Ame	ndme	nt		
	Yes	X	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 In	formation								
a. Full Name	***************************************							c. ID Number	
CLARENCE BIR	RKHEAD FOR I	DURHAM COU	NTY						
b. Mailing Addre	ess (include Ci	ty, State and Zij	Code)					d. Date Filed	
PO BOX 12387 DURHAM, NC	27707						12/09/20	21	
DORITANI, NC	21101							e. Phone Numbe	er -
								***************************************	
2. Report Year	3. Period Star	t Date (mm/dd/;	yy)	4. Period	End Dat	e (mm/dd/yy)	5. Treasui	er Full Name	
2020	0	7/01/2020			12/31/20	020	LLOYD PA	ATILLO	
6. Type of Comp	nittee (Check (	One)	9. Typ	e of Report	(ch	eck only one	type of rep	ort from one cat	egory)
X Candidate Can	npaign 🔲 Par	rty	Munic	ipal		State/County	in the second of the second second	Referendum	***************************************
☐ Joint Fundrais	er 🔲 PA	.C		Organizatio	nal	Organizatio	mal	Organization:	d
☐ Referendum	☐ Le	al Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendu	m
7. Type of Fund		le, check one)	10	Pre-primary	- 1	☐ First		☐ Final	
☐ "Booster Fund			同	Pre-election		☐ Second		Supplemental	Final
☐ Building Fund			lπ	Pre-moff	.	☐ Third		Annual	
_	lection Year Can	ulidatas Franci	-	Semi-annua	.	Fourth		Special	
NC Public Car				Mid Ye	·	Semi-annua		D opecia:	
MC Public Car	npaign rmanem	i reins	I=	Year E	-	□ Mid Va	-	10 0	4 %7
<b>—</b> •••			므		16			10. Special Rep	ort Name
Other:				Final		Year E	ns		
8. Number of Fu	indraisers this	s Report		Special		Final			
	0			□ Special					
3. Account Infor	rmation				3. Acc	ount Informat	ion		
a. Financial Inst	itution Full Na	me			a. Fina	ncial Instituti	on Full Nam	ıe	
WELLS FARGO					WELLS	S FARGO			
b. Purpose		c. Account Cod	.e		ь. Ршр	ose		c. Account Code	
MONEY MARK	ET	1	399	***************************************	OPER.	ATING EXPEN	CES	5847	
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1 certify that t	ne Committee	or runa is in co	триат	ce with all	ррисло	e provisions	of Afficie 2	2A, 22B & 22D-2	22IVI OI
Chapter 103 o	f the C Gener	ral Statutes and	that no	ninds are	centing	igled with pro	hibited or o	other non-disclos	sed
funds. I furth	er geglify that	this report is co	mplete,	true and c	offect a	nd that have	been train	ed by the NC Sta	te Board
1 10	Van			////	11 +	9/1V 11			
100	14/11/	<u>ล</u>		NI	1/4	14/1		12/09/20	21
P	inted Name of S	igner		Sign	tupe of	Appointed <b>F</b> rea	swer	Date	
FOR OFFICE U	SE ONLY	w				•			
Date Receive	ed: 16	410/202	_	IN PEFE	<u>şşoi</u>	17841	<u>De</u>	livery Method Normal Mail	
Date Postma	urked:		_	DECPIO	0=2021_		- <u>P</u>	Registered Mail Hand Delivered	
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Please Not		cannot be used nt treasurer, cu						ittee address, tre	easurer,
,		in the Statemen							

## **Detailed Summary**

Amendment

Yes X No

de-6-6-1		Į	Yes X No
		3. ID	) Number
	Total this	nel	Total this Election Cycle
		$\overline{}$	\$ 1,006.72
(CRO-1205)	\$ 100	0.00	\$ 125.00
(CRO-1210)	\$ 5,210	0.00	\$ 6,910.00
(CRO-1220)	S	0.00	\$ 0.00
(CRO-1230)	S	0.00	\$ 0.00
(CRO-1410)	S	0.00	\$ 0.00
		-	\$ 0.00
(CRO-1250)	S	0.00	\$ 0.00
		-	\$ 0.00
		-	\$ 0.43
			\$ 0.00
		-	\$ 0.00
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110 am 110)	3 3,31	0.00	3 1,035.45
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(CRO-1310)	\$ 61	9.86	\$ 2,033.10
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(CRO-1310)	_		\$ 0.00
(CRO-1315)	_		\$ 175.00
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(CRO-1510)		-	\$ 0.00
		_	\$ 2,208.10
		-	\$ 5,834.05
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(CRO-1330)	S	0.00	
(CRO-1430)	S	0.00	
(CRO-1610)	\$ 16,07	1.16	
(CRO-1620)	S	0.00	
(CRO-1720)	\$ 65	0.00	
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(CRO-1710)	S	0.00	\$ 0.00
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☐ Add ☐ Remove	1399	Draft	<u> </u>	10/22/2020	0	S	25.0
□ Add □ Remove	1399	Electric Funds Tran		10/30/2020	0	S	50.0
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	f ALL CRO-12	05 Pages	CRO-1100)	6	s		\$100.0
CRO-1205			C State Board of Elections				April 20

		om manianan			Pg			☐ Yes	
		ndividual contribution		ontribut	ions ur	ider \$50 if form C			
		e (and Fund if applicab	****************************				2.	. ID Numt	ber
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	ributer Informati				☐ Re				
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(inclu	ıde city, state, & z	rip)		STUDE	ENT M	ANAGER			
V.	ANDERSON				- "				
	TARDUST DR			c. Empl	loyer's	Name/Specific Fi	eld		
DURHA	AM, NC 22712						_	T45 1	Daniel Brake
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(inclu	ıde city, state, & z	áp)		COO	***************************************				
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DURHA	AM, NC 27713			UDI/CI	DC				
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ANTHO	ONY BROADWAY	7							
	ALVESTON CT			c. Empl	oyer's l	Name/Specific Fig	eld		
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		O-1210 Pages							
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Amendment

		om Individual					_	COL MONTH DESCRIPTION DESCRIPTION OF THE PARTY OF	X No
		dividual contribution		ontribut	ions ur	ider \$50 if form CRO			
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(incl	ude city, state, & z	ip)		DEPU	TY CHI	EF			•••••
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PAUL							4		
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Amendment

Cont	ributions fr	om Individual	S		Pg3 of7	_	Amend	_
Use thi	s form to report in	dividual contribution	s over \$50 or c	ontributions	under \$50 if form CRO	1205	is not u	sed
1. Com	mittee Full Name	(and Fund if applicab	le)	***************************************		2.	ID Numb	er
CLARE	ENCE BIRKHEAD	FOR DURHAM COUR	YTY					
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(incl	ide city, state, & z	ip)					***************************************	
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5. Total of ALL CRO-1210 Pages
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CRO-1210

NC State Box April 2007 NC State Board of Elections

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Cont	ributions fr	om Individuals	S		Pg4_ of	7	Amendme	nt No
Use thi	s form to report in	dividual contribution	s over \$50 or co			RO 1205	is not use	đ
1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
CLARE	NCE BIRKHEAD	FOR DURHAM COUN	ITY					
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(incl	ıde city, state, & z	ip)		COUNTY	COMMISSIONER			
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DOM	AWI, INC 27712					e. ]	Election Su	m to Date
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	-LWI, IVC 27703					e. 1	Election Su	m to Date
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	ude city, state, & z	ip)		LAWYER				
	HA LOVELACE			c. Employe	r's Name/Specific Fie	ıld		
	ASTONE ST GH, NC 27603							
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## Amendment **Contributions from Individuals** 5 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) CLARENCE BIRKHEAD FOR DURHAM COUNTY ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) LLOYD PATILLO c. Employer's Name/Specific Field 4708 CUMBERLAND DR DURHAM, NC 27705 e. Election Sum to Date (919) 423-4947 60.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 1399 10/28/2020 S 60.00 S S ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) WRITER KATHY PITMAN c. Employer's Name/Specific Field 212 EL PASO AVE DURHAM, NC 27703 e. Election Sum to Date 60.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Electric Funds Tran 1399 10/28/2020 S 60.00 \$ S ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TEACHER DOV ROSENBERG c. Employer's Name/Specific Field 4406 RIVERMONT RD DURHAM, NC 27707 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 Draft 1399 10/27/2020 S 100.00 S

CRO-1210 NC State Board of Elections April 2007

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5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

## Amendment **Contributions from Individuals** X No 6 of Yes 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 CLARENCE BIRKHEAD FOR DURHAM COUNTY ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CEO ANTHOHY SCOTT c. Employer's Name/Specific Field 4 ZUMWALT CT DURHAM, NC 27703 DHA e. Election Sum to Date 60.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 1399 10/29/2020 S 60.00 S S ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) GERALD SPENCE c. Employer's Name/Specific Field NC 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 Money Order 5847 11/09/2020 S 250.00 S S ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) ANTWAN THORNTON c. Employer's Name/Specific Field NC

					\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
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e. Election Sum to Date

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		dividual contributions		ontributions ı	ınder	\$50 if form CRO			
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CLARE	NCE BIRKHEAD	FOR DURHAM COUN	TY						
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	ide city, state, & z								
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CRO-1210

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5. Total of ALL CRO-1210 Pages

NC State Board of Elections

5,210.00 April 2007

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Disbursen								of		_	X No
Use this form to	report expe	nditures	from the committe	ee for o	peratin	g exper	ises, c	ontributio	ons to	candidate/p	olitical
committees and  1. Committee F				,	-			-1860		2. ID Numb	or
CLARENCE BII				***********	**************	***************************************		******************	***********		G1
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Operating Exp	penses	Cont	ributions to Candidat	es/Polit	ical Con	nmittees		☐ Coc	ndinat	ed Party Expe	nditures
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a. Full Name, M	_	ss & Ph	one		b. Coo	rdinate	d Con	umittee Na	me	d. Commen	ts
(include city, sts											
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NC					☐ Fe			County:	<b></b>		
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								•••••••		S	101.42
f. Account Code	g. Form of F	ayment	h. Purpose Code	i. Date	(mm	d/yyyy)	1	ount	k. Re	quired Rema	rks
1399	Electric Fur	nds Tran	0	1	2/31/20	20	S	86.42	ACT	BLUE	
							S				
4. Payee Inform	ation				Add	П	Remo	ove	AL T		
a. Full Name, M.		ss & Ph	one		_	 rdinate	d Con	mittee Na	ıme	d. Commen	ts
(include city, sta	-							***************************************			
VERIZON WIRE											
NC							tered (	(Specify)			
					St:	deral		County:		e. Election 5	lum en Bren
					sc	ile	L	INTERIRET[	MILLY.		om to Date
										S	789.84
f. Account Code	g. Form of P	ayment	h. Purpose Code	i. Date	(mm/d	d/yyyy)	j. Am	ount	k. Re	quired Rem:	rks
5847	Draf	ì	F	1	2/31/20	20	S	197.46	MON	NTHLY MOB	ILE @
							S		\$32.5	91 FOR 2020	
I D I-f			13 81		Add	$\overline{}$	Remo			172.18	
<ol> <li>Payee Inform</li> <li>Full Name, M</li> </ol>		ee & Dh.			_	ndinate.		mittee N	ma	d. Commen	le .
a. run Mame, M (include city, sta	_	SS OL FIR	one		. C.	A GLALLES LE	u con	MALLEE 137		u. Commen	LG:
CLARENCE BIR											
PO B0X12387					c. Leve	el Regis	tered :	(Specify)		]	
DURHAM, NC	27709					deral	_	County:			
					☐ St:	ate	L	Menicir	ality:	e. Election S	um to Date
										\$	928.84
f. Account Code	g. Form of P	ayment	h. Purpose Code	i. Date	(mm/d	d/yyyy)	j. Am	ount	k. Re	quired Rema	ırks
5847	Casl		0	1	2/31/20		5	335.98	DEB	T PAYMENT	
							S				
,							٥				
5. Total only thi	s Page						3 . 1		J.D.F.	S	619.86
6. Total of ALL	CRO-1310	Pages									
(This line goes	in line 13a of .	Detailed !	Summary Page CRO	-1100 if	Operat	ing Expe	nses)			S	619.86
			Summary Page CRO								
			Summary Page CRO				ny Exp	enditures)	5 200		20 2
			expenditure code					TON.			
A* - Media		- Printin	_		undrai					her Candida - D-111 - Off	
E - Salaries I - Postage		Equipm Penaltie			litical I Mice I	arty <b>xpen</b> se	e				ce Expenses xpense Fund
O* Other	<i>g</i> -	- Creating		- L	-ance i	apenst.		Α -D	VILREIN	on to negat I	mgrussire & sastu
	e detailed es	planatio	n in required ren	aarks f	ield (k	)	10 N		. E.		

Aggreg	ated Non-M	ledia Expendi	itures		Page_	_1_of	1	Amendment ☐ Yes 🗓	No
Optional fo	orm used to repo	rt NC Non-Media	Expenditures o	f \$50 or less.					
L. Committe	ee Full Name (and	Fund if applicable)	The Later		. Ito	2. ID Nun	iber		
CLARENCE	E BIRKHEAD FOR	DURHAM COUNTY	7				1110002411-111		
3. Payee Inf	formation					Y HAT	Rije		
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	/yyyy)	f. Amount		g. Required Rema	rks
☐ Add ☐ Remove	5847	Draft	О	08/11/2020		S	35.00 BANK FEE		
☐ Add ☐ Remove	5847	Draft	О	12/31/202	:0	s	40.00	MONTHLY ACCT FEE \$10 FOR 2020	
4. Total o	nly this Page					s			75.00
	f ALL CRO-1 wast be on line 14 o	315 Pages Detailed Summary Pa	ge CRO-1100)			s			75.00
6. Purpos	e Codes (List	ietailed expenditu	re code in (d) a	bove)		11/2			
		- Printing	C* - Fundr			Γο Anothe			
E - Salar	ies F*	- Equipment	G - Political	Party	H* -	Holding	Publ	ic Office Exper	ises
I - Posta	ge J-	Penalties	K* - Office	Expenses	Q* -	- Donatio	ns to	Legal Expense	Fund

O\* - Other

\* Codes require detailed explanation in required remarks field (g)
CRO-1315

NC State Board of Elections

December 2009

Debts and Obligat	ions Owed Ry	the Con	nmittee	_ 1	,	Amend	
Use this form to report any t	*				of	Turnerary extensional Communication	
1. Committee Full Name (an		HOIIS OWELL	by the commit	tee, to na	ande camp	2. ID Numl	
CLARENCE BIRKHEAD FO	***************************************			***************************************			
3. Creditor Information			Add 🔲	Remove			
a. Full Name, Mailing Addres	s & Phone					d debts shor	ıld be listed on
(include city, state, & zip)			form CR	O-1310 w	ith the pay	ee listed as	this creditor.
CLARENCE BIRKHEAD PO BOX 12387			b. Description	of Credi	tor		
DURHAM, NC 27709			LOAN				
c. Beginning Balance	d. Total Amount Paid		e. Total Amou	nt Incurr	ed	f. Remainir	ng Balance
\$ 5,000.00	S	0.00	S		0.00	S	5,000.00
g. Incurred Debts (what the c	ommittee received this	period)					
gl. Purchase Place Full Name	e, Mailing Address & P	hone	g2. Date (mm/	(dd/yyyy)	g3. Am	ount	
(include city, state, & zip)					S	***************************************	***************************************
			g4. Purpose C	ode	g5. Requir	ed Remarks	***************************************
\$ 196 2 . 1960: 30 10 10.7	22 414 413 6 76		0.77	1111	12.		
gl. Purchase Place Full Name (include city, state, & zip)	e, Mailing Address & P.	hone	g2. Date (mm/	(dd/yyyy)	g3. Am	ount	
famous areas mentiles		***************************************			S		
			g4. Purpose C	ode	g5. Require	ed Remarks	
gl. Purchase Place Full Name	. Mailing Address & P	hone	g2. Date (mm/	(dd/yyyy)	g3. Am	ount	
(include city, state, & zip)	_				S	***************************************	
			g4. Purpose C	ode	g5. Require	ed Remarks	***************************************
gl. Purchase Place Full Name	e, Mailing Address & P	hone	g2. Date (mm)	(dd/yyyy	g3. Am	ount	
(include city, state, & zip)		***************************************			S		
			g4. Purpose C	ode	g5. Requir	ed Remarks	
ı							
gl. Purchase Place Full Name	. Mailine Address & P	hone	g2. Date (mm)	(dd/www)	g3. Am	ount	
(include city, state, & zip)					S	***************************************	
			g4. Purpose C	ode	e5. Require	ed Remarks	
					<del>-</del>		
A Total only this Dane							
4. Total only this Page (This should be the sum of a	ill items 'g3.' from this	page)			\$		5,000.00
5. Total of ALL CRO-		-0-1					
(This line must be on line 22		Page CRO-1	100)		\$		16,071.16
6. Pupose Codes (List		_					
	+ - Printing		ındraising		<b>D</b> - To An	other Candi	date
	- Equipment		itical Party			-	ffice Expenses
	- Penalties		ffice Expenses		O* - Othe	r	
* Codes require detailed exp	rarramon in tedimieg te	DISH CAIKIN	81.)				

Debts and Obligati	ons Owed By the Co	mmittee <sub>Pg</sub>	2 of	2 Am	endment Ves 🔯	No
Use this form to report any u	npaid debts or obligations owed					rchases
1. Committee Full Name (and	(a.e.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	2. ID N	umber	
CLARENCE BIRKHEAD FOR	R DURHAM COUNTY					
3. Creditor Information		Add  Remo	ve			
a. Full Name, Mailing Addres	a & Phone	Note: All payment	s made to	ward debts a	hould be li	isted on
(include city, state, & zip) CLARENCE BIRKHEAD	)	form CRO-1310 b. Description of Cre		payee listed	as this cre	ditor.
PO B0X12387 DURHAM, NC 27709		LOAN	ditor	***************************************		***************************************
DORHAM, NC 27/09						
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incu	ırred	f. Rema	ining Bala	nce
<b>\$</b> 11,407.14	\$ 335.98	S	0	.00 \$		11,071.16
g. Incurred Debts (what the co	mmittee received this period)	-		.00		11,071.11
gl. Purchase Place Full Name		g2. Date (mm/dd/yyy	y) g3,	Amount		
(include city, state, & zip)		s				
		g4. Purpose Code	g€ Ross	uired Rema	nl.a	
		S. I. L. L. P. C.	Ev. Ked	uiped Mema	I. IP.25	
gl. Purchase Place Full Name	Mailia Adda o Di	2 T 4 ( 111)	1 1 2			
(include city, state, & zip)	, Manning Address & Phone	g2. Date (mm/dd/yyy)	g3	Amount	***************************************	***************************************
			S			
		g4. Purpose Code	g5. Req	uired Rema	rks	
gl. Purchase Place Full Name	Mailing Address & Phone	g2. Date (mm/dd/yyy)	r) g3. 4	Amount		
(include city, state, & zip)			S	***************************************		*****************
		-4 P G 3				
		g4. Purpose Code	g5. Keq	nired Remai	r vz	
gl. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyy)	Amount			
quantities of the same of the		e	S			
		g4. Purpose Code	g5. Requ	uired Remai	rks	
gl. Purchase Place Full Name,	Mailing Address & Phone	g2. Date (mm/dd/yyy)	7) 93. /	Amount		
(include city, state, & zip)		-	S			
		g4. Purpose Code	g5. Regs	uired Remar	rles	
						***************************************
4. Total only this Page					-	
This should be the sum of all	items 'g3,' from this nage)			\$	1	11,071.16
5. Total of ALL CRO-1				Φ.		
	of Detailed Summary Page CRO-1	100)		\$	1	16,071.16
6. Papose Codes (List d	etailed expenditure code i	n (g4.)				

\* Codes require detailed explanation in required remarks field (g5.) CRO-1610

A\* - Media

E - Salaries

I - Postage

B\* - Printing

J - Penalties

F\* - Equipment

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

O\* - Other

H\* - Holding Public Office Expenses

CLARENC	2. ID Number					
3. Transfer Information						
. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount		
Add Remove	5847	1399	07/01/2020	\$ 25.0		
Add Remove	1399	5847	07/01/2020	\$ 500.0		
Add Remove	5847	1399	08/02/2020	\$ 25.0		
Add Remove	5847	1399	09/01/2020	\$ 25.0		
Add Remove	5847	1399	10/01/2020	\$ 25.0		
Add Remove	5847	1399	11/02/2020	\$ 25.0		
Add Remove	5847	1399	12/01/2020	\$ 25.0		
Total o						