 2020	3. Period Start Date (mm/dd/yy) 01/01/2020	4. Period End Date (mm/dd/yy) 02/15/2020	5. Treasurer Full Name NATE BAKER
-------------------------------	--	--	---

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<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 type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type 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	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

IN PERSON

3. Account Information		3. Account Information	
a. Financial Institution Full Name LATINO CREDIT UNION		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code 0	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0.00		d. Period Begin Balance \$

FEB 25 2020

DURHAM BOE

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

_____ 02/24/2020
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 02/25/2020 Employee: A.K. Jica

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

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	
NATE BAKER	2020 First Quarter		
Start of Election Cycle: January 1, <u>2020</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,000.00	\$ 1,000.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 0.00	\$ 0.00
6) Contributions from Individuals (CRO-1210)	\$ 4,031.18	\$ 4,031.18	\$ 4,031.18
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 75.00	\$ 75.00	\$ 75.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 4,106.18	\$ 4,106.18	\$ 4,106.18
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	\$ 0.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 780.00	\$ 780.00	\$ 780.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 780.00	\$ 780.00	\$ 780.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 4,326.18	\$ 4,326.18	\$ 4,326.18
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	IN PERSON	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	FEB 25 2020	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	DURHAM BOE	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 1,385.22	\$ 1,385.22	\$ 1,385.22

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
NATE BAKER						
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
ROCHELLE ARAUJO 911 S DUKE ST DURHAM, NC 27707-1337				Senior Ecologist		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				EPA's National Exposure Research Laboratory		\$ 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"/>	0	Check		02/07/2020		\$ 75.00
<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
CHELSEA BAKER 608 ROXBORO ST DURHAM, NC 27707				ARTIST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				FERN ORIGINAL ART		\$ 35.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	0	Credit Card		01/10/2020		\$ 35.00
<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
NATHANIEL BAKER 1810 NORTHGATE STREET DURHAM, NC 27704				CITY PLANNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				CLARION ASSOCIATES		\$ 42.19
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	0	Credit Card		02/11/2020		\$ 25.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page						\$ 135.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18

FEB 25 2020

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	
NATE BAKER							
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	
PAUL BAKER 1709 ARROWHEAD DRIVE DURHAM, NC 27705 (919) 684-6450				FACULTY			
				c. Employer's Name/Specific Field			
				DUKE UNIVERSITY			
						e. Election Sum to Date	
						\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Check		01/13/2020	\$ 500.00		
<input type="checkbox"/>	0	Check		02/07/2020	\$ 100.00		
<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	
SHARLENE BAKER 13699 VIA VARRA BROOMFIELD, CO 80020				SENIOR CONSULTANT			
				c. Employer's Name/Specific Field			
				CONGA			
						e. Election Sum to Date	
						\$ 111.18	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Credit Card		01/09/2020	\$ 111.18		
<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	
MARGARET BAKKER 103 UXBRIDGE CT CARY, NC 27513-5170				ADJUNT PROFESSOR			
				c. Employer's Name/Specific Field			
				CAMPBELL UNIVERSITY			
						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"/>	0	Credit Card		01/25/2020	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 811.18	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

FEB 25 2020

DURHAM BOE

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 Fund if applicable)						2. ID Number	
NATE BAKER							
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		
SUE BEHRINGER 3912 PICKETT RD DURHAM, NC 27705-5334			MISCENLLANEOUS				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			VINTAGE '59 IMPORTS		\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Check		02/07/2020	\$ 50.00		
<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		
JULIA BORBELYBROWN 1013 WATTS ST DURHAM, NC 27701			RETIRED				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			RETIRED		\$ 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"/>	0	Check		02/07/2020	\$ 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		
BARBARA BRAATZ 1918 WILSHIRE DR DURHAM, NC 27707			CONSULTANT				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			ICF CONSULTING		\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Credit Card		01/15/2020	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						IN PERSON 4,031.18	

FEB 25 2020

DURHAM BOE

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 Fund if applicable)						2. ID Number	
NATE BAKER							
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	
Charles Brennan 337 S Sherman Street Denver, CO 80209				RESEARCH AND POLICY ANALYST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FAMILY ECONOMICS SECURITY PROGRAM		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	0	Credit Card		02/10/2020		\$ 25.00	
<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	
MICAHEL BROACHE 4511 FARRINGTON ROAD DURHAM, NC 27707				ASSISTANT PROFESSOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				UNCG		\$ 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"/>	0	Credit Card		02/13/2020		\$ 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	
JACK BYERS 913 WASHINGTON ST. DURHAM, NC 27701				WEB DEVELOPER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BLDG-25		\$ 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"/>	0	Credit Card		02/11/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						IN PERSON 4,031.18	

FEB 25 2020

DURHAM BOE

Contributions from Individuals

Pg 5 of 14

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	
NATE BAKER							
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	
MERRIT CHESSON MERRIT CHESSON DURHAM, NC 27701				PHOTOGRPAHER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MERRIT CHESSON PHOTOGRAPHY		\$ 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"/>	0	In-Kind	PHOTOGRAPHY PICTURES	01/12/2020	\$ 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	
PRICE CHIPLEY 29 SWAYER ROAD WALTHAM, MA 02453-3483				FINANCIAL ADVISOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				COMMONWEALTH FINANCIAL NETWORK		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Credit Card		01/09/2020	\$ 25.00		
<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	
GRETCHEN COOLEY 8 DAILEY CT DURHAM, NC 27712				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Check		02/07/2020	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 575.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

IN PERSON

Contributions from Individuals

Pg 6 of 14

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	
NATE BAKER						
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
BRUCE CURRAN PO BOX 52573 DURHAM, NC 27717-2573				INSTRUCTOR CONTINUING EDUCATION INSTRUC		
				c. Employer's Name/Specific Field		
				DUKE UNIVERSITY		
						e. Election Sum to Date
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	0	Check		02/07/2020		\$ 50.00
<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
KARI GRACE 405 MLK BLVD CHAPEL HILL, NC 27514 (919) 969-5033				SENIOR PLANNER		
				c. Employer's Name/Specific Field		
				TOWN OF CHAPEL HILL		
						e. Election Sum to Date
						\$ 280.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	0	In-Kind	RAFFLE PACKAGES MOBILITY JUSTICE	01/30/2020		\$ 80.00
<input type="checkbox"/>	0	In-Kind	RAFFLE PACKAGE PILLOW WINE HOLDER	01/30/2020		\$ 125.00
<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
GEOFFREY GREEN NEW EAST BUILDING 3140 UNC-CH, NC 27599-3140				SENIOR PLANNER		
				c. Employer's Name/Specific Field		
				GO TRIANGLE		
						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"/>	0	Credit Card		01/31/2020		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					IN PERSON \$ 355.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,031.18	

CRO-1210

NC State Board of Elections

FEB 25 2020

April 2007

DURHAM BOE

Contributions from Individuals

Pg 7 of 14

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	
NATE BAKER						
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	
Elizabeth Gulley 1313 Woodburn Rd Durham, NC 27705			NURSE			
			c. Employer's Name/Specific Field			
			DUKE		e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Credit Card		02/10/2020	\$ 25.00	
<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	
TATE HALVERSON 1810 NORHTGATE DURHAM, NC 27707			GRADUATE STUDENT			
			c. Employer's Name/Specific Field			
			UNC CHAPEL HILL		e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Credit Card		01/12/2020	\$ 40.00	
<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	
PATRICK HAYES 721 AINSLEY CT DURHAM, NC 27713-7577			DIRECTOR OF RESEARCH ADMIN			
			c. Employer's Name/Specific Field			
			NCSU		e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Credit Card		01/16/2020	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 85.00	
5. Total of ALL CRO-1210 Pages					\$ 4,031.18	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						

IN PERSON

Contributions from Individuals

Pg 8 of 14

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	
NATE BAKER							
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	
MICHAEL HECKENBERGER 1515 NW 9TH AVE GAINESVILLE, FL 32605				PROFESSOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				UNIV FLORIDA		\$ 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"/>	0	Credit Card		02/13/2020		\$ 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	
DAVID HENNING 101 MARKET STREET CHAPEL HILL, NC 27516 (919) 967-9188				ASSOCIATE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CALRION ASSOCIATES		\$ 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"/>	0	Credit Card		01/02/2020		\$ 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	
MARIA HILL 2020 WAWA AVE DURHAM, NC 27707				GIS ANALYST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TOWN OF CHAPEL HILL		\$ 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"/>	0	Check		01/22/2020		\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 275.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

IN PERSON

Contributions from Individuals

Pg 9 of 14

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	
NATE BAKER							
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	
MARY KESSLER 1418 WOODLAND CT DURHAM, NC 27701				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	0	Check		01/22/2020		\$ 50.00	
<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	
HAYLEY LAMPKIN 25 HERRON AVE ASHEVILLE, NC 28806-3435				ATTORNEY			
				c. Employer's Name/Specific Field			
				COUNCIL FOR CHILDRENS RIGHTS			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	0	Credit Card		01/10/2020		\$ 50.00	
<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	
JULIA LINEHAM 3437 DIXON RD DURHAM, NC 27707				ATTORNEY			
				c. Employer's Name/Specific Field			
				M Julia Linehan Attorney At Law			
						e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	0	Check		02/07/2020		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						IN PERSON \$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

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 Fund if applicable)						2. ID Number	
NATE BAKER							
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	
Matthew McDowell 1540 Hermitage Ct Durham, NC 27707				Finance and Operations Director			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				North Carolina Coalition to End Homelessness		\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Debit Card		02/09/2020	\$ 50.00		
<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	
ELIZABETH MCGUFFEY 904 VICKERS AVE DURHAM, NC 27701				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Check		02/07/2020	\$ 25.00		
<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	
DAVID MORGAN 116 VIRGINIA CREST WAY DURHAM, NC 27703				SYSTEMS ENGINEER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SAS		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	0	Credit Card		02/11/2020	\$ 25.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	
						IN PERSON	

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
NATE BAKER						
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
ELIZABETH MUSHAK 4036 NOTTAWAY RD DURHAM, NC 27707-5425				ASSOCIATE		
				c. Employer's Name/Specific Field		
				PB ASSOCIATES		
						e. Election Sum to Date
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Check		02/07/2020	\$ 50.00	
<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
SANDRA OGBURN 1320 CARROL ST DURHAM, NC 27707				SUBSTITUTE		
				c. Employer's Name/Specific Field		
				DURHAM COUNTY LIBRARY		
						e. Election Sum to Date
						\$ 50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Check		02/07/2020	\$ 50.00	
<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
MAGGIE PARKER 1401 S LAMAR ST DALLA, TX 75215 (214) 315-1555				FOUNDER MANAGEING PARTNER		
				c. Employer's Name/Specific Field		
				INNOVAN NEIGHBORHOODS		
						e. Election Sum to Date
						\$ 20.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Credit Card		01/14/2020	\$ 20.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						IN PERSON \$ 120.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18

Contributions from Individuals

Pg 12 of 14

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	
NATE BAKER							
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	
SUSAN PERRY 220 FORESTWOOD DR DURHAM, NC 27707-2236 (919) 855-4800				The Chief Deputy Secretary			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NCDHHS		\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	0	Check		02/07/2020		\$ 25.00	
<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	
CATHERINE RIGSBY EAST 5TH STREET GREENVILLE, NC 27858-4358				PROFESSOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				EAST CAROLINA UNIVERSITY		\$ 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"/>	0	Credit Card		01/23/2020		\$ 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	
Deborah Rosenstein 3 Cedar Crest Trail Bahama, NC 27503				Not Employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Not Employed		\$ 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"/>	0	Credit Card		02/10/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 375.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

IN PERSON

Contributions from Individuals

Pg 13 of 14

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	
NATE BAKER							
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	
SARAH ROYSTER 4350 LASSITER AT NORTH HILLS AVE SUITE 250 RALEIGH, NC 27609				DIRECTOR OF OPERATIONS AND MEMBER ENGAGE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NC NURSES ASSOCIATION		\$ 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"/>	0	Credit Card		01/12/2020		\$ 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	
FRANK SILBER 150 FAYATVILLE ST 1400 RALEIGH, NC 27601				PARTNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				PARKER POE ADAMS & BERNSTEIN		\$ 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"/>	0	Credit Card		01/26/2020		\$ 125.00	
<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	
JANE THORN 3125 MANCHESTER DR DURHAM, NC 27707-3977				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 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"/>	0	Check		02/07/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						IN PERSON \$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,031.18	

Contributions from Individuals

Pg 14 of 14

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
NATE BAKER						
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	
AUDREY VOGEL 9 ROCK HOUSE ROAD EASTON, CT 06612			PLANNER			
			c. Employer's Name/Specific Field			
			KIMLEY HORN		e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	0	Credit Card		01/15/2020	\$ 50.00	
<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	
ANN WALDON 101 CONNER DRIVE CHAPEL HILL, NC 27514 (919) 932-3908			SOCIAL WORKER			
			c. Employer's Name/Specific Field			
			SOLOMON JOBES LCSW		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"/>	0	Credit Card		01/19/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 150.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,031.18	

CRO-1210

NC State Board of Elections

April 2007

IN PERSON

FEB 25 2020

DURHAM BOE

Other Receipt Sources

Page 1 of 1

Amendment
 Yes No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) NATE BAKER			2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> <input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) KARI GRACE 405 MLK BLVD CHAPEL HILL, NC 27514 (919) 969-5033			b. Not-for-Profit Federal ID #	d. Comments
			e. Outside Source Explanation RAFFLE PACKAGE	e. Election Sum to Date \$ 280.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
0	In-Kind	RAFFLE PACKAGESDIFFERENT	01/30/2020	\$ 75.00
				\$
5. Total only this Page				\$ 75.00
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>				\$ 75.00

CRO-1250

NC State Board of Elections

December 2007

IN PERSON

FEB 25 2020

DURHAM BOE

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NATE BAKER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
MERRIT CHESSON MERRIT CHESSON DURHAM, NC 27701		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PHOTOGRAPHY PICTURES		01/12/2020	\$ 500.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
KARI GRACE 405 MLK BLVD CHAPEL HILL, NC 27514 (919) 969-5033		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 280.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
RAFFLE PACKAGES DIFFERENT COFFEE ITEMS		01/30/2020	\$ 75.00
RAFFLE PACKAGES MOBILITY JUSTICE BUNDLE		01/30/2020	\$ 80.00
RAFFLE PACKAGE PILLOW WINE HOLDER PICTURE		01/30/2020	\$ 125.00
4. Total only this Page			\$ 780.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 780.00

IN PERSON

FEB 25 2020

DURHAM BOE

Contributions to be Reimbursed

Page 1 of 3

Amendment
 Yes No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
NATE BAKER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
STICKERS, POSTERS, CARDS	01/05/2020	Y	\$ 166.99
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
KICK OFF FOOD FOR NATE	01/13/2020	Y	\$ 159.91
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
YARD SIGNS FOR NATE	01/23/2020	Y	\$ 755.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
POST CARDS FOR NATE	01/27/2020	Y	\$ 90.29
4. Total only this Page			\$ 1,172.19
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 1,385.22

IN PERSON

FEB 25 2020

DURHAM BOE

Contributions to be Reimbursed

Pg 2 of 3

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
NATE BAKER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
OFFICE DEPOT DOOR HANGERS	01/29/2020	Y	\$ 116.53
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
HERALD SUN DIGITAL AD	02/01/2020	Y	\$ 17.19
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD TO FEED YARD SIGN VOLUNTEERS	02/01/2020	Y	\$ 31.06
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATE BAKER 608 N ROXBORO DURHAM, NC 27701		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR YARD SIGN VOLUNTEERS	02/08/2020	Y	\$ 31.06
4. Total only this Page			\$ 195.84
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 1,385.22

IN PERSON

FEB 25 2020

DURHAM BOE

Contributions to be Reimbursed

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report Contributions under \$1,000 which will be refunded within 7 days.
 Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name		2. ID Number	
NATE BAKER			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATHANIEL BAKER 1810 NORTHGATE STREET DURHAM, NC 27704		CHRISTINA FERGUSON 1011 HOMER ST DURHAM, NC 27707	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
HERALD SUN SUBSCRIPTION FOR NATE	01/01/2020	Y	\$ 17.19
4. Total only this Page			\$ 17.19
5. Total of ALL CRO-1215a Pages <i>(This line goes in line 28 of Detailed Summary Page CRO-1100)</i>			\$ 1,385.22

CRO-1215

NC State Board of Elections

December 2007

IN PERSON

FEB 25 2020

DURHAM BOE