Disclosure I	Report Cover
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Amendment	And the second s	N. Charles and an American
⊠ 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	mation				o ID Number						
a. Full Name	D. W. C.				c. ID Number						
Committee To Elect	Bonita Green				1						
b. Mailing Address (include City, State and Zip Code) d. Date Filed											
831 Center Street, D	Ourham, NC 27704				08/29/2023						
	e. Phone Number										
954.632.2079											
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period I (mm/dd/yy)	End Date	5. Treasurer Full N	Name						
2023	07/22/2023	08/2	9/2023	Bonita Green							
6. Type of Committ	ee (Check One)	9. Type of Report	(check on	ly one type of report f	rom one category)						
Candidate Campa	nign Party	Municipal	State/C	ounty	Referendum						
PAC	Referendum	Organizational		Organizational	Organizational						
Independent Expenditure	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum						
Legal Expense Fu		D		First	☐ Final						
7. Type of Fund	(if applicable, check one)	Pre-primary Pre-election		Second							
"Booster Fund"		Pre-election Pre-runoff		Third	Supplemental Final Annual						
Building Fund		Semi-annual		Fourth	Special						
		Mid Year	. -	Semi-annual	Брески						
Other:		Year End		Mid Year	10. Special Report Name						
		Final	IFI	Year End	,						
8. Number of Fund	raisers this Report	Special		Final							
	1			Special							
11. Account Inform	ation		11. Account l	•							
a. Financial Institution I				itution Full Name							
First Citizens Bank	COLL THEMS										
b. Purpose	c. Account Code		b. Purpose		c. Account Code						
Campaign	1		-								
	d. Period Begin Balance	:			d. Period Begin Balance						
	\$ 2,147.68				\$						
CERTIFICATION											
I certify that the Con the NC General State		mmingled with profit trained by the N	ibited or other: State Board of E	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report						
Bonita Gree			MODE		August 29, 2023						
	Printed Name of Signer	Si	ignature of Appoin	ted Treasurer	Date						
FOR OFFICE USE O	DNLY		0	11	N. P. A. A. A.						
Date Received:	1/1/2029	All Employee:	K	#	Delivery Method Normal Mail						
Date Postmarke	d:	Employee:			Registered Mail Hand Delivered						
Date Scanned:	JAI	1 9 2074 Employee:			Electronically Filed Signer has not received						
Date Data Enter	ed: DUR	HAM BEmployee:			mandatory training						
Please Note: Thi		nend committee informat			ss, treasurer, assistant treasurer,						
			,								

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

		n Individuals vidual contributions o	.ver \$50	or contril	hutione	Pg	1 of	6_) 1205 is no	Yes	☐ No
		and Fund if applical		or contri	outions (under	pso ii ioiii ere	2. ID Num		
	e to Elect Bonita		/					·		
3. Contri	butor Informatio	n		Add		Rem	ove			
	e, Mailing Address &	Phone			tle/Profes	sion		d. Comments	3	
	city, state, & zip)			Sales						
Michael I	Lamarre Jechase Ln			c. Employ	ver's Nam	e/Spe	cific Field			
207 Steep	decilase Lii				n Beauty					
					•			e. Election St	um to Date	
								\$	25.00	
f, Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	ption		j. Date (mm/dd/yy	(y)	k. Amount	
		CC					7/27/202	23	\$	25.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ie, Mailing Address &	& Phone			tle/Profes	sion		d. Comment	S	
	city, state, & zip)			Not En	nployed					
Mary 1 1410 Wat	Molina te St			c. Emplo	ver's Nan	ie/Sne	cific Field			
Durham 1					J					
								e. Election S	um to Date	
								\$	\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy)	yy)	k. Amount	
		CC					7/27/20	23	\$	\$25.00
									\$	
									\$	
	butor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone			itle/Profes	sion		d. Comment	8	
Kristin 1	city, state, & zip)			Sen en	nployed					
	e briar Court			c. Emplo	yer's Nan	ne/Spe	cific Field			
Nashville		37211		Self en	nployed					
								e. Election S	um to Date	
	7							\$	\$25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption		j. Date (mm/dd/yy		k. Amount	
		CC					7/28/20	23	\$	\$25.00
					MA	11			\$	
					AIN	I less			\$	
	l only this Pag			J	AN 19	2024		\$		75.00
5. Tota	of ALL CRO	-1210 Pages	ano sta	(1)				\$		2,550.00

Amendment

		n Individuals			Pg	_2 of	6	☐ Yes	□ No
		vidual contributions of		or contributions	unde	r \$50 if form CR			
1. Comm	ittee Full Name (and Fund if applical	ble)				2. ID Num	ber	
Committe	ee to Elect Bonita	Green							
	butor Informatio			Add	Rem	ove	Mark Mark		
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comments	8	
<u> </u>	city, state, & zip) Rosenthal			not employed					
2205 Wil				c. Employer's Na	me/Spe	cific Field			
Durham,	NC 27705								
							e. Election St	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
		CC				07/28/20	023	\$	50.00
								\$	
								\$	
3. Contri	ibutor Informatio	n		Add 🗌	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comments	S	
	city, state, & zip)			not employed					
Mary S 2904 Leg				c. Employer's Na	me/Spe	cific Field			
	NC 27707								
							e. Election S	um to Date	
	NV.	11					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
		CC				07/29/2	023	\$	100.00
								\$	
								\$	-
	ibuto <mark>r Informa</mark> tio			Add 🗌	Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe			d. Comment	S	
Phoebe	city, state, & zip)			Program Direc	ctor				
	Mineral Springs rd			c. Employer's Na	me/Spe	ecific Field			
	NC 27703			Toxic Free NO	C				
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
		CC				07/29/2	023	\$	100.00
				MAIL				\$	
				1851 1 0 10	77.			\$	
4. Tota	l only this Pag	e		JAN 1 9 20	129		\$		250.00
	l of ALL CRO		CDA 110	M DURHAM E	OE		\$		2,550.00
I Inis un	e nusi ve on une o of	Detailed Summary Page	LAU-110	()					

Amendment

		n Individuals	ver \$50	Pg or contributions under	_3 of : \$50 if form CRO	<u>6</u>) 1205 is no	Amendment Yes	☐ No
		and Fund if applical		or contributions under	TOO II TOIM CITE	2. ID Num		144-7
	e to Elect Bonita (
3. Contri	butor Informatio	n		Add Rem	ove			
a. Full Nam	e, Mailing Address &	Phone Phone		b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			Teacher				
Christine								
1604 Clif				c. Employer's Name/Spe	eific Field			
Durham, NC 27707				Durham Academy		e. Election Si	ım to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		CC			08/11/20)23	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	ove			
a. Full Nam	ie, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	8	
	city, state, & zip)			City Planner				
Nathaniel								
	thgate Street			c. Employer's Name/Spe	cific Field			
Durham 1	NC 27704			Clarion Associates		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		СС			08/12/20)23	\$	50.00

n Street			c. Employer's Name	/Specific Field			
Durham, NC 27713					e. Election	Sum to Date	
					\$	\$100.00)
g. Account Code	h. Form of Payment	i, In-Ki	ind Description	j. Date (mm/dd	/уууу)	k. Amou	nt
	CC			08/14	/2023	\$	\$100.00
		A	AAIL			\$	
		3	417 (1-			\$	
only this Pag	e	J	AN 1 9 2014		\$		200.00
of ALL CRO	-1210 Pages Detailed Summary Page C	CRO-1100)	IRHAM BOE		\$		2,550.00
	g. Account Code only this Pag	g. Account Code h. Form of Payment CC only this Page of ALL CRO-1210 Pages	g. Account Code h. Form of Payment i. In-K CC only this Page	g. Account Code h. Form of Payment i. In-Kind Description CC All Only this Page	g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd. CC 08/14 only this Page of ALL CRO-1210 Pages	g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) CC 08/14/2023 only this Page \$ of ALL CRO-1210 Pages	C 27713 e. Election Sum to Date \$ \$100.00 g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amou CC 08/14/2023 \$ S

b. Job Title/Profession

not employed

Add

3. Contributor Information

(include city, state, & zip)

Paul Daye

a. Full Name, Mailing Address & Phone

Remove

\$

\$

d. Comments

ontribu	tions	from	Indi	vidn	ale
		11 7/11	HILL	viuu	ais

		n Individuals				' g	_4 of	6_	Yes	No No
		vidual contributions of		or contrib	outions un	nder :	\$50 if form CRO			
1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Num	ber	1
Committe	e To Elect Bonita	Green								
3. Contri	butor Informatio	n		Add	□ R	temo	ve			
	e, Mailing Address &	h Phone			le/Professio			d. Comments		
	city, state, & zip)			Assistar	nt Profess	or				
Fred J 311 9th st	ohnson			a Employ	er's Name/	/Snaci	fic Field			
Butner N				_	niversity	Speci	ne i iciu			
Dumer	27309							e. Election S	um to Date	
								\$	\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount	
		CC					8/16/20	23	\$	\$250.00
									\$	
									\$	
3. Contri	butor Informatio	n	П	Add	□ R	lemo	ve			
	ie, Mailing Address &			b. Job Tit	le/Professio	on		d. Comment	s	
	city, state, & zip)			unempl	oyed					
Thomas N										
	ginia Avenue			c. Employ	er's Name/	/Speci	fic Field			
Durham,	NC 27705							e. Election S	um to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Descrip	otion	T	j. Date (mm/dd/yy	vv)	k, Amount	
	g	СК					07/30/20		\$	500.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Remo	ve			
	ne, Mailing Address &	& Phone			le/Professio	on		d. Comment	8	
	city, state, & zip)		-	unempl	oyed					
Mary P K	odland Dr			c. Employ	yer's Name/	/Spec	ific Field			
	NC 27701				,					
,,								e. Election S	um to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	otion		j. Date (mm/dd/yy	уу)	k. Amount	
		СК					07/25/2	023	\$	500.00
									\$	
				MA	-				\$	
4. Total	l only this Pag	e		1.11 1.0	2024			\$		1250.00
5. Total	of ALL CRO	-1210 Pages		JAN 19	LULT			\$		2,550.00
(This lin	e must be on line 6 of	Detailed Summary Page (CRO-1100	9)			2.8	Ψ		2,230.00

Amendment

NC State Board of Elections April 2007 CRO-1210

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('on	trib	ntnan	s froi	n In		716	เเดเต
V-UII	\mathbf{u}	utivi			VIII V	114	uas

					Amen	dment	
Contributions from Individuals	Pg	_5	of	6		Yes	No
In this form to report individual contributions over \$50 or contributi	one under	\$50 if for	m CPA	1205 ic no	heart to		

		and Fund if applical	ole)					2. ID Nur	nber	
Committe	e to Elect Bonita	Green								
3. Contril	butor Informatio	n		Add		Remov	/e			
	e, Mailing Address &			b. Job Tit	tle/Profe	ession		d. Commen	ts	
(include o	city, state, & zip)			Land P	rotecti	on				
Margaret	Sands									
809 Glend	lale Ave			c. Employer's Name/Specific Field						
				Triangl	e Land	l Conser	vancy			
							-	e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descrip	ption	i	. Date (mm/dd/yyy	yy)	k. Amount	
	9	CC					08/10/20		\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ve			
	e, Mailing Address &			b. Job Tit	tle/Prof	ession		d. Commen	ts	
(include o	city, state, & zip)			ED						
Alexis Lu	ckey									
2707 Legion Ave				c. Employer's Name/Specific Field			fic Field			
Durham,NC 27707				Toxic Free NC				W1		
								e. Election	Sum to Date	
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
		CC					08/10/20)23	\$	\$150.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remo	ve			
a. Fuil Nam	e, Mailing Address &	& Phone		b. Job Ti	tle/Prof	ession		d. Commen	its	
(include	city, state, & zip)			Manag	er					
Marissa 1	-									
7128 Ash	•					ame/Speci	fic Field			
Holly Spr	rings, NC 27540			Durhan	n Cou	nty		e Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-H	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	•	CC			•		08/10/20		\$	\$50.00
				ΙΔΛΛ	1				\$	
				IVIA		11			\$	
4. Total	only this Pag	e		JAN 19	2024	300		\$		250.00
5. Total	of ALL CRO	-1210 Pages						\$		2,550.00
(This line	e must be on line 6 of	Detailed Summary Page (CRO-1100	MAHAN	1 BOE	=		Φ,		2,330.00

		n Individuals vidual contributions o	ver \$5() or contribu	Pg	<u>6</u> of r \$50 if form CR6	<u>6</u> O 1205 is no	Amendmen Yes	t No
		and Fund if applical		or contract	errorio arrae	T QUO II TOTAL CITE	2. ID Num		T VI U
	e to Elect Bonita ()						
3. Contri	butor Informatio	n		Add [Rem	ove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title	/Profession		d. Comment	8	
	city, state, & zip)			Teacher					
Christine									
1604 Clif				Durham	r's Name/Spe	ecific Field			
Durnam,	NC 27707			Durnain.	Academy		e. Election S	um to Date	
1									
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Descripti	on	j. Date (mm/dd/yy	уу)	k. Amount	
		CC				08/11/20	023	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add [Rem	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title			d. Comment	S	
	city, state, & zip)			City Plan	ner				
Nathanie				. F	-1 - This /C	Tiald			
Durham	thgate Street NC 27704			c. Employer's Name/Specific Field Clarion Associates					
	NC 27704			Ciarion 7	1330014103		e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descripti	ion	j. Date (mm/dd/yy	уу)	k. Amount	
		CC				08/12/2	023	\$	50.00
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								\$	
The second second	ibutor Informatio			Add [nove	4		
	ne, Mailing Address &	& Phone			/Profession		d. Comment	S	
	city, state, & zip)			not empl	oyed				
Paul Day				c Employe	r's Name/Sp	ecific Field	-		
	on Street NC 27713			c. Employe	т в глашелор	ecinc Picid			
Dumam,	NC 27/13						e. Election S	um to Date	
							\$	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. Date (mm/dd/yy	/уу)	k. Amount	
		CC		•		08/14/2		\$	\$100.00
				MAII				\$	
				AIN FIRM				•	

\$

\$

200.00

JAN 1 9 ZUZ4

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Disbursen	ents	
DISDUISCH		

Amendment Yes

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 El	lect Bonita Green						
3. Type of Disbu	irsement (Plea	se use separate C	RO-1310 f	orms for each	type of Dishurser	ment.)	
Operating Ex	xpenses	Contributions to Can	didates/Politi	cal Committees		oordinate	ed Party Expenditures
4. Payee Inform	ation		Add		Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordina	ated Committee	Name	d. Co	omments
(include city, state, of FEDEX OFFICE	& zip)						
2610 Ninth Stre				gistered (Specify			
Durham, NC 27	705		Fed		County:		
919-286-1000			Stat	e 🛚	Municipality:	e. Ele	ection Sum to Date
							545.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
	Debit Card	В	08/11/	2023	\$545.00	prin	ting
					\$		
4. Payee Inform	ation		Add		Remove		
	ng Address & Phone		b. Coordin	ated Committee	Name	d. Co	omments
(include city, state,	-						
Costco Whse							
1510 N Pointe I	Orive .		c. Level Re	gistered (Specify	7)		
Durham,, NC 27			Federal County:				
919-220=2770	, , , , ,		Star		Municipality:	e. Ele	ection Sum to Date
717-220 2770				··			92.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
1. Meeduat Code	g. Torm of Laymon.						et and greet
	Debit Card	С	08/25	/2023	\$92.66	- Into	t and groot
					\$		
4. Payee Information			Add Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordin	ated Committee	Name	d. Co	omments
(include city, state,	& zip)						
AGE Graphics							
52231 State Roi	ıte 248		c. Level Registered (Specify)				
Long Bottom, C)H 45743		Federal County:				
740-989-0006			Sta	te 🖂	Municipality:	e. El	ection Sum to Date
						\$	1940.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	Debit Card	В	08/31	/2023	\$1940.00	yard	l signs
					\$		
5. Total only th	is Page	7 - 2 1 7/10 1 - 2				\$	2,577.66
6. Total of ALL			**************************************		y :		
the contract of any other contracts of the contract of the con	0 if Operating	(Expenses)		\$	4.40.5.44		
(This line goes in line 13a of Detailed Summary Page CRO-1100 (This line goes in line 13b of Detailed Summary Page CRO-1100							4,435.41
_	line 13c of Detailed Sun						
	es (List detailed ex						
A* - Media	B* - Printing	C* - Fun			D - To Ano	ther Can	didate
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic		MAIL	H* - Holdi	ng Publi	ic Office Expenses Legal Expense Fund
O* - Other * Codes requir	e detailed explanat	ion in required r	emarks fie	d/(k)1 9 202			
- July Loudill			12.00	TENT A LUL			

Disbursement	S	į
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Pg <u>1</u> of <u>2</u>

Amendment	
Yes	\boxtimes

No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

	ull Name (and Fun	d if applicable)			Partie and the same	2. ID Number
Committee to El	lect Bonita Green					
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for e	each ty	pe of Disburser	nent.)
Operating Ex	kpenses	Contributions to Can	didates/Political Committ	ees	C	oordinated Party Expenditures
4. Payee Inform	ation		Add		Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	ittee Na	ате	d. Comments
(include city, state,	_					
Just Yard Signs						
2235 Mercator I	Trivo		c. Level Registered (Sp	recify)		-
Orlando Fl 3280			Federal		County:	-
	17				-	e. Election Sum to Date
407-978-7008			State	\boxtimes	Municipality:	e. Election Sum to Date
						\$ 651.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	у)	j. Amount	k. Required Remarks
	Debit Card	В	08/01/2023		\$651.78	yard signs
					\$	
4 Davida Inform	ation		Add		Remove	
4. Payee Inform			b. Coordinated Comm	ittee N		d. Comments
	ng Address & Phone	:	D. Coordinated Comm	HICE IVE	anc	cashiers check
(include city, state,						cashiers check
•	Board of Electio					_
201 N. Roxboro			c. Level Registered (Sp	ecify)		
Durham, NC 27	70 1		Federal County:			
			State		Municipality:	e. Election Sum to Date
						\$ 366.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	у)	j. Amount	k. Required Remarks
	Cashiers Che	Н	08/02/2023		\$366.08	filing fee
					\$	
4. Payee Inform	ation		Add		Remove	
	ng Address & Phone		b. Coordinated Comm	ittee Na		d. Comments
	0		Di Coox di di di Codini			
(include city, state,	& Zip)					
4IMPRINT	G		c. Level Registered (Specify)			
101 Commerce	Street					
PO Box 320			Federal County:			
OshKosh, WI 54	4901		State		Municipality:	e. Election Sum to Date
877-446-7746						\$ 839.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
	Debit Card	В	08/06/2023		\$839.89	fans and printing
					\$	
5. Total only thi	ic Dogo	III TO A				\$ 1,857.75
						Φ 1,657.75
A STATE OF THE PARTY AND THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PA	CRO-1310 Pages	umami Daga CDO 110	0 if Onceating Evnances			
	-		0 if Operating Expenses)	n/Dall4	aal Camuu)	\$ 4,435.41
	*		0 if Contrib to Candidates			
			0 if Coordinated Party Ex	penditu	ires)	
	es (List detailed ex					1 0 11
A* - Media	B* - Printing	C* - Fund				ther Candidate
E - Salaries	F* - Equipment	G - Politic		2024		ng Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - OHIO	ce Expenses		Q" - Donat	ion to Legal Expense Fund
	e detailed explanat	ion in required re	emarks field (k)	/ BO	E	

Contributions to be Reimbursed

AXDS of 1 Yes

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days.

Pointhursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320)

1. Committee Full Name	ements	roim (Ci	CO-1320).	2	. ID Number
Committee to Elect Bonita Green	21				. 110 INUMBER
Committee to Elect Bonita Orech					
3. Contributor Information	\boxtimes	Add		Remove	
Full Name & Mailing Address of the Payee		Full Nar	ne & Mai	ling Address of the I	Reimbursee
(the original vendor)		(the per	son to wh	om the campaign ch	eck is written)
First Citizens Bank		Bonita	Green		
4004 North Roxboro Street		831 Ce	nter Stre	et	
Durham, North Carolina 27704		Durhan	n, NC 27	7704	
a. Contribution Description	b. Dat	e (mm/dd/y	ууу)	c. Credit Card Y/N	d. Amount
loan	07/1	18/23		N	\$ 100.00
New Business Bank Account	0773	10/23		14	Ψ 100.00
3. Contributor Information	X	Add		Remove	
Full Name & Mailing Address of the Payee				ling Address of the l	
(the original vendor)				om the campaign ch	eck is written)
DCBOE		Bonita			
201 N. Roxboro Street		1	nter Stre		
Durham, NC 27701		Durhan	n, NC 27	7704	
a. Contribution Description	b. Dat	e (mm/dd/y	ууу)	c. Credit Card Y/N	d. Amount
				N T	266.06
candidate filing fee	7/19	9/2023		N	\$ 366.06
3. Contributor Information		Add		Remove	
Full Name & Mailing Address of the Payee				iling Address of the l	
(the original vendor)		_		om the campaign ch	eck is written)
First Citizens Bank		Bonita Green			
4004 North Roxboro Street		831 Center Street			
Durham, NC 27704		Durham, NC 27704			
a. Contribution Description	b. Dat	te (mm/dd/y	ууу)	c. Credit Card Y/N	d. Amount
loan to campaign	07/	19/2023		N	\$ 1000.00
3. Contributor Information		Add		Remove	
Full Name & Mailing Address of the Payee		Full Na	me & Mai	iling Address of the l	Reimbursee
(the original vendor)		(the per	son to wh	om the campaign ch	eck is written)
a. Contribution Description	b. Da	te (mm/dd/y	ууу)	c. Credit Card Y/N	d. Amount
					\$
4. Total only this Page	THE STREET		N / A I	\$	1466.06
5. Total of ALL CRO-1215 Pages			IVIAI		1466.06
(This line goes in line 28 of Detailed Summary Page CRO-1100)				\$	1466.06
The first out of the first of the first of the first out	article and the second		1/10	3024	

40	TT		35.7		
48-	Н	oui	• N	oti	ce

Page 2 of 2 Amendment No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline. 1. Committee Information c. ID Number a. Full Name Committee To Elect Bonita Green d. Report Date b. Mailing Address (include City, State and Zip Code) 831 Center Street 12/29/2023 Durham, NC 27704 e. Phone Number 954-632-2079 2. Contribution Information 2. Contribution Information a. Full Name, Mailing Address & Phone Add a. Full Name, Mailing Address & Phone Add (include city, state, and zip) Remove (include city, state, and zip) Remove Bonita Green 831 Center Street Durham, NC 27704 b. Type of Contributor b. Type of Contributor (if checked, must specify b2 and b3) Individual (if checked, must specify b2 and b3) Individual Political Party Political Party Other Political Committee (if checked, must specify b1) Other Political Committee (if checked, must specify b1) Not-for-Profit (if checked, must specify b4) Not-for-Profit (if checked, must specify b4) Other Source: Other Source: b1. Type of Committee b1. Type of Committee Federal County: County: Federal State Municipality: Municipality: State b4. Federal ID Number b2. Job Title/Profession b4. Federal ID Number b2. Job Title/Profession 238-17-46-39 **Executive Director** c. Form of Payment c. Form of Payment b3. Employer's Name/Specific Field b3. Employer's Name/Specific Field check MMCDC Community Nonprofit f. Amount d. Date (mm/dd/yyyy) f. Amount d. Date (mm/dd/yyyy) 100.00 07/18/2023 g. Election Sum to Date e. Account Code g. Election Sum to Date e. Account Code \$ 100.00 JAN 1 9 2021 \$ 100.00 (sum all the '2f' entries on this page) 3. Total Contributions THIS Page \$ 100.00 DURHAM BOE (if multi-page, only list on page 1) 4. Total Contributions ALL Pages 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure perfort. Bonita Green Signature of Appointed Treasurer Printed Name of Signer

48-Hour Notice

Page Z of Z

Amendment	
Yes	No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

a. Full Name			c. ID Number				
Committee to Elect Bonita Green	Committee to Elect Bonita Green						
b. Mailing Address (include City, State and Zip	Code)		d. Report Date				
831 Center Street			12/20/2022				
Durham, NC 27704			12/29/2023				
•			e. Phone Number				
2. Contribution Information		2. Contribution Information					
a. Full Name, Mailing Address & Phone	Add Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove				
(include city, state, and zip) Bonita Green	Remove	Bonita Green	Remove				
831 Center Street		831 Center Street					
Durham, NC 27704		Durham, NC 27704					
Dumam, NC 27704		Burnam, IVC 27704					
		1					
b. Type of Contributor		b. Type of Contributor					
 	l, must specify b2 and b3)	☐ Individual (if checked, must specify b2 and b3)					
Political Party		Political Party					
	l, must specify b1) l, must specify b4)	Other Political Committee (if checked, must specify b1) Not-for-Profit (if checked, must specify b4)					
Other Source:	, musi specify 04)	Other Source:					
b1. Type of Committee		b1. Type of Committee					
Federal County:		Federal County:					
State Municipality:	X	State Municipality:	X				
b2, Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number				
Executive Director	238-17-4639	Executive Director	238-17-4639				
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment				
MMCDC	check	MMCDC	check				
Nonprofit							
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount				
07/19/2023	\$ 1000.00	07/28/2023	\$ 1000.00				
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date				
	\$ 1100.00	MAIL	\$ \$2100.00				
3. Total Contributions THIS Page	(sum all the '2f' entries on ti		\$ 2000.00				
4. Total Contributions ALL Pages (if multi-page, only list on page 1) JAN 1 9 2074 \$ 2100.00							
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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report. Bonita Green Printed Name of Signer Signature of Appointed Treasurer Date							



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

•	Name of committee to receive loan: Committee to Elect Bonita Green
•	Person or committee to make loan: Bonita Green
•	Date of loan to committee: July 18, 2023
• Pi	Name of lending institution (source): NC Bank
•	Amount of loan: 100.00
•	Description (if in-kind loan):
• Bo	Names of all parties responsible for payment of loan (guarantors): onita Green
•	Period of loan:
•	Rate of interest of loan:
•	Security pledged for loan:
Ι, _	Box 174 Green, acknowledge that all of the information (Person lending money to committee)
pro	ovided is complete, true, and accurate. I further understand I may not forgive a loan
LITE	at has an outstanding balance to any source. IN 19 2024 INTERPORT
Si	anature of Landdr Data Signed
	Pouto De DURHAM BOE 12/29/2023
	gnature of Treasurer of Committee Date Signed
-CR	O-6100 Loan Proceeds Statement



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	· · · · · · · · · · · · · · · · · · ·
•	Name of committee to receive loan: Committee to Elect Bonita Green
•	Person or committee to make loan: Bonita Green
•	Date of loan to committee: July 19, 2023
• Pl	Name of lending institution (source): NC Bank
•	Amount of loan: 1000.00
•	Description (if in-kind loan):
• Bo	Names of all parties responsible for payment of loan (guarantors): onita Green
•	Period of loan:
•	Rate of interest of loan:
•	Security pledged for loan:
Ι, _	BONITA GREEN, acknowledge that all of the information (Person lending money to committee)
	ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
	Low Drew MAIL 12/29/2003
Sig	gnature of Lender JAN 1 9 2024 Date Signed
_	Boute tre 12/29/2023
	gnature of Treasurer of Committee DURHAM BOL Date Signed
CR	O-6100 Loan Proceeds Statement



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	·						
•	Name of committee to receive loan: Committee to Elect Bonita Green						
•	Person or committee to make loan: Bonita Green						
•	Date of loan to committee: July 28, 2023						
• P1	Name of lending institution (source): NC Bank						
•	Amount of loan: 1000.00						
•	Description (if in-kind loan):						
• Bo	Names of all parties responsible for payment of loan (guarantors): Bonita Green						
•	Period of loan:						
•	Rate of interest of loan:						
•	Security pledged for loan:						
l, _	Region lending money to committee), acknowledge that all of the information						
provided is complete, true, and accurate. I further understand I may not forgive a loan							
	at has an outstanding balance to any source.						
Signature of Lender Date Signed							
_	JAN 19 2021 12/29/2023						
,	gnature of Treasurer of Committee Date Signed						
CR	O-6100 Logn Proceeds Statement						

Loan Proceeds

of

Yes \boxtimes

No

Use this form to report proceeds from a loan and loan endorser's information A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Na	me (and Fund if applicable)	2	2. ID Number				
Committee to Elect B							
	677	A 17			D		
3. Lender Informatio					Remove d. Comments		
a. Full Name, Mailing Add			b. Job Title/Profession Executive Director		no salary		
(include city, state, & zig Bonita Green	p)	Community Leader			no salary		
831 Center Street		Community Leader			e. Start Date (mm/dd/yyyy)		
Durham, NC 27704		c. Employer's Name/Specific Field					
Durnam, 110 27701		Merrick-Moore Commun			01/08/2019		
		CommunityNonprofit			f. End Date (mm/dd/yyyy)		
					current		
g. Rate	. Rate h. Security Pledged		ccount Code j. Form of Payment		k. Amount		
%			check		\$ 100.00		
I. Full Name of Lending In	stitution		m, L		oan Number		
to a distribution of Monday							
4. Endorsers/Makers	(The people who guarantee	the loan.)		Time.			
a. Full Name, Mailing Add		b. Job Title/Pro			nployer's Name/Specific Field		
(include city, state, & zi		Executive D	irec	MN	MMCDC		
Bonita Green							
831 Center Street							
Durham, NC 27704							
		d. Percentage	d. Percentage		e. Amount		
			%	\$	1000.00		
a. Full Name, Mailing Add	b. Job Title/Pro	b. Job Title/Profession		c. Employer's Name/Specific Field			
(include city, state, & zi		Executive D	Executive Direc		MMCDC		
Bonita Green							
831 Center Street							
Durham, NC 27704							
		d. Percentage	d. Percentage		e. Amount		
		% \$		1000.00			
a. Full Name, Mailing Add	b. Job Title/Pro	b. Job Title/Profession c. E		nployer's Name/Specific Field			
(include city, state, & zi	p)						
		d. Percentage	d. Percentage e.		e. Amount		
			% \$				
a. Full Name, Mailing Add	b. Job Title/Pr	b. Job Title/Profession		nployer's Name/Specific Field			
(include city, state, & zi	0.000			F			
(1101210 513) 51100, 00							
	MAIL JAN 1 9 2021	d. Percentage		e. Amount			
	JAN -	u. I ci centage			M. V. M. V.		
	DURHAM BOE		%	\$			
5. Total of ALL C	CRO-1410 Pages				\$ 2100.00		
(This line must be on line 9 of Detailed Summary Page CRO-1100)							