

Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input 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 COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNCIL	c. ID Number
b. Mailing Address (include City, State and Zip Code) PMB 4711 HOPE VALLEY ROAD DURHAM, NC 27713	d. Date Filed 10/02/2023
	e. Phone Number 718 414 5987

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 08/30/2023	4. Period End Date (mm/dd/yy) 09/25/2023	5. Treasurer Full Name DR. MONIQJE HOLSEY-HYMAN
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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	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report 1		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/>	<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name TRUIST BANK		a. Financial Institution Full Name	
b. Purpose COMMITTEE CONTRIBUTION AND EXPENDITURES	c. Account Code 1908	b. Purpose IN PERSON	c. Account Code
	d. Period Begin Balance \$ 1676.53		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 of Elections.

Monique Holsey-Hyman Printed Name of Signer [Signature] Signature of Appointed Treasurer 10/2/23 Date

FOR OFFICE USE ONLY

Date Received: 10/5/23 Employee: SK Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: _____ Employee: _____ Hand Delivered

Date Data Entered: _____ Employee: _____ 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	
COMMITTEE TO ELECT DR MONIQUE HOLSEY FOR DURHAM CITY COUNCIL		PRE PRIMARY			
Start of Election Cycle: January 1,		2023		Total this Reporting Period	
4) Cash on Hand at Start				\$ 1957.93	
				\$ 1676.53	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$ 619.08	
				\$ 0.00	
6) Contributions from Individuals		(CRO-1210)		\$ 15642.06	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 0.00	
8) Contributions from Other Political Committees		(CRO-1230)		\$ 0.00	
9) Loan Proceeds		(CRO-1410)		\$ 0.00	
10) Refunds/Reimbursements To the Committee		(CRO-1240)		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts		(CRO-1250)		\$ 0.00	
11b) Contributions from Not-for-Profit Organizations		(CRO-1250)		\$ 0.00	
11c) Outside Sources of Income		(CRO-1250)		\$ 0.00	
11d) Legal Expense Fund – Other Sources		(CRO-1270)		\$ 0.00	
11 e) Exempt Purchase Price Sales		(CRO-1265)		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 9261.79	
				\$ 1610.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 5343.91	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 1500.00	
13c) Coordinated Party Expenditures		(CRO-1310)		\$ 0.00	
14) Aggregated Non-Media Expenditures		(CRO-1315)		\$ 105.44	
15) Loan Repayments		(CRO-1420)		\$ 0.00	
16) Refunds/Reimbursements From the Committee		(CRO-1320)		\$ 0.00	
17) In-Kind Contributions		(CRO-1510)		\$ 3745.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 6999.35	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 4220.37	
				\$ 2972.03	
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		IN PERSON (CRO-1710)		\$ 0.00	
26) Forgiven Loans		(CRO-1440)		\$ 0.00	
27) 48-Hour Notice Reports Sum		OCT 05 2023 (CRO-2220)		\$ 0.00	
28) Contributions to be Refunded		DURHAM BOE (CRO-1215)		\$ 50.00	
				\$ 50.00	

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT DR MONQIE HOLSY HYMAN FOR DURHAM CITY COUNCIL				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
CONSTANCE SCOTT 909 BRANDON ROAD DURHAM, NC		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		09/15/2023
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$ 50.00
		<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
b. Job Title/Profession			g. Comments	
NOT EMPLOYED				
c. Employer's Name/Specific Field			k. Account Code	
NOT EMPLOYED			1908	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
CREDIT CARD				09/23/2023
				o. Amount
				\$ 50.00
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			g. Comments	
c. Employer's Name/Specific Field			k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount
				\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
IN PERSON OCT 0 5 2023 DURHAM BOE		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession			g. Comments	
c. Employer's Name/Specific Field			k. Account Code	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)
				o. Amount
				\$
4. Total only this Page				\$ 50.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 50.00
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

Contributions from Individuals

Amendment		
<input type="checkbox"/>	Yes	<input 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 DR. MONIQUE HOLSEY FOR DURHAM CITY COUNCIL						
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	
KAMALA UZZELL 320 KINNEY COURT DURHAM, NC			PSYCHOTHERAPIST			
			c. Employer's Name/Specific Field			
			SOLAR COUNSELING			
					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	
<input type="checkbox"/>	1908	CREDIT CARD		08/30/2023	\$ 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	
SHARI GRIFFIN 51 CLARKSON DRIVE WEST ORANGE, NJ 07052			DIRECTOR CLOUD			
			c. Employer's Name/Specific Field			
			VERIZON			
					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"/>	1908	CREDIT CARD		08/30/2023	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
APRIL TUCKER 1107 IVY BUSH DRIVE COLUMBIA, MD 21044 IN PERSON OCT 05 2023 DURHAM BOE			HR			
			c. Employer's Name/Specific Field			
			CEIC			
					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"/>	1908	CREDIT CARD		08/30/2023	\$ 25.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1610.00	

Contributions from Individuals

Amendment		
<input type="checkbox"/>	Yes	<input 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 DR. MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNCIL						
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	
TUESDAY BRROKS 42 WEST 129 TH STREET NEW YORK, NY 10027			BUSINESS ADMINISTRATION			
			c. Employer's Name/Specific Field AJAY MANAGEMENT			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1908	CREDIT CARD		08/30/2023	\$ 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	
APRIL BROWN 84-10 101 STREET RICHMOND HILL, NY			SPORTS			
			c. Employer's Name/Specific Field MLB			
					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"/>	1908	CREDIT CARD		08/30/2023	\$ 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	
GEORGE ARIANO 48 OLD DENVILLE ROAD BOONTOWN TOWNSHIP, NJ			SALES			
			c. Employer's Name/Specific Field NEW RELIC			
					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"/>	1908	CREDIT CARD		08/30/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages					\$ 1610.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

IN PERSON
OCT 05 2023
DURHAM BOE

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	
COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITYCOUNCIL						
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	
JAMES ROBINSON 9501 ALYDON DIRVE BAHAMA, NC 27587			EDUCATOR			
			c. Employer's Name/Specific Field			
			NCCU		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 checked="" type="checkbox"/>	1908	CREDIT CAR		09/02/2023	\$ 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	
KATHRYN ROSS 8155 LOWELL VALLEY DRIVE BAHAMA, NC 27503			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1908	CREDIT CAR		09/06/2023	\$ 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	
STEPHEN VALENTINE 1115 GOLDEN CREST DRIVE DURHAM, NC			EDUCATOR			
			c. Employer's Name/Specific Field			
			NCCU		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	
<input type="checkbox"/>	1908	CREDIT CAR		09/08/2023	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1610.00	

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	
COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNCIL						
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	
ADA PLA-WILLIAMS 3929 KENTUCKY AVENUE LOS ANGELES, CA			ENTERTAINMENT			
			c. Employer's Name/Specific Field SELF-EMPLOYED			
					e. Election Sum to Date	
					\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1908	CREDIT CARD		09/11/2023	\$ 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	
CONSTANCER SCOTT 909 BRANDON ROAD DURHAM, NC 27713			NOT EMPLOYED			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					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"/>	1908	CREDIT CARD		09/15/2023	\$ 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	
CARISSA DIXON 3310 REDGATE DRIVE DURHAM, NC			IT CONSULTANT			
			c. Employer's Name/Specific Field DUKE 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"/>	1908	CREDIT CARD		09/15/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages					\$ 1610.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

IN PERSON

OCT 05 2023

DURHAM BOE

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	
COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNCIL						
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			EDUCATION			
			c. Employer's Name/Specific Field NCCU			
					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"/>	1908	CREDIT CARD		09/21/2023	\$ 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	
L'TANYA DURANTE 3309 ORISKONY WAY DURHAM, NC			DATA ACTION COORDINATOR			
			c. Employer's Name/Specific Field DATA WORKS			
					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"/>	1908	CREDIT CARD		09/22/2023	\$ 10.00	
<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	
PATRICE COLEMAN 10031 LAURELRUFFIAN WAY LAUREL, MD 20723			SR. PROJECT PLANNER			
			c. Employer's Name/Specific Field T REX SOLUTIONS			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1908	CREDIT CARD		09/24/2023	\$ 50.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 85.00	
5. Total of ALL CRO-1210 Pages					\$ 1610.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

OCT 05 2023

DURHAM BOE

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	
COMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR DURHAM CITY COUNCIL						
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	
LANA RIGGINS SAMPSON 2020 GOTTWALD COURT GARNER, NC 27529			EDUCATOR			
			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"/>	1908	CHECK		09/17/2023	\$ 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	
WANDA R. ALLEN 211 RODEO DRIVE DURHAM, NC 27704						
			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"/>	1908	CHECK		08/31/2023	\$ 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	
KENYATTA UZZELL 27602 PADDOCK TRAIL PLACE CHANTILLY, VIRGINIA			CONSULTANT			
			c. Employer's Name/Specific Field			
			POLHIRE		e. Election Sum to Date	
					\$ 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"/>	1908	CREDIT CARD		09/23/2023	\$ 75.00	
<input type="checkbox"/>			IN PERSON		\$	
<input type="checkbox"/>				OCT 05 2023	\$	
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)					\$ 1610.00	

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
DURCOMMITTEE TO ELECT DR MONIQUE HOLSEY HYMAN FOR					
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	
FED EX 4900 NC HIGHWAY 55 DURHAM, NC 27713					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 251.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1908	CASH	k	09/24/2023	\$251.88	COPIES
				\$	
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	
ACT BLUE P.O. BOX 441146 SOMERVILLE, MA 02144					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1908	DRAFT	K	09/26/2023	\$12.92	PROCESSING FEES
				\$	
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	
IN PERSON					
		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:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			OCT 05 2023	\$	
		DURHAM BOE		\$	
5. Total only this Page					\$ 264.50
6. Total of ALL CRO-1310 Pages <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>					\$ 264.50
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					