

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.

1. Committee Information	
a. Full Name COMMITTEE TO ELECT BURNS	c. ID Number DUR-2CL90P-C-032
b. Mailing Address (include City, State and Zip Code) P.O. BOX 1450 DURHAM, NC 27701	d. Date Filed 05/20/2021
	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 NIMASHEENA BURNS
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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	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 1		10. Special Report Name		

3. Account Information		3. Account Information	
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code 001	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

 Printed Name of Signer

 Signature of Appointed Treasurer

05/20/2021
 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee _____	Delivery Method
Date Postmarked: _____	Employee _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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 BURNS	2020 First Quarter	DUR-2CL9OP-C-032	
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4,436.65	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1,100.00	\$ 3,342.40
6) Contributions from Individuals	(CRO-1210)	\$ 2,125.00	\$ 5,119.13
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)		\$ 3,225.00	\$ 8,461.53
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,473.98	\$ 4,796.45
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)	\$ 7.00	\$ 12.28
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.00	\$ 472.13
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4,480.98	\$ 5,280.86
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,180.67	\$ 3,180.67
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BURNS					DUR-2CL9OP-C-032	
3. Contributor 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	001	Cash		02/07/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/17/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/31/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/30/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/19/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		02/01/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		02/10/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/31/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		02/08/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/15/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/29/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/22/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/31/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		02/04/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	001	Debit Card		01/30/2020	\$	25.00
4. Total only this Page					\$	\$845.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,100.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BURNS					DUR-2CL9OP-C-032	
3. Contributor 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	001	Debit Card		02/01/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		02/01/2020	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		02/14/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/03/2020	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/31/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		02/01/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/24/2020	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/21/2020	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/31/2020	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Debit Card		01/31/2020	\$	10.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$255.00
5. Total of ALL CRO-1205 Pages					\$	\$1,100.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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	
COMMITTEE TO ELECT BURNS						DUR-2CL9OP-C-032	
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	
FARAD ALI PO BOX 2271 DURHAM, NC 27702				EXECUTIVE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NMSDC		\$ 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"/>	001	Debit Card		01/02/2020		\$ 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	
ROSA ANDERSON 5211 STARDUST DRIVE DURHAM, NC 27712				HIGHER EDUCATION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NCCU		\$ 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"/>	001	Debit Card		02/04/2020		\$ 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	
SEKE BALLARD 4710 S KING DRIVE CHICAGO, IL 60615				MANAGER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GOOD TREE		\$ 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"/>	001	Debit Card		01/15/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,125.00	

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 Fund if applicable) COMMITTEE TO ELECT BURNS	2. ID Number DUR-2CL9OP-C-032
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ANGELICA DUNCAN 415 ARMOUR DR NE #2202 ATLANTA, GA 30324	b. Job Title/Profession LAWYER	d. Comments
	c. Employer's Name/Specific Field BRYAN CAVE LEIGHTON PLLC	
		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"/>	001	Debit Card		01/21/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) PHILLIP GRAHAM 107 SAGERVIEW WAY DURHAM, NC 27713	b. Job Title/Profession SCIENTIST	d. Comments
	c. Employer's Name/Specific Field RTI	
		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"/>	001	Debit Card		01/19/2020	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT GUTMAN 310 WATTS ST DURHAM, NC 27701	b. Job Title/Profession NOT EMPLOYED	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	
		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"/>	001	Debit Card		01/22/2020	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 800.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 2,125.00
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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	
COMMITTEE TO ELECT BURNS						DUR-2CL9OP-C-032	
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	
SETH JERNIGAN 4311 SWARTHMORE RD DURHAM, NC 27707				PRESIDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				REAL ESTATE ASSOCIATES INC		\$ 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"/>	001	Debit 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	
MICHAEL LEACH PO BOX 26502 RALEIGH, NC 27610				SENIOR ADMINISTRATOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				STATE OF NC		\$ 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"/>	001	Debit Card		02/12/2020		\$ 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	
JOVONIA LEWIS 1908 CEDAR ST DURHAM, NC 27707				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"/>	001	Debit Card		02/06/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,125.00	

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 Fund if applicable) COMMITTEE TO ELECT BURNS	2. ID Number DUR-2CL9OP-C-032
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DEKHASTA ROZIER 3500 BLOOMFIELD WAY RALEIGH, NC 27616	b. Job Title/Profession ATTORNEY	d. Comments
	c. Employer's Name/Specific Field ELWOOD BECTON	
		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"/>	001	Debit Card		02/10/2020	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) DERRICK THOMPSON 1027 GIACOMO LANE UNIT 1 SAN JOSE, CA 95131	b. Job Title/Profession PARTNER STRATEGY	d. Comments
	c. Employer's Name/Specific Field GOOGLE	
		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"/>	001	Debit Card		01/31/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) W STEVEN TOLER 8709 MILL HOUSE LN BAHAMA, NC 27503	b. Job Title/Profession CONSULTANT	d. Comments
	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"/>	001	Credit Card		01/26/2020	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 325.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 2,125.00
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Disbursements

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 BURNS						DUR-2CL90P-C-032	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
BARNES & NOBLES 8431 BRIER CREEK PKWY RALEIGH, NC 27617							
				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:		\$ 145.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	C	01/04/2020	\$ 145.13	EVENT EXPENDITURES:		
				\$	EVENT SUPPLIES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE PO BOX 1843 DURHAM, NC 27702							
				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:		\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	02/12/2020	\$ 1,500.00	CONTRIBUTION TO PAC		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
DURHAM PEOPLES ALLIANCE PO BOX 3221 DURHAM, NC 27715							
				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:		\$ 750.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	02/11/2020	\$ 750.00	CONTRIBUTION TO PAC		
				\$			
5. Total only this Page						\$ 2,395.13	
6. Total of ALL CRO-1310 Pages						\$ 4,473.98	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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)						2. ID Number	
COMMITTEE TO ELECT BURNS						DUR-2CL90P-C-032	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JW POLITICAL CONSULTANT 2502 DAKOTA ST DURHAM, NC 27707							
				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:		\$ 1,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Check	O	02/13/2020	\$ 1,500.00	CONSULTANT: GOTV		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
VANTIV ECOMMERCE 8500 GOVERNORS HILL DR SYMMES TWP, OH 45249							
				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:		\$ 165.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Electric Funds Tran	C	01/06/2020	\$ 83.74	PROCESSING FEE		
001	Electric Funds Tran	C	02/11/2020	\$ 76.25	PROCESSING FEE		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
VISTAPRINT 275 WYMAN ST WALTHAM, MA 02451							
				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:		\$ 418.86	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	Debit Card	C	02/12/2020	\$ 418.86	EVENT EXPENDITURES: EVENT SUPPLIES		
5. Total only this Page						\$ 2,078.85	
6. Total of ALL CRO-1310 Pages						\$ 4,473.98	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number		
COMMITTEE TO ELECT BURNS				DUR-2CL9OP-C-032		
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	001	Electric Funds Tran	C	01/21/2020	\$ 3.00	BANK FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	001	Electric Funds Tran	C	02/07/2020	\$ 4.00	CHECK FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$	7.00
5. Total of ALL CRO-1315 Pages					\$	7.00
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						