Disclosure Report Cover

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				c. ID Number
BRENDA HOWER	TON FOR COL	WYY COM	NISSANER	
b. Mailing Address (include City.	State and Zip Code)			d. Date Filed
P.O. Box 19	2 14403			8/8/11
RTP, NC 27709	1			e. Phone Number
				99.599.8213
2. Report Year 3. Period St.	/		Date (mm/dd/yy) 5. Tre	11
2011 DAN.	,2009	DUNE	39 2011 Di	ARRY MENO
6. Type of Committee (Chec				freport from one category)
	·	icipal	State/County	Referendum
	I —	Organizational Thirty-five day	Organizational Quarterly	Organizational Pre-referendum
Legal Expense Fund	I==	Pre-primary	First	Final
Logal Expense the	I==	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicat	ble, check orie) 🦠 🔲 I	Pre-runoff	☐ Third	Annual
Booster Fund		Semi-annual	Fourth	Special
Building Fund		Mid Year	Semi-annual	10.0 IN BEDGON
Other	片,	Year End Final	Mid Year Year End	10.204/3-xebb/2014
8. Number of Fundraisers th		Special	Final	
			Special	AUG 0 8 2011
11. Account Information		11.7	Account Information	
a. Financial Institution Full Name	· ·	a. Fit	nancial Institution Full Nam	DURHAM BOE
SUNTKUST				
b. Purpose	c. Account Code	b. Pu	rpose	c. Account Code
	d. Period Begin Bala			d. Period Begin Balance
	\$ 2041.4	77		\$
CERTIFICATION				
I certify that the Committee or I	fund is in compliance v	vith all applicable	provisions of Article 22A	. 22B & 22D-22M of Chapter 163
of the NC General Statutes and report is complete, true and con-				ed funds. I further certify that this
report is complete, true and con	rect and that I have been	in trainled by the iv	C State Board of Election	*
BARRY J NA	/x	X 1		8/8///
Printed Name of S	igne-	Signature	of Appointed Treasurer	Date
FOR OFFICE USE ONLY				-
Date Received:	18/2011	Emplayee:	mt-	Delivery Method Normal Mail
Date Postmarked:		Employee:		Registered Mail Hand Delivered
Date Scanned:		Employee:		☐ Electronically Filed
Date Data Entered:		Employee:		Signer has not received mandatory training
			information such as the rmation, or account info	committee address, treasurer, ormation.
			O-2100A-E) to make co	

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
Orenda Howertan dalouts Co	mules	me	
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$2041.45	/ s
RECEIPTS		<u> </u>	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 530,00) s
6) Contributions from Individuals	(CRO-1210)	\$ 3050.0	00 \$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ IN DEDOC
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	3 IN-PERSO
11) Other Receipt Sources	akatan di dalam mangan pangan sa kanangi sa tahun di dalam menendah sa kanan di dalam di dala		sir as mo
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	s DURHAM BO
11c) Outside Sources of Income	(CRO-1250)	\$ '	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	,11d and 11e)	\$ 3580.00	\$
EXPENDITURES			
13) Disbursements	· James - Tagger - Region of the Announce of t		
13a) Operating Expenditures	(CRO-1310)	\$ 5459,70	, \$ <u> </u>
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$5459.70	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$161.77	\$
ADDITIONAL INFORMATION	· Laterature in the second	\$ 3	St. 37 - A. Strade - Strate State March State Williams
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	Sign of the second streets
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Optional for	rm used to rep	ort NC Contributi	Individuals Page 100	\$50 or less		_
. Committe	e Full Name (a	nd Fund if applica	ible)	2.	ID Number	
BREND	A HOURE	TON FOR A	DUTY COMPISSIONE			Ī
	or Information					7
	. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Add Remove		CHECK		4.19.11	\$ 25.00	1
Add Remove		Check		4.19.11	\$ 25.00	1
Add Remove		1.4		/22-//	5 25.00 'r]
Add		11		1-31-11	s 25.00 ·	∤.
Remove Add		1/			•	. .
Add Add		_cheals	<u> </u>	1-22-//	X 3.00	
Remove Add		chek		1.22-11	30.00	
Remove Add		chek		1-22-1	\$ 15.00	1
Remove		Check		2-18-11	\$ 50,00	-
Add Remove		Clerk		4/19/11	\$ 50, 00	
Add Remove		Chell		4/19/11	\$ 50,00	
Add Remove		Clerk		4/19/11	\$ 50,00	
Add		10.11		11/10/11	\$ 50,00	1
Remove Add		alex		1/1/1/11	\$58.00	1
Remove Add		Char		7/19/11		ł
Remove Add		Check_		4/19/1	\$ 50.00	1
Remove					S	l
Add Remove			IN-PERSON		\$	
Add Remove			AUG 0 8 2011		\$	
Add					\$	
Remove Add			DURHAM BOE		\$	
Remove Add						ł
Remove Add				_		
Remove Add					\$	
Remove					\$	
Adc Remove			<u> </u>		\$	بدمد
	ly this Page			\$	530.00	1530
	ALL CRO-1	1205 Pages stailed Summary Page (CRO-1100)	\$	18000	7
O-1205			NC State Board of Elections	-	530.ABT 00/	BH

Con	ntributions f	rom Individu:	als	ı		Attendment Yes	No
ويسمن نزست الرارات الألي	The same of the latest and the lates	ındıv dual contributi		conin butions a	nder\$50 ifform C	RO 1205 is not used	
1. Cor	mmittee Full Na	me (and Fund if app	olicable)			2. ID Number	
	Srendo	House ton	by found	Comme	auraa		
3. Cor	uributor Inform	ation			emove	INLDERS	AN
a Full	Same. Mailing Addr	ess & Phone		b. Job Title Pro	[ession	d. Comments	
	de city, state, & zip,			Dept of	Adrin.	AUG 0 8 20	111
	Ases Con	en .		c. Employer's N	ame/Specific Beld	A00 0 0 20	
20	oses Cone 3 Simes vi	IL Rd		Stale	Dovement	DURHAM F	BOE
100	i i ii i	NE NO		3),420-		e Election Sum to Date	
de	pel All	UK 97517			i	S	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (amdervyy	y) k. Amount	
		0 1				5 -	
	/	chen				<u> </u>	
						S	1
						s	
	1		<u> </u>	. At the Party of			
	tributor Informa	Phone		Add	move , 1 1 1	d. Comments	· · · · .
	ame, wanning Addre le city, state, & zip)	ss & Phone		b. Jou Haerron	4	d. Confinents	
77	7			Ast. Ce	uga / HAR	hille	
	This free of the St. Cold St. St. 27	eson		c. Employer's Na	me/Specific Tell		- 1
70	e Coll Si			Freslox	Design !	e. Election Sum to Date	
124	hom Il .	77/17		Rithite	te i		
	/ 2					\$	
e Crmr	e. Accordin Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Dan (wolddyyy)	/) k. Amount	
		1.1				\$ /00:-	-
		man.				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
<u></u>							
					ļ	\$	
S Cont	ributor Informa	tion		Add 🔲 Re	nove:	-' N-PE F	130 1
F	one Mailing Addre			b. Job Title/Profe		1. Comments	
	e city, state, & zip)			,		AUG 0 S	201
1	ull Ca		_	Traget.	Mung	/	
\mathcal{O}_{λ}	Maria Ser	Main	V	c. Employer's Nat	ne/spea t/ he st	DURHA	м вр
50	ite 121	2/10an		JCK) [e	. Election Sum to Date	
101	alu al	C 27707		,			
		· · ·	[<u></u>	[[]		
	g. Account Code	h. Form of Pay ment	i. In-Kind Descrip	COP	. har (sundely);y	1	
	l L	Money Order				5 100.	
						5	
<u> </u>	1				<u> </u>	<u> </u>	
					}	5	
4. Tot	al only this Pa	<u> </u>			· · · · · · · · · · · · · · · · · ·	\$ 250	
		RO-1210 Pages				,	
		of Detailed Surnmary Pa	ige CRO-1100)			2	

Contributions from Individuals		Pg 💪 🐔	Ameridment Wes No
Use this form to report individual contributions over	\$50 or contribution	ander \$50 it form	CRC 1205 is not used
1. Committee Full Name and Fund if applicable)			2. ID Number
11/1/1/	1/.		
Orenda Novellor 101 Count	Commence	97e1	
3. Contributor Information	☐ Add ☐	Remove	IN-PFRS(
a. Full Name, Mailing Address & Phone	b. Job Title/	Profession	d Comments
(include city, state, & zip)		1 1 // //	AUG 08 701
Shaw Hunt	o Employer	s Name/Specific Field	10000 201
116 Somethil Re	2. Lingitoyer	A J	DURHAM R
1 1 1/5	Hunt	Central	e Electron Sum to Date
John Hunt 1115 Donahil Kel Dahon, NC 27712	Hold	ing LAC	\$
f. Prior g Account Code h. Form of Payment i. In-Kine	d Description	j. Dae (norddy	yyy) k. Amount
- charl			\$ 100
			\$
			\$
3. Contributer Information	☐ Add ☐	Remove ()	
a. Full Name, Mailing Address & Phone		rofession	d. Comments
(include city, state, & zip)	12/		
Y. # / !	Detu	in	
Keim cook	c. Employer's	Name/Specifi Keld	
Kest Cook 419 Calvey Ct Hills borough NL 17278	'		771 6
Hills brosech NL 27278			e. Election Sum to Date
77410-01-7			5
Prior g. Account Code & Form of Payment i. In-Kind	Description	j. Datt (aradéyy	yr) k. Amount
			\$ 9 < -
- check			93.
			\$
			\$
3. Contributor Information	Add 1	Remove	IN-PERSON
. Full Name, Mailing Address & Phone	b. Job Title/Pr	ofessi on	d. Comments
(include city, state, & zip)	- 1/ On to		AUG 0 9 2011
DR'S Sampson + HARREL 3512 O'DCAGET HAT LA Denton NL 27107	e During		200 2011
361) Olach I Hill ld	c. Employers.	Name/Specific Held	DURHAM BOE
DOTA CINCHIAGE INTITA	Dule	Univeret	e. Election Sum to Date
Dunker NL 27707	ĺ	• • •	
			3.
Prior g. Account Code h. Form of Payment i. In-Kind	Description	J. Dar (amdéyy	
- check			<u> </u>
			\$
			S
4. Total only this Page			225
E. Total of ALL CRO-1210 Pages			5
(This line must be on line 6 of Detailed Surmman, Page CRO-11	00,		

Contributions from Individu			g 3_ 1 19	
Use this form to report individual contribut 1. Committee Full Name (and Fund if ap		contributions un		2. ID Number
R 1 1/ A 1	/ L		-	Z. ID , (dinber
Dreada Howelon for	Local,	Commune		IN-PERS
3. Contributor Information a. Full Name, Mailing Address & Phone		b. Job Title.Prof	move ession	d Comments
(include city, state, & zin)		1		AUG 0 8 20
Kenneth Town		- Lawye		
2622 Man Lan Phan Sta	- 100	c. Employer's Na	me/Specific Field	DURHAM E
25 50 maraner 11 y one	•	Wombl	i Culy	Election Sum to Date
Kenneth Zour's 2530 Mendrer Pkuy Sta Durhon NL 27713		1	0	(
			j. Dan (modó/yyyy	i le 4
Prior g. Account Code h. Form of Payment	i. In-Kind Descr	триов	J. Dak (CINGOVIIV	
U dest				1 /00. —
				\$
-				
				\$
Contributor Information			move [24]	
Full Name, Mailing Address & Phone		b. Job Title/Profe	ssiet d.	. Comments
(include city, state, & zip)		1/10 Cm	a + QUI.	1,
Plail Wyan		c. Employer's Nar	ne/Specific Tiels	\sim
1 Trans dame lower		Duke L		
6 neacting cont		10.une	mureu e.	Election Sum to Date
Plail Wynn 6 Treading Court Hilsbrough NC ,7288			7	<u> </u>
,	i. In-Kind Descri	intios	j. Datt (mradd/yyyy)	
Prior g. Account Code h. Form of Payment	i. III-Kiid Descri	prou	J. DER (BENCE / 5/5)	
1 check				§ 100.—
				\$
				S
. Contributor Information		Add Ren	nover :	
Full Name, Mailing Address & Phone	·	b. Job Title/Profes	sion d.	ComINEPERSON
(include city, state, & zip)		De l	16	
Bead food Thomason		Mesul	M	AUG 0 9 2011
Bood ford Mompson 300 Merry wood De		C. Employer's Nam		
300 meny wood Ki		Draw 9	horyson e.	ENCOLURHAM BOE
Kalunk NL 27610		& assoc	utter 5	
Prior g. Account Code b. Form of Payment	i. In-Kınd Descri	ption	j. Dat (tandé/yyyy)	k. Amount
1 1 the				5 557 -
				\$
	!			; ; \$
. Total only this Page	1			!
			_	
. Total of ALL CRO-1210 Pages This line must be on line 6 of Detailed Summary I	Page CRO-1760.		\$	
mae news of the wife to the Deletter Durklitally I	were water day			

Amendment

		from Individu individual contributi			eg 4 of 19	2 0	
		me (and Fund if ap		CONTIDUCTIONS OF	100, 001, 1, 1 0, 1, 0	2. ID Nu	
13	urda Hoo atributor Inform	rutor Por c	centy 1	Ommission Add TR	ier		IN-PERSO
a. Full :	Name, Mailing Addi	ress & Phone		b. Job Title/Pro	essi on	d Comme	AUG 0 8 2011
Ca	Wells Haycox Co	est.		E. Employer's No.	ame/Specific Tield		DURHAM BO
Du	Som NC	צודדב		Levely	ent	e. Election	Sum to Date
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j Daw (mrovdo'yyy	y) k. Am	puni
	/	chel				\$	100
						\$	
						\$	
3. Cont	tributor Informa	ation			move :		
	ame, Mailing Addre			b. Job Titie/Profe	ssica :	d. Commen	V-PERSON
Ara	neu Kena	hen		c. Employer's Na	o (Specific Teals)		AllG O O norr
1	reer Kenci 03 Hodr	ian Dr.					AUG 0 9 2011
Da	whom No	27703		Glerent	Union	e. Election	URHAM BOE
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Dat: (morddyyy)	r) k. Amo	unt
		ched				\$,	100.
						\$	
						\$	
3. Cont	ributor Informa	ition		Add Re		·	* · · · ·
	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	si co	1. Comments	š
6	e city, state, & zip) MA NC 1 13 Old W	Fadden Met st	· · · · · · · · · · · · · · · · · · ·	c. Employer's Nan	100	en!	
Qui	ilm IK	27704		ay a.	e	:. Election St	im to Date
f. Prior	g. Account Code	h. Form of Payment	i In-Kind Descrip	tion	Dan (amdéyyey	k. Ameu	πt
	/_	del			_	\$ /	00.
						<u> </u>	
		_				5	
4. Tota	al only this Pa	age				§ 3	00.
		O-1210 Pages				<u> </u>	
		of Detailed Surnmary Pa	ge CRO-1100,			-	

Contributions from Individuals		Pg 5 of /	Amendmeni O Ves O No
Use this form to report individual contributions over			
1. Committee Full Name (and Fund if applicable			2. ID Number
Bend Samuelter to	1/2	-	IN-PERSO
3. Contributor Information	n <u>, ∠ cannussil</u> □ Add □ R	emore-	100
a. Full Name, Mailing Address & Phone	b. Job Title/Pro		d. Comments AUG 0-8 2011
(include city, state, & zip)	acien	7	
Bonneta Margin		ame/Specific Treli	DURHAM BQ
Bounita Hangin 9009 Winged Mistle Ct Releigh, DC 27617	01/5/	10	
Releich DC 27/12	14/1 500		e. Election Sum to Date
2,27	answe	cre-	5
f. Prior g. Account Code h. Form of Payment i. In-K.	ind Description	j. Date (mradé'yyy	y k. Amount
			5 200. —
	<u> </u>		
			\$
3. Contributor Information	Add Re	erriove / SAR i	N-DEDCON
a. Full Name, Mailing Address & Phone	b. Job Title/Profe		d. Comments
(include city, state, & zip)	· /hant	Secon	AUG 0 9 2011
See Olde Moupoon heel Rd	c. Employer's Na	me/specific Held	700 0 7011
526 Olde Mouson heel Re	Cisco		DURHAM BOF
Aprix ME 7523	Q - 03	<u> </u>	Election Sum to Date
27,525			5
f. Prior g. Account Code h. Form of Payment i. In-Ki	nd Description	;. Datt (mo:de/yyyy	k. Amount
			\$ 100.
			+ S
			3
			\$
3. Contributor Information	Add Re	nove:	· .
a. Full Name, Mailing Address & Phone	b. Job Title/Profe	ssi co d	. Comments
(include city, state, & zip)	- Racial	Austo)	
Patrick Hannah 1603 Caltiver IN Doctor NC 27913	c. Employer's Nan	ne/Specifi: held	
1603 Callenar LN	Sheut	Metuul	
Dadan NC 277/3	Saus J.		. Election Sum to Date
2777		1	\$
f. Prior g Account Code b. Form of Payment i. In-Kir	nd Description	j. Datı (tamde'yyıy)	k. Amount
1 clerk			5 00 -
		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			<u> </u>
			\$
4. Total only this Page			366 -
5. Total of ALL CRO-1210 Pages		_	330.
(This line must be on line 6 of Detailed Surnmary Page CRO-	7790,		

Contributions from Individuals	Pg & D Amendment D No
	er \$50 or contributions under \$50 if form CRO 1205 is not used
1. Committee Full Name (and Fund if applicable	2. ID Number
Dunda Houseton for L	center Commissioner N-PERSO
3. Centributor Information	Add Remove
a. Full Name. Mailing Address & Phone	b. Job Title/Profession d. Comments AUG 0 8 2011
(include city, state, & zip)	Custoner Sewer DUDUM
Low Couch	c. Employer's Name-Specific Field DURHAM BOI
8216 NC Huy 751	Awgus they e. Election Sum to Date
Daslon, 12 27713	
Quantity, 100 27713	
f. Prior g. Account Code h Form of Payment i. In-K	(ind Description j. Date (nandd/yyyy) k. Amount
- I wheel	\$ 75.00
	5
	\$
3. Contributor Information	Add" Remove
a. Full Name, Mailing Address & Phone	b. Job Title/Profession d. Comments
(include city, state, & zip)	Mes. See. Comment De Sount
Henry Mc Koy of	c. Employer's Name/Specific Feir
Henry Mc Koy of 802 Larch wood Dr.	12 A
1	West of Commer exection Sum to Date
Surton NC 277/3	5
f. Prior g. Account Code h Form of Payment i. In-K	ind Description j. Batt (nradé/yy/y) k. Amount
a check -	\$ 150
	\$
	\s
3. Contributor Information	☐ Add ☐ Remove
a. Full Name. Mailing Address & Phone	b. Job Title/Profession d. Comments - PERSON
(include city, state, & zip)	11.15
Grace Marsh,	c. Employer's Name/Specific Field AUG 0 9 2011
1808 Solitade Way	1 1. Morlinter DIPHAM DOL
Stace Marsh 5808 Solitade Way Dondon NL 27713	Duchen Mediation DUBHAM BOE Resolution Ch & Election Sum to DAM BOE
	nd Description j. Dan (nandéysyy) L. Amount
1 check	\$ 50
	5
	\$
4. Total only this Page	275 -
5. Total of ALL CRO-1210 Pages	20.
(This line must be on line 6 of Detailed Surrman Page CRO-	-1760

			from Individu individual contributi			e 2 1/9	
			me (and Fund if ap		COMMITTED TO SECUL	110311 0	2. ID Number
	1	1 //					21 22 1 10 11001
		lenda Xo	werton to	cant o	ounin	oner_	IN DEDGO
	3. Cor	uributor Inforn	nation /		Add 🔲 R	emove	יייי בהטַ
		ame, Mailing Add			b. Job Title/Pro	ession	d. Comments
		de city, state, & zip			Palmi	Maritine	Z AUG 0 8 2011
✓	F2	ay Lor	rtt		c. Employer's Na		DURHAM BO
	02	yeum.			Conques	The state of the s	e Election Sum to Date
	Dun	hom NC	27713		your		2
				152		T- 70 () 21/10	
	1. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	<u> </u>	j. Dan (nmdd/yyy)	y) k. Amount
			ched				s 50
							\$ <u></u>
							\$
	3. Cont	ributor Inform	ation		"Add" 🔲 Re	move] ∴ ≤ ₹ å	7. 7. 1
	a. Full N	ame, Mailing Addre			b. Job Title/Profe	ssion ,	d. Comments
ı	(includ	e city, state, & zip)	<u> </u>		F1 T	dII	
		Lan ATT			Checulia	affer	
	900	ALL MINE	2 ¹⁷		c. Employer's Na	me/Specific Field	,
/	NO.	BOX 120	<i>5 '</i>		1)11 re	~/ # thin	777 1 5 1 7
***************************************	P	10 116	27709		1650		Election Sum to Date
	^ /	1, 100	7//07		H-5580		3
	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Datt (mmddyyyy) k. Amount
			check				\$ 250. —
							S
		_					\$
ľ	3. Cont	ributer Informa	ation		Add Rer	nove.	HI Do
-		me, Mailing Addre			b. Job Title/Profes	rsi ou d	ERSON
ē		e city, state, & zip)				1 1 .	
İ		onge Sn	rat al		c. Employer's Nam	ton Freid Feld	AUG 0 9 2011
	50	og Pelk	rom Ad				DUDLIAN
	'n	1 11			Trul	SV E	, Election STHAM (BOE
	ber	for NL	27713		vevelog	and	ţ.
Í	Prior	g Account Code	h. Form of Pay ment	In-Kind Descrip	tion	j. Datt (amde'yyyy	k Amount
١		/	dad				5 200 -
			V TAV				5
ŀ			<u>'</u>				
L							\$
-		al only this P					500
	5. Tota	al of ALL CF	RO-1210 Pages				5
-	(This li	ne must be on line 6	of Described Surremany Pa	ge CRO-1100,			

Con	itributions i	from Indivi d u	ials		Ps 8 19	Amendment Yes No
		ind v deal contribu		contributions t		CRO 1205 is not used
1. Co	mmittee Full Na	me (and Fund if ap	plicable)			2. ID Number
	send.	exten for	(and	Law me	1120	10.1
3. Cor	ntributor Inform	nation	CNUMY		Remove -	IN-PERSO
	Name, Mailing Add			b. Job Title Pr	ofession	d. Comments
	ide city, state, & zip)	AUG 0 8 2017
Wa	luan + I	Buin		Lawy	Name/Specific Field	-
239	Country C	11.00		C. E. Hiptogar S	11 to	DURHAM BO
1 ^				KL	Jale	e. Election Sum to Date
Dun	hom st ?	77/2				S
f. Prior	g Account Code	h. Form of Payment	i. In-Kind Descr.	iption	j. Dan (araddyy	vv) k. Amount
		1				\$
		dell		· · · · · · · · · · · · · · · · · · ·		° 100.
						\$
						\$
3. Cont	tributør Inform:	ation of the state	<u> </u>	Add FIR	emove : : : : :	45 40
	ame, Mailing Addre			b. Job Title/Pro		d. Comments
(includ	le city, state, & zip)			<1.	(1)	· · · · · · · · · · · · · · · · · · ·
1/21	th All S			Mercy	7	
111	di Hallom	an Kd		c. Employer's N	me/Speift Held	_
737	fo Hollow hom NC 27.			Withen	Court	e. Election Sum to Date
Can	hom M 27.	103			\sim	S
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Dat (aroddyy)	y) k. Amount
		check	<u></u>			s 100.—
						\$
			<u> </u>			S
3. Cont	ributor Informa	etion		Add Re	move:	Vi. v. See
	me. Mailing Addre			b. Job Title/Prof		d Comments
	e city, state, & zip)			9)	IN-PERSON
~ .	:///	3		Laur	-	110014
rewr	o All B	hadt how 1 27455		c. Employer s. Ja		AUG 0 9 2011
350	c chan	IT	_	KIL	Dute !	Election Sum to Date
Hie	enaloro N	27/55		1242		DURHAM BOE
f. Prior	2 Account Code	b. Form of Payment	i In-Kind Descrip	otion	. Dat (aradéyey) K. Amount
		theel				\$ 120-
						\$
	_	<u> </u>				5
	nl anly this D	6.00				
	al only this Pa					<u> 300. – </u>
		O-1210 Pages	CD() 1360			2
II HIS IN	HE MUST BE OR HITE 6	of Described Summan P	age CKU-11(tt)			

Contributions from Individuals

Pg	42	¹ť	19	Amendment	
Ϋ́		2,		165	

		meividual contributi		cont <u>ributions u</u> t	iger 850 gifton C	LRU 1205 is not used
1. Co	mmittee Full Na	me (and Fund if app	olicable)			2. ID Number
	Sunda X	baseton of	Cont	Commis	vozer	IN-PERSO
	tributor Inforn				елоге-	
	Name. Mailing Add.)		b. Job Tide/Pro	^	d Comments AUS 0 8 2011
lay	ore Alle	, Sonker Wile		c. Employer's	me/Spetific Field	DURHAM BO
4 1	wheen Mill C	ule		KLT.	Giles	e. Election Sum to Date
Dan	for IK)	7703		'		S
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Dan (mmdayy	k. Amount
		hed				\$ 100. —
						٤
						\$
3. Cont	ributor Inform	ation		Add Re	mole: : -	
	ame, Mailing Addr			b. Job Title/Profe	ssion	"IN-PERSON
(includ	le city, state, & zip)					MALEUOOM
Kol	and Dea	us 11		c. Employer's Na	me/Specific Field	AUG 0 9 2011
261	18 cladion	21		Reture	1	o Election Come to Date
Da		27705		/ second		E BURHAM BOE
f. Prior	g Account Code	h. Form of Payxnent	i. In-Kind Descrip	tion	j. Dat (mraddyyy)	y) k. Amount
	/	del				\$ /20. —
						\$
						\$
3. Cont	ributor Informa	ation .		Add 🗎 🗖 Rei	nove	, , , , ,
a. Full Na	me, Mailing Addre	ess & Phone		b. Job Title/Profes	sion	d. Comments
	ecity. state, & zip) sold Dead Rippliag S from NC 27	us		Moles employer's Nan	ne/Specific Field	
3/1	Ripalian S	brom KD		Nec	\mathcal{U}	e. Election Sum to Date
		1				\$
f. Prior	g. Account Code	h Form of Payment	i. In-Kind Descript	ion	J. Date (numdélysyy	/) k. Amouni
		check			_	\$ 200
						\$
						S
4. Tota	al only this P	age				§ 200. —
		RO-1210 Pages	TO CPO 1160.			5
1 /110 11.	ae must be on une o	of Detailed Surmmary Pa	Se CUO-1100)			

~		from Individu:	,		I.O.	Amendment
	ORO 1205 in rouse d					
	CRO 1205 is not used 2. ID Number					
<u> </u>	1	me (and Fund if app		1 1/		L.
	rerda	Howerto	v proc	ount	Guneso	
	tributor Inform Name, Mailing Addr			Add Re		d. Comments
	de city, state, & zip)			B. Job Tiderroi	ession	d. Comments
1/1/	1. /	11.1		Contley	anger)	
5/77	mer C	ear		c. Employer's Na	me/Specific Field	
7	1. Kulsey	-34.217		Beloved	Connend	7 e. Election Sum to Date
Du	shing N	C 27701		Elchay	ر ر ر	S
f. Prior	a Assempt Code 3	h Form of Borrange	I In Kind December	/		
	g. Account Code	h. Form of Payment	1. In-Kind Descrip	ption 🦄 🦠 🦠	j. Date (mrødd/y)	
	/	Check (\$ 100
						s
						s
3. Coni	ributor Inform	ation 💢 💌 💌		Add 📜 Rei	novė	对对那条约束设施 接
	ame, Mailing Addre			b. Job Title/Profe	ssion ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	d. Comments
(includ	e city, state, & zip)			Laure	لہ	
Ka	lak Han	1		c. Employer Clar	ne/Specife Reld]
100	5 Toute	bet		Hentt	11. 4	
70	elas OC	27707		Must +	Hens	e. Election Sum to Date
y						\$
f. Prior	g. Account Code	h. Form of Payment 🖟	i. In-Kind Descrip	tion (1) (1)	j. Date (num/dd/yy	yy) k. Amount
	1	Ch				\$ /00
	,	_				\$
						\$
3. Cont	ributor Informa	tion		Add 🔲 Ren	nove	A SHAPA PARTA
	me, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments
(includ	e city, state, & zip)	· · · · · · · · · · · · · · · · · · ·				181
				c. Employer's Nam	e/Specife Tield	N-PERSON
						e Flection Clifford Data
						e. Elecuopingo para
		<u> </u>				DUBLIAN
. Prior	g. Account Code	h. Form of Payment	i. In Kind Descript	tion	j. Datt (mm/dld/yyy	y) K XmbhAN BOE
						\$
						\$
						\$
4. Tota	al only this Pa	age	-		- : !	\$ 200
		10-1210 Pages			a constant of	1 3050.00
		of Detailed Surmmary Pa			:	\$ 2050.00

1. Committee	Full Name (and Fu	nd if applicable)		- 1			2. ID Number
Bun	de Howeston	be Con	nte	Cours	isimer		
3. Type of Dis	bursement (Pleas	e us e separate <u>Cl</u>	RO 131			sburs	ement.)
Operating Ex	penses Co	ntributions to Candid	ates/Polit	cal Committe	es C	ordina	ted Party Expenditures
4. Payee Infor				Add	Remove		
a. Full Name, N	Mailing Address & Pl	ione		b. Coordina	ted Committee Nar	ne	d. Comments
Victoria	e. & zip) jous Plaise ve ve 1 opmen	Communi	1/	c. Level Reg	istered (Specify)		Donatión
	,			State	Municip	ality.	e. Election Sum to Date
							*6300
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		— A	equired Remarks
	Auch	O	6-1	29-//	\$	14	action
					\$		
4. Payee Inforr	nation			Add 🔲	Remove		
	ling Address & Phone	11.1.		b. Coordinat	ed Committee Nam		d. Comments
(include city, sta		- IN-PERS	SON				
		AUG 08 2	011	c. Level Regi	stered (Specify) County: Municipa	dity	e. Election Sum to Date
		DURHAM E	30E	Juic	жылыра	incy.	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
					\$		
					\$		
4. Payee Inform	nation	A Commence of the Commence of	· . 🗖	Add	Remove	- S	
	ing Address & Phone			b. Coordinate	ed Committee Name	· T	. Comments
(include city, star	te, & zip)						
				Federal	tered (Specify) County:		
				∐ State	Municipa	lity: e	. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnount	k. Rec	uired Remarks
					\$		
					\$		
5. Total only th	is Pogo					- :	\$ 65.00
					- -		000
	CRO-1310 Pages			:			
(This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum	mary Page CRO-110	0 if Cont	mib to Candida	tes/Political Comm)		5459.70
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)	-		
A* - Media	B* - Printin			indraising			er Candidate
E - Salanes	F* · Equip	_	G - Pol	itical Party	H* - Ho	lding	Public Office Expenses
I - Postage	J - Penaltie	es	K* - O:	ffice Expens	ses Q* - Do	na tio	n to Legal Expense Fund
O* Other							
 Codes requir 	Codes require detailed explanation in required remarks field (k)						

		,	~ ^ A	Amendment	
Disbursements	Pg		of 4 7	Amendment Yes	☐ No
				12.4	

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
Bur	1. Show To	4 61		16		
3. Type of Dis	hursement (Pleas	e use separate C	RO 131		pach type of	
Operating Ex		intributions to Candid				Coordinated Party Expenditures
4. Payee Infor		TO CONTROL OF THE CON	T One		l Remove	Continued fairly discontinues
	Mailing Address & Pl	ione	•		sted Committee	Name d. Comments
(include city, state	•	IN-PE	ERS(111		
U	. 11	114-1-5	-1100			
1 Corge	o bye	ALC	n Q 201	c. Level Reg	istered (Specif	
1		AUG	U O ZUI	Federal State		unty unicipality e. Election Sum to Date
		DUDU			1010	e. Election Sum to Date
		DURH	AM B	ΨE		\$ 621.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Required Remarks
	Act		12.	4-08	\$	Victory Party
					\$	
4. Pavee Infori	nation			□ bbA	Remove	
	ling Address & Phone	-			ted Committee	Name d. Comments
(include city, sta	- ,	j	. ,			Women in
Lillian	. 1.1-					PIX.
dellier	o Les				stered (Specify	2111
				Federal State	∐ Cou	
						nicipality: c. Election Sum to Date
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	10	Н	0	6-09	\$	BLITKAL LUXCHOW
	coecs		7,02	<u> </u>	\$	WITHERE EDUCATION
4. Pavee Inform	nation	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Add	Remove ::::	
	ing Address & Phone				ed Committee I	Comments
(include city, sta						11 1
11						Mank you
lorgel					stered (Specify)	Cardo
-				Federal	Cour	
				State	L. Mun	icipality: e. Election Sum to Date
						\$ 22.26
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Arnount	k. Required Remarks
	chil	K	2.9	7-09	\$	Thank vow Cardo
					\$	THE STATE OF THE S
5. Total only th	ic Page	,				s 742.34
					·	3 /73.37
	CRO-1310 Pages			;		:
	line 13a of Detailed Sum line 13b of Detailed Sum					\$
	tine 130 of Detailed Sum line 13c of Detailed Sum					inunt)
	odes (List detailed					
A* - Media	B* - Printing			indraising	D - 1	To Another Candidate
E - Salaries	F* · Equip	•		itical Party		Holding Public Office Expenses
I - Postage	J - Penaltic			ffice Expens		Donation to Legal Expense Fund
O* Other	0 1-7-270					

T.	1			
Dis	וווח	rcai	ma:	ntc
1/13	w			

	~		2011	Amendment	
Pg	1	of	27	Amendment Yes	□ No

1. Committee	Full Name (and Fur	id if applicable)					2. ID Number
Sen	1 Shueston	1 /2.2	1/1		-		
3. Type of Dis	bursement (Pleas	e use separate Ĉi	RO-131	0 forms for	reach type of D	isburs	ement.)
Operating Ex		ntributions to Candid					nted Party Expenditures
4. Payee Infor				Add [Remove	· .	
	Mailing Address & Pl	ione		b. Coordina	ted Committee Na	ame	d. Comments
(include city, state	•						Kental to attend
7 1	. 0. 1	/ IN-P	=HS(rental is aller
Caley	use Renta	ζ			istered (Specify)		Aceling
		AUG	0 8 201	Federal State	_	y: ipality:	s Election Come to Date
				State	Withit	panty.	e. Election Sum to Date
		DURH	AM R	ρΕ			\$ 41.05
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. R	equired Remarks
	//	Н	2	11-09	\$ 41.05	0	entel to Atudant
	caux			71-01	\$	_ / 4	MIN AS INTEREST
		l n				<u> </u>	
4. Payee Infort			<u> </u>	Add	Remove		
	ing Address & Phone	•		b. Coordinat	ted Committee Na	me	d. Comments
(include city, sta	ie, & zip)		· · ·	-			
USPS				c. Level Regi	stered (Specify)		0-+
				☐ Federal	County	:	Postage
				☐ State	Munici	pality:	e. Election Sum to Date .
					7.	_	s 78 1/1
							70.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
	chest	Z	22	27-09	\$ 18.40		Postoce
					\$,
4. Payee Inform	nation	The state of the state of		Add 🖟 🔲	Remove	Jan leg	· 其中,在2000年,1000
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Nan	ne	d. Comments
(include city, star	te, & zip)		<u> </u>				Callee
Store has	1-						
SUBS. HUL	K5				stered (Specify)		- 1.
				Federal State	County:		e. Election Sum to Date
					L Manie,	Janty.	
							\$ 6.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
	.11	^	5-2	06	\$ 6.99		
	CREUK		27	-07	\$		
					٥	<u> </u>	
5. Total only th	is Page			· <u>:</u>			s 126.44
6. Total of ALI	CRO-1310 Pages					;	•
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Oper	ating Expense	s)	,	\$
	line 13b of Detailed Sum					n) .	•
	line 13c of Detailed Sum				Expenditures)		
	odes (List detailed						
A* - Media	B* - Printis	0		ndralsing			er Candidate
E - Salaries	F* - Equip			itical Party			Public Office Expenses
I - Postage	J - Penalti	es	K* - O	ffice Expens	ses Q* · D	onatio	on to Legal Expense Fund
O* Other	and the second			~			
 Codes requir 	e detailed explanati	on in required re	e <u>marks</u>	neid <u>(k)</u>			

AMENDED

Dis	hn	rcei	mei	nte
4713	C/C1			

		T	
_	~ ^	Amendment	
<i>=</i>)	1//	i vinteria inchi	
	or $\Delta 7$	(1777 -	\Box
Pg 🖘	of Θ	Yes	L No

communices and	coordinated party ex	ochanares .							
43	/i //	1 1.		+ 1					
Greno	WHowert	on for	COL	st a	mu	veren	J'		
		<u> </u>							
Operating Exp	enses L Con	tributions to Candida	ates/Politic	cal Committees	3	Coord	inated Part	y Expenditures	
	. 151 . 1.1 . 0.101				10		1.0		
	lailing Address & Ph	one		b. Coordinat	ed Commu	ittee Name		nments	7700
(include city, state,								shert	
Americ	an Andin			c. Level Regi	stered (Sp	ecify)	- 40	gestata	~
				☐ Federal		County:	- Co	nferences	2_
				State _		Municipalit	ty: c. Ete	ction Sum to Date	
							\$ 6	2/3,2	0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amous	at k	. Require	d Remarks	
	Jelt	14	3-	2-09	\$		Cons	Course	,
					s		1379		
a. Full Name. Meil	ling Address & Phone			b. Coordinat	ed Commi	ittee Name	d. Cm	nments	
(include city, sta								bt Caul	
	ater Bee						, —		Oi.
سننس کرا	accortise	varde.		c. Level Regi	stered (Sp	-	120	weekel	joing
				Federal	片	County.	<u>/*</u>	De - some	rund
				State		Municipalit	ту: е. кае	ction Sum to Date	-
							\$ /	2.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (man/dd/yyyy)	j. Amour	nt k		d Remarks	
	Delet		3-	30-09	\$	-	Dolf	Coud.	
	- NORTH		 ~	,	ļ. —		<u> </u>		
					J.				
		<u> </u>			16	141 31	12.0		arre D
	ing Address & Phone			b. Coordinat	ed Cemmi	ittee Name	d. Co	ments	
(include city, sta				1				AUG 1	5 RECT
Kesen	to Rou	rurde		c. Level Regi	stered (Sp	ecify)	┦ !	مردخوالط	۔ ایک
				Federal		County:		DURITIANS BOARD OF	COUNT
				State_	<u> </u>	Municipali	ty: e. Ele	enon Sum to Date	TEEC () DIV
							ls z	12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i Date /	mm/dd/yyyy)	i Amoun	. II		d Remarks	
. Account Conc	1	0	1	-1-09	\$, / , .	/ / /
	Well _	<u> </u>	120	7-07	· ·		<u> </u>	and for	week
					S		10 he	erentre	made:
							\$		
(This line goes in	i line 13a of Detailed Sur	nmary Page CRO-1	100 if Ope	rating Expens	es)		\Box _S	237. 2	ا ه ا
	ine 13b of Detailed Sur		*					· ·	
(This line goes in	r line 13c of Detailed Sur	nmary Page CRO-11	100 if Coo	rdinated Party	Expendit	ures)			
			-			B -		* * 1	
A* - Media	B* - Printi			undraising		D - To A			noncor:
E - Salaries I - Postage	F* - Equip J - Penalti			litical Party Office Exper			_	blic Office Exp Legal Expens	_
o + Other	J - renaid	Co	WC	MRE EXPE	LaCa.	ζ·100	เสนชม ((Tegai Exheir	. I ullu
O Contra					·····				

T) .	*	4 .
1 116	burseme	ntc
כוע	Darsenic	1113

No.

Disbursements

Pg 3 of 29 Pyes

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 Expenditures)

1. Committee	Full Name (and Fur	nd if applicable)		^			2. ID	Number	
Kan	1 16.1	1/	1/	•					
3. Type of Dis	hursoment (Place	e use separate C		O forma fo		a of Dish	UNICOM CRIT	1	
Operating Ex		ntrabutions to Candid						z Expenditures	
4. Pavee Infor		introducing to Canale	I ales/1 on t		I Remov		- · ·	y Experienta es	-
<u> </u>	Mailing Address & Ph	one				nittee Name	d. Con	ments	
(include city, state	•			4.44					
								shribe	
HAMMEON	. Antines			c. Level Re			Lon	naciono	Us.
				Federa	n] [County		ion Sum to Da	<u> </u>
				State		Municipal	e. Elect	ion Sum to Da	ite
<u> </u>	T on	D	T		N. I.			2/3.	20
£ Account Code	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy		nt	k. Required	Kemarks	·
	check	H	3.	2-09	<u></u>		Confe	eacl.	
					\$				
4. Payee Inform	nation			Add [Remov	e []	e i se	·. · · · · · · · · · · · · · · · · · ·	
	ing Address & Phone			b. Coordina	ited Comm	ittee Name	d. Com	nents	
(include city, sta-		IN-F	PERS	NOE			Och	t Con	
Karawata	ión Remardo			c. Level Reg	nistanad (Sn	n nifer)	- Kews	udo Pour	5
100000		AU	G 0 8 2	Federal		County:	10	Ro Len	1
				State		Municipalit	y: e. Electi	on Sum to Da	te
		DHB	HAM	BOF			\$	/1	
							-	12.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	ј. Апюци		Required !		
	check	0	3	30-09	S		Dett Con	d Berteu	ior
					s				
4. Payee Inform	nation = 3	- First Area of the		Add	Remove	The same of the sa	gradus Pro	1.5	
	ing Address & Phone			b. Coordina			d. Comu		
(include city, stat	te, & zip)								
Romento	tion Kayand								
/ (Source	er reware	•		c. Level Reg					
				Federal State	=	County:	v e Electic	n Sum to Date	
				3000		TVIO III CIPART		II SWII IU DAU	
							\$ /	2.00	
. Account Code	g. Form of Payment	h. Purpose Codc	i. Date (1	mm/dd/yyyy)	j. Amount	t k.	Required R	emarks	
-	ch.L	<i>(</i>)	16-1	1-09	\$	1	214	1 /2/	1.6
	Crep		7	٠, ب	\$	- 7	1 10	e redica	ou or
			<u></u>	-	Ψ	1/	o be u	intracted	-
5. Total only thi							<u> </u>	3/2	<u></u>
	CRO-1310 Pages		_	, ;					
•	line 13a of Detailed Sum						\$		
	line 13b of Detailed Sum								
	line 13c of Detailed Sum				реници	, 63 /			
	odes (List detailed					D T- 4-	other Co-		
A* - Media E - Salaries	B* - Printir	9		i ndrais ing itical Party			other Candi	ndate c Office Exp	nem sec
t - Salanes L - Postage	F* - Equip r J - Penaltie			ffice Expen			-	egal Expens	
O* Other	J - renalite	- 0	0	me Lapen		Z - DOIL	LEGIT CO L	-Par ryhens	c r una
	e detailed explanati	on in required r	e <u>m</u> arks	field (k)					

Dis	hn	rser	nen	ıts
1/17	174	1301	HC II	LLO

	W	- (1	Amendment	
Pg	4	of 24	Amendment Yes	☐ No

1. Committee	Full Name (and Fu	nd if applicable)		i			2. ID	Number	
		1.66	-	/	•				
3. Type of Dis	hursement (Place	e use separate C		O forme for		ne of Dish	urcomant)		
Operating Ex		ntributions to Candid						Expenditures	
4. Payee Infor		i.d 10 diffolis to Callete	ales/ FOIT	Add				Experiencia	
	Mailing Address & Pl	ione.		b. Coordin			d. Com	ments	
(include city, state	-						-+-		
		17	4				but	lan Arts	
ZIX	Hil Fuelon S	pecco Zota	7	c. Level Re			Coa	neil	
Darkon	Arts Council			Federa		Courty:	1 4		
				State		Municipal	e. Electi	on Sum to Date	
							\$	50.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amour	nt !	k. Required		
	1.1				\$		5	1 Svent	-
	crest		5-	13-09	¢		Species	maj	
					Þ				
4. Payee Infort		<u> </u>	. Ц	Add L					`-1'
	ling Address & Phone			b. Coordina	ted Commi	ttee Name	d. Comu	nents	,
(include city, sta				-			ben	kan Ast	_
Elix P	bil Freebon c	Speed Eve	note.	c. Level Reg	istered (Sp	ecify)		-	-
	Arts Coencil			Federal		County:	- Cour	il Sug	
bushen "	Moloenal			State		Municipalis	y e. Electi o	n Sum to Date	
							\$		
		,						100.	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	t k	.Required R	emarks	
	ches	0	6-1	3-09	\$		Justin	Arte Corn	iil_
				-	\$	•		,	
4. Pavee Inform	nation 13.7 11 %			Add 📗	Remove		3 M. 1 6	C	N . [
	ing Address & Phone			b. Coordinat			d. Comm		$\neg \neg$
(include city, star	te, & zip)						1	T#//	
1	on Kounds (1. B.					_ Weh	n cona	
V 808MAN	on raines	To Be	7)	c. Level Regi			1	ファ	
	ON	Minbu	W)	Federal	_	County:	110	neum	
IN-PERS	ON			State		Municipality	e. Electio	n Sum to Date	
1141							\$ /	200	
Acceling the 2	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	i. Amount	k.	Required R	emarks	
					\$ -		1.17/		1 t
DURHAM	BOETER	0		29-09	_	kc	WW/A	ia lange	1110
DOMINIO					\$				
5. Total only th	is Page			<u> </u>			: \$ _	62.00)
6. Total of ALL	CRO-1310 Pages					-			
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Ope	rating Expense	:5)		\$		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	00 if Con	trib to Candida	ites/Politic		, *		
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coo	dinated Party	Expenditu	res)			
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printir			ındraising			other Cand		
E - Salanes	F* ⋅ Equi p r			itical Party			-	Office Exper	
I - Postage	J - Penaltie	es	K* - O	ffice Exper	ses	Q* - Dona	ition to Le	gal Expense I	und
O* Other									
 Codes requir 	e detailed explanati	on in required r	emarks	field (k)					

Disbursements

Pg 5 of 25 Amendment Yes Use this form to report expenditures from the committee for operating expenses, contributions to cand.date/political committees and coordinated party expenditures

1. Committee	Full Name (and Fu	nd if applicable)						2. ID Number
R	1 11.1	1/1	/	• -				
3. Type of Dis	hursement (Place	e use separate Ci		O forms for		tune of Di	hurse	oment)
Operating Ex		ntributions to Candid						ted Party Expenditures
4. Payee Infor			Г	Add				
	Mailing Address & Pl	none		b. Coordina			ne	d. Comments
(include city, state	e, & zîp)							DIACON
1 -	r- 12.1	1 To the 11)					oco cora
Kesevale	ton Remards	free	w/	c. Level Rep				PITT
			J	Federal State		County:		e. Election Sum to Date
				State		wunce	Jany.	e. Election Som to Date
								\$ 12.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	unt `	_	quired Remarks
	chel		9.	29-09	S		D	At Card Protestion
					\$			
4. Pavee Inform	nation			Add	Remo	îve -	,	The part of the pa
	ling Address & Phone			b. Coordina			e e	d. Comments
(include city, sta		- IN-PE	EDQ/	1 10			_	WEB Site Bearing
Alas 4	Thy Social	- 1111-1 L						apprade
NITE	ny Guzar	ALIC	ω Q 201	c. Level Reg	stered (- July and
Wet S	te Benga	AUU	0 0 20	Federal		☐ County: ☐ Municipa	alita:	Election Sum to Date
-		DUD!				TAIR metho	anty.	
		DURH	AW E	SO E				\$ <i>400.0</i> 0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Rec	juired Remarks
	check	A	11-	26-09	\$		WE	A SITE DESIGN
					\$			A GAANE
4. Payee Inform	nation		T	Add [Remo	ve TA		W CARDE
	ing Address & Phone			b. Coordinat			_	. Comments
(include city, sta-	te, & zip)							Dittal
0 1.7	to Rando	Mole						Nama Cona
Keooval	ar reaction	1 embure	u)	c. Level Regi	tered (S		,	Protection
		,		Federal	F	County:	, F	Electe Compt D
				State		_ Municipal	nty: e.	Election Sum to Date
							;	s 12.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Arnot	int	k. Req	uired Remarks
-	1.1	^	10:	19-09	\$		1.1	It and Note
	Men		100	2101	\$		CHIL	y Cora. I mellinga
- m . 1 . 1 . 1			 	· ·	Ψ			1/2/20
5. Total only th								\$ 424.00
	CRO-1310 Pages			_,`		•		
	line 13a of Detailed Sum					· · · · · · · · · · ·		\$
	line 13b of Detailed Sum line 13c of Detailed Sum							
	odes (List detailed				ш.рели.	-		
A* - Media	B* - Printing			indraising		D - To A	nothe	er Candidate
E - Salaries	F* - Equip	0		itical Party				Public Office Expenses
- Postage	J - Penaltie			ffice Expens	ses		_	n to Legal Expense Fund
O* Other				•		_		· .
* Codes requir	e detailed explanati	on in required re	marks	field (k)				

Dis	hu	TSA	me	nts
DI3	vu	130	1115	1113

			_	Amendment	
Pg	6	of	24	☐ Yes	□ No

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
Ru	1 that	1/1	1/	• •		
3. Type of Dis	hurcement (Plan	e use separate C	771	Contraction of the	es al type of D	Sichuream arr
Cperating Ex		entributions to Candid				Coordinated Party Expenditures
4. Payee Infor		· · ·	I Carrotte		Remove	Soldinated Farty Experiences
	Mailing Address & P	none			ated Committee Na	ame d. Comments
finclude city, state	_					
DIAC CO	Her Cafe				gistered (Specify)	
 				Federal	= '	
				State	Munic	ipality e. Election Sum to Date
						\$ 1.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	\wedge	12-	18.09	\$	coffee while travely
					\$	The state of the s
4. Payee Inform	motion :		<u> </u>	Add	Remove	
	ling Address & Phone	INID		,		me d. Comments
(include city, sta		IIV-P	EH2	UN OI GILL	ted Committee Nar	The Commences
		,		1		
Dlue C	offee Cafe	≤ AUG	08 20	Level Reg	istered (Specify)	1 . 4
				Federal	= '	Carrie Carrie
		DURH	HAM E	DEState_	Municip	pality e. Election Sum to Date .
				!		\$ 5.33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
	0 1				\$	abit
	Check	<u> </u>	12-	18-09		Harristone.
					2	<u></u>
4. Payee Inform		er en		Add∷∫□	Remove -	zvatter i tra
	ing Address & Phone			b. Coordinat	ed Committee Nam	d. Comments
(include city, star		A		\		Debit Cord
Kroewal	ion Koundal	16 Berlul	weed	a Lovel Pagi	stered (Specify)	Protection
,	•			Federal	County:	- Trouston
				State	Municip	
						•
						\$ 12.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnount	k. Required Remarks
	محريمان	0	12-	29-09	S	Dehit land Pertution
					\$	
5. Total only th	is Page			 		\$ 18.95
						3 70.75
	CRO-1310 Pages					
	line 13a of Detailed Sun line 13b of Detailed Sun					\$
	line 13c of Detailed Sum					•
	odes (List detailed					
A* - Media	B* - Printing			indraising	D.To	Another Canadate
E - Salaries	F* - Equip	0		itical Party		olding Public Office Expenses
- Postage	J - Penalti			ffice Expens		onation to Legal Expense Fund
O* Other	d a series				Q 20	
* Codes requir	e detailed explanati	on in required r	emarks	fie <u>ld (k)</u>		

Dis	bursements	
ω	our semicines	

				Amendment	
Pg	1	οſ	29	☐ Yes	☐ No

1. Committee	Full Name (and Fu	nd if applicable)		j			2. ID Number
Bu	1 4.0.1	1/1	/				
3. Type of Dis	shursement (Plas	e use separate C		O forms for		of Dichars	ement)
Operating Ex		entributions to Candid		-			ited Party Expenditures
4. Payee Infor					Remove		,
	Mailing Address & P	none		b. Coordina	ted Commit	tee Name	d. Comments
finclude city, stat	e. & zip)		<u> </u>				Debitland
Kosewal	tor lavands (10 me rem	own,	c. Level Reg			Dtt
				Federai	=	County	1 Notes Lion
				State		Municipality	e. Election Sum to Date
						7. 2	\$ 12.00
. Account Code	g. Form of Payment	h. Purpose Code	$\overline{}$	mm/dd/yyyy)	j. Amonat	k. K	equired Remarks
	chedo	0	12	19-10	\$	\mathcal{Q}	I Card Protection
			1		\$		
. Payee Infor	mation			Add	Remove		· · ·
	ling Address & Phone			b. Coordina			d. Comments
(include city, sta		100	, - j			_	Dehitord
Kennin	to levert	170 De rem	DOG	Level Reg	stered (Spec	rifyl	A
/ wome		~ IN-PE	HSO	Federal		ounty.	Votestin
				State	☐ N	Aunicipality:	e. Election Sum to Date .
		AUG 0	8 2011				\$ 12.00
Account Code	g. Form of Payment	h. Purpose Gede	A A A A	dd/yyyy)	j. Amount	k. Re	equired Remarks
-	11	DUNN	3-1		\$	D	hit Cord Potenton
	- Constant		J. 7	70	\$	- F-C	W Som Marine
Payee Inform	mation			Add,	Remove		_ · · · · · · · · · · · · · · · · · · ·
	ling Address & Phone			b. Coordinat	ed Committe	ee Name	d. Comments
(include city, sta							Commissioners
N. a I	of Washingto	m DC		c. Level Regi	tered (Speci	ifv)	Conference DC
MONUON	was in great			Federal		ounty:	Conference NC
				State			e. Election Sum to Date
							\$ 9.15
Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Arnount	k. Re	quired Remarks
	chest -	H	3-1	2-10	S		- Subsition
				<u> </u>	<u></u>		
. Total only th	is Page	<u> </u>		<u>.</u>	_	:	\$ 33.15
	L CRO-1310 Pages	-				-	
	n line 13a of Detailed Sun	nman Page CRO-11	00 if Ope:	ating Expense	5;		c
	n line 13b of Detailed Sun					Comm) .	\$
	n line 13c of Detailed Sun						
Purpose C	odes (List detailed	expenditure code	in (h.)	above) ·			
* - Media	B* · Printi			indraising	$\overline{\mathbb{D}}$	- To Anoth	ner Candidate
- Salanes	F* · Equip			tical Party			Public Office Expenses
				•			
- Postage	J - Penalti	es	K* - O	ffice Expen	ses Q	* - Donatio	n to Legal Expense Fund
- Postage)* Other				·	ses Q)* - Donatio	on to Legal Expense Fund

Disbursements

	3)	20	Amendment	
Pg	<u>0</u>	01 2 9	Yes	□ \∞

	Full Name (and Fur					_	2. ID Num	ber
Benen	1 Hourston	to land	/m	ne second				
3. Type of Dis	bursement (Pleas	e use separate C	-0177 RO-137			of Disbur	semeni.)	
Operating Ex		ntributions to Candid	_				ated Party Exper	ditures
4. Payee Infor		·		Add [Remove			_
	Mailing Address & Ph	ione			ated Committ	tee Name	d. Comments	
include city, state	_						NA	<u></u>
	Sea Food for DC			c Lava) Por	gistered (Spec	-if-e-	The Co	fanence t
2000	/ /			Federal		County	Sular	£
Wander	for DC			State		Aumeipality:	e. Election Sur	m to Date
woming							s 3/.	15
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Ameunt	k. I	Required Remar	
	che L	M	2- /	2-10	\$	6	manne	Slout
					\$,	
Dawes V-f		<u></u>		Add	Remove			. <u> </u>
Payee Inform				b. Coordina		n Name	d. Comments	<u> </u>
iruli Name, Maii (include city, sta	ing Address & Phone	IN-PER	SUN	b. Coordina	CO COMMINECTO	ı :vaine	1 1	
- /	1			-			Stockla	ne
hacker	Sand	AUG 08	2011	c. Level Reg	istered (Speci	ify)	DCC	Jeserce
	,			Federal	☐ C	oun(y	, , , ,	Justice
Chester	VA.	DURHAM	ROF	State		lunicipality	e. Election Sun	n to Date
		ארווויסם	DOL	•			\$ 9 /	
	···	1	I		T	-	3 7.6	
Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)		k. K	equired Remark	<u></u>
	clerk	H	3-/	5-10	\$		Maistone	<u>. </u>
					\$			
Payee Inform	ation			Add 🚽 🗖	Remove		<i>:</i> .	
	ing Address & Phone			b. Coordina:	ed Committe	e Name	d. Comments	
(include city, stat	te. & zip)						0.11	
0	tión Lewords	150Be	,				Dema	ora
Kesevai	ion Levoral	remb	(ابس	c. Level Registered (Specify)			Protec	tion
				Federal				
				State	L. M	unicipality	e. Election Sum	tc Date
							\$ 12.	00
Account Code	g. Form of Payment	h. Purpose Code	i Date (1	nm/dd/yyyy)	i. Arnount	k R	equired Remark	
	10	0			5	1	14/1	P.++.
_	week _	<u> </u>	ے.ک	19-10	-	- 641	W Corll	ween
					\$			
Total only th	is Page	•					·s 53.	2 ()
Total of ALL	CRO-1310 Pages						,,	
	line 13a of Detailed Sum	man Page CRO-11	00 if Ope	rasing Expense	:5)		\$	
	line 13b of Detailed Sum					Coinm;	J.	
	line 13c of Detailed Sum							
Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				
* - Media	B* - Printin			undraising	D	- To Anct	her Candidate	
- Salaries	F* - Equip	3		itical Party			g Public Offi	
- Postage	J - Penaltie			ffice Expen				Expense Fund
* Other							_	
Codes requir	e detailed explanati	on in required r	emarks	field(k)				

Disbursements	מ	g 9 of 24	Amendment Yes No	
Use this form to report expenditures from the committees and coordinated party expenditures	ommittee for; operating expen			
commutees and coordinated party expenditures				
Drend Sowerto Va	De Count Com			
Operating Expenses Contributions to	Candidates/Political Committees	Coordinated	Party Expenditures	
			Community (2-7-2-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	
Daniel Bourseles		/	Nanture	
Reservation Rowards	☐ Federal	County:	700	
(1)	State	Municipality:	excitation to the	-PERSON
			\$24.00	AUG 0 8 2011
Jant 1	6-29-04 5	6/2 82	The state of the s	1
Magr 0	0/-1	12.00	D(RHAM BOE
wiff 2		1200		
D. 4 Pa ()		ı	Mainten fee	
Remation Records	Federal	County:	Debit Esig	1
() per reconstitus)	State	Municipality:		
			\$ 22,00	•
Must 0	17/21/2	120		
1	12/31/10	e i v		-{
Lluft 0	10/30//	3/81 00		
Overdroft fee	Federal	County:	averduft Lew	
1	☐ State	Municipality:		
			\$ 36.00	*
	9/11/1	\$ 4		
duft	8/10/10		verduft fer	4
		3		4
			\$ 82.00	-
(This line goes in line 13a of Detailed Summary P		•	\$	
(This line goes in line 13b of Detailed Summary P (This line goes in line 13c of Detailed Summary P	•	•		1154
B* - Printing		T 7- 4-	other Candidate	
E - Salaries	G - Political Party	z zasita	metang kenis Badaret	
J - Penalties		O* - Othe	r Tagada Maria Maria Maria	

Disburse	ement	ς

/= -	Amendment
Pg 10 of 29	Yes D No

COMBIDITIONS ATT	<u>a coordinated party c.</u>	xperiulatios					
1. Committee	Full Name (and Fun	d if applicable)		,			2. ID Number
Bene	Lawreton :	to lount	/m	ressor	u		
3. Type of Dis	bursement (Please	e use separate Ci				of Disburs	ement.)
Operating Ex		ntribut ons to Candid	_				ited Party Expenditures
4. Pavee Infor					Remove	-	
	Jailing Address & Ph	опе			ted Committe	ee Name	d. Comments
(include city, state	_						DUKE CHILD +
/ 4	111	w. C					
Center	Forch- Kr	KE CHILA	f		istered (Spec		FAMILY CTR
/1	Fork-A	MILL Com	~~	Federai	=	ounty	DONATION
CA	, ,	THE CENT		L State		lumeipa.ity	e. Election Sum to Date
							s 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Date /	mm/dd/yyyy)	i Amount	k. R	equired Remarks
I. McCount Code	g. 1 othi of 1 2 yilledi	II. Turpine cour			S		
	check	0	7-2	1-10	 		WATION - DURG-
					S		
4. Payee Infori	nation			Add .	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordina	ted Committe	e Name	d. Comments
(include city, sta	1c, & zip)	IN-PER	201				Clark
1	///	- 114 1 1-11	COI				Check
Kark	MUKS.	ALIC A 9	2011	c. Level Reg			Order
		AUG 08	2011	Federal	===	ounty:	- Floring Company
		5.151.44		State		unic:pality.	e. Election Sum to Date .
		DURHAM	BOF	1			\$ 26.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	kRe	quired Remarks
	.//	4	_	12.10	\$		L. L. A.la.
	LNUS.		7.	12-70			year craer
					\$		
4. Payee Inforn				Add. 🗇 🔲	Remove -	<u> 11 3. 5.</u>	<u>'</u>
	ing Address & Phone			h. Coordinas	ed Committee	. Nапие	d. Comments
(include city, stat	te, & zip)						
RADI	enthouse			c. Level Rega	tourd (Empel		_
• - •				Federal		univ:	colot. 1
Prehla	PAR ALL			State			e. Election Sum to Date
7 200 400						,	
							\$ 8.40
. Account Code	g Form of Payment	h. Purpose Code	i. Date (1	em/dd/yyyy)	j. Armount	k Re	quired Remarks
	11	4)	9-2	G - //	\$	1 <	aboustonce
	Cres		72	70_	<u> </u>		and the same
					<u> </u>		A-7 A
. Total only th	is Page					:	5 84.40
5. Total of ALL	CRO-1310 Pages						
	line 15a of Detailed Sum	mar, Page CRO-111	00 if Oper	rating Expense	·\$;		\$
	line 13b of Detailed Sum					Conm) .	T
	line 13c of Detailed Sum						
. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)			
A* - Media	B* - Printir			indraising	D	- To Anoth	er Cand date
E - Salaries	F* · Equip	0		itical Party			Public Office Expenses
- Postage	J - Penaltis			ffice Expen			on to Legal Expense Fund
O* Other				•			
Codes require detailed explanation in required remarks field (k)							

Dichnecom	a nt s			- //	Amendment Yes D	No
Use this form to	report expenditures fr	rom the committe	ee for; operating ex	rg // contrib	Amendment of 24 Yes utions to candidate/political	NO
committees and o	coordinated party exp	enditures				
Thou I	Noust	> Pasi	Part 10	44444		
Care of Distr	A PGCCI XX					
Operating Expe		ributions to Candidat	tes/Political Committee	s 🔲 C	oordinated Party Expenditures	
AND	aling address a Vic				ne d'English	
(include city, state		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Reservati	~ Revarde	A	e ee ke	jaterie (Specify)	Debt Conf Scotester	ا ر
(TO Be	Revard	<i>y</i>	Federal	Count	y: Y	
			☐ State	Munic	ipality: Election Sum to Date	
		Carrente of the same	f Date (midely v. 7)		\$ / 2 , 3) R. Required Remarks: 45	
f. Account Code.	g. Form of Payment.		11-30-39	S		
	Suft	۵	11-50-1		Deb + Court protect	
				\$		
The second of the second of the		e de la companya del companya de la companya de la companya del companya de la co	L			
(include city, sta	ing Address & Phone te, & zip)			Action of the second second	ars d Comments	
Wite A	id Itace	IN-PER	SON			1
1			☐ Federa	さることなるないということできます いっかんちゅうしょう		
		AUG 08	2011	☐ Muni	cipality: e. Election Sum to Day	
		DURHAN	A BOE		\$11.56	
f. Account Code	g Form of Payment	ESTATE VOICE	Take Lamiddlyyy) j. Amount	K. Reginced Remarks.	
	Check	K	12-16-09	\$ \$	Stationer	
			'	\$		·
	ing Address & Phone		A Consili	niet Committee)	ense d'Acuments	77.67
. /	Hitel (40	Jan.))			1 BC Cort	eren on
Hayett	Artel (70	rage !	Feder	al Cour	Ty: Elononi De	and love a
1 1 9			State	=	icipality: e. Election Summa Par	
			-		\$ 544.53	2
L'Account Code	e di Gentalia di Antone la c	L. Parpuse Code	XPACO OFFICE VAN	i Ammi	particular terminal	
	Charle	<i>H</i>	7/1/09	7 s	Elonomie De	July 1
-		1	1	\$	Par land)
					S 1/20 A	7
99 ne					3 J88. U	4
	in line 13a of Detailed Su				\$	
	in line 13b of Detailed Sui in line 13c of Detailed Sui		-		omm)	
	Professional Strategic Str	and meet and make have a feet on a constant			To Another Candidate	
E - Salaries L Postage	F ₹ Forti		G - Political Par		Howing Public Office It - Other	xpeuses.

Disbursements

1-	~ /	Amendment	
Pg /2	of 24	Yes	□ No

1. Committee	Full Name (and Fun	d if applicable)				2. ID Number
Branda Hoveston In Court Commission						
3. Type of Dish	nursement (Plass	e use separate Ch				isbursement.)
Operating Exc		ntributions to Candida				Coordinated Party Expenditures
4. Payee Inform		in reactions to carrele		Add		
	failing Address & Ph	опе			ted Committee Na	
(include city, state	-					Debt Cord
0 1	- 11 1				<u>.</u>	bun con
Kosevali	in ladado)		istered (Specify)	P.t.t.
	Frode.	continued)	/	Federal	☐ County	10070000
	(1)			State	iviumici	E. Election Sum to Date
						\$ 12.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	1/2/	0	4	29.10	5	Det Cad Protestion
	· · ·		-	- 1_1 - 1	\$	
4. Payee Inform	nation	<u> </u>		Add .	Remove	
	ing Address & Phone	· · · · · ·			ed Committee Nan	ne d. Comments
(include city, stat	-	IN-PE	KSC	NV -		
						Ludiaiser
Fuelon	Fred Row	er AUG O	8 2011	c. Level Regi	stered (Specify)	
	<i>y</i> ,			Federal	County:	
		DURHA	M BO	State	Municip	pality e. Election Sum to Date .
				1-		\$ 66.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
, Account Code	1 1	A -			\$	11.
	chek	DC	<u> </u>	20-10	Ψ	tual ruser
					\$	
4. Payee Inform	ation			Add 🗐 🔲	Remove	
a. Full Name, Mailí	ing Address & Phone			b. Coordinat	ed Committee Nam	ne d. Comments
(include city, stat						Debit Cord
la de To	- Reacho			177	*** *****	
Rosewares	To be sen	, ,)		c. Level Regis	stered (Specify) County:	Protection
(10 He ren	elvery)		State		c. Election Sum to Date
						\$ /2-00
f. Account Code	g. Form of Payment	h. Purpose Code	L Date (mm/dd/yyyy)	j. Arrount	k. Required Remarks
	diel		1.	1-10	\$	Dilla & Ditetion
		<u> </u>			\$	The Court of the Court
		<u> </u>			<u> </u>	
5. Total only th	is Page				·	<u> </u>
6. Total of ALL	CRO-1310 Pages					
	line 13a of Detailed Sum					\$
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	00 if Con	trit to Candida	ites/Political Comm	T /
	line 13c of Detailed Sum				Expenditures;	
	odes (List detailed					
A* - Media	B* - Printii			undraising		Another Candidate
E - Salaries	F* - Equip			litical Party		Iolding Public Office Expenses
I - Postage	J - Penalti	es	K* - 0	ffice Expen	ses Q× · D	onation to Legal Expense Fund
O* Other	n detailed and in			- Sold (1-)		
Cours regulf	e detailed explanati	on in reduired r	em <u>ai Ks</u>	therd (K)		

Pg	13	of 29	Amendment Yes	□ \0
		· - 7		

	Full Name (and Fur					2. ID Number
Buna	La Houseton	In Court	smo	usacore	<u> </u>	
3. Type of Dis	bursement (Pleas	e us <i>e</i> separate C	RO-1310	oforms for	each type of Dis	bursement.)
Operating Ex	menses Co	ntributions to Candid				ordinated Party Expenditures
4. Payee Infor		<u> </u>		Add [] Remove	
I	Mailing Address & Pr	ione		b. Coordina	ited Committee Nati	ne d. Comments
Cinclude city, state	k for Good			c. Level Reg	gistered (Specify)	- Frank Lavier
Maylord				State	Municip.	ality e. Election Sum to Date
						\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
	chool	L C	1/	5-10	\$	Food Naise
		-			\$	
4. Payee Inform	nation			Add .	Remove :	
	ling Address & Phone				ted Committee Name	e d. Comments
(include city sta	te Karin)	17 Be 100	Jam	,)		Del Lord
Reservation Reacids (To Be reintrust) Level Registered (Specify) Federal County						
State Municipality e. Election Sum to Date .						
						\$ /2.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Required Remarks
	check	0	6.2	19-10	\$	Delot land Protection
					\$	
4. Payee Inform					Remove ()	
	ing Address & Phone	IN D	-DA	b. Coordinate	ed Committee Name	d. Comments
(include city, sta	te. & zip)	IN-P	FHS	ON		1
Porell su	ill <i>Steak le</i> W	ne		n Lovel Peri	stered (Specify)	
1	11/	AUG	08 20	Federal	County:	Subintone
Keno K) V			Suit	Municipal	e. Election Sum to Date
		DURI	HAM			\$ 19.24
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	am/dd/yyyy)	j. Arrount	k. Required Remarks
	11	H	2-1	9-10	\$	Sulvistance
	cree .		7-7	, ,	\$	30000
5. Total only th	is Page					5 131.24
						3/3/.29
	CRO-1310 Pages	P CPO 111	10 if Open	arino Evnanco		
	line 13a of Detailed Sum Line 13b of Detailed Sum					\$
-	line 13c of Detailed Sum	• -				
	odes (List detailed					
A* - Media	B* - Printir			ndraising	D - To A	another Candidate
E - Salanes	F* - Equipr	3		tical Party		Iding Public Office Expenses
l - Postage	J - Penaltie			fice Expens		nation to Legal Expense Fund
O* Other						
Codes require detailed explanation in required remarks field (k)						

Disbursements

				Amendment	
Рg	14	oſ	21	Amendment Yes	□ No

1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number	
R	11/4	1/1		• -				
3. Type of Dis	hurcoment (Place	e use separate C		O formator		i.h		
Operating Ex		ontri butions to Candid					tec Party Expenditures	
4. Payee Infor		and rounding the Candid	dies, on		Remove	2001011110	ice Tarry Experiences	
	Mailing Address & Pl	hone			ated Committee Na	me	d. Comments	
(include city, state	-							
Atla	is Cyster/s	Cli						
Muan	is cysmils	WATU			gistered (Specify)		5/1/	
				Feoera.	. <u>П</u> Соилеј Милис	•	e. Election Sum to Date	
				State		ipant)		
							* 20.23	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
	check	H	7-1	19-10	\$	\leq	elsistènce	
					\$			
4. Payee Inform	nation	· ·		Add	Remove			
	ing Address & Phone			b. Coordina	ted Committee Na	me	d. Comments	
(include city, sta							De bit Cord	
Kongurita	To Be rem	`		a Zanal Das	istered (Specify)	 -		
10000	do 10	1-1		Federal			Putation	
Γ	To see seen	www.					e. Election Sum to Date	
C							•	
							<u> </u>	
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		kRe	quired Remarks	1
	del	0_	72	19-10	\$	bles	I Coul Potest	m
					\$			
4. Payee Inforn	nation	The same of		Add .	Remove			
	ing Address & Phone	IN DEDCO	AL I	b. Coordinat	ted Committee Nan	ne e	L Comments	
(include city, stat	te, & zip)	IN-PERSC	<u>'IV</u>					
Whole A	sido	AUG o 0 0011		o I aval Pagi	stered (Specify)			
W/W/W/		AUG 0 8 2011		Federal	County:		Selventer	
		DUDUAN DO		State	Municip	14	. Election Sum to Date	
		DURHAM BO)E				\$ UAA	
					1	127-	<u> </u>	_
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		E Rec	uired Remarks	
	chell	\triangle	8-5	-10	\$	Du	su lonce	
					\$	_		
5. Total only th	is Page		-			7	\$ 36.23	\Box
6. Total of ALL	CRO-1310 Pages							
	line 13a of Detailed Sun						\$	
	line 13b of Detailed Sun					1) .	•	1
	line 13e of Detailed Sum				Expenditures)			4
	odes (List detailed					<u> </u>		_
A* - Media	B* - Printi	U		ındraising			er Candidate	
E - Salaries	F* - Equip			nical Party. Mag Exper			: Public Office Expenses n to Legal Expense Fun	
I - Postage O* Other	J - Penalti	C S	и О	ffice Expen	ses (A. D	Otia [10	n to Legal Expense Fur	ű
	e detailed explanati	on in required re	arle ema	field (1)				

Dis	hn	rse	me	ents
	~ •		,,,,,	- 11 60

Pg / ol / L Yes L N	Pg	15	or 29	Amendment Yes	□ No
---------------------	----	----	-------	----------------	------

 Committee 	Full Name (and Fu	nd if applicable)					2. ID Number
\mathcal{L}	11/4	1/1	1/	• -			
2 Transcor	a Moution	In County		<u>ussesse</u>		- CD	.1
3. Type of Dis Operating Ex		e use separate <u>C</u> entributions to Candid			_		oordinated Party Expenditures
4. Pavee Infor		· ·	Jales, Pont			nove	Bolematee Party Experiente Es
	Mailing Address & Pl	none				ommittee Na	me d. Compnents
finclude city, state	-						
Circle	L						Las for Kaleich
CIRCLE	X			c. Level Re			
				Federal		County Municip	ZTARANTA
				State		- WILLING	e. Election Sum to Date
							\$ 21:27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Ar	nount	k. Required Remarks
_	chil	H	C -	30-10	S		Ras
			-0-	<u></u>	s		744
4. Payee Inform	motion :	· .		Add [1"	nove	
	mation ling Address & Phone					mmittee Nan	d. Comments
(include city, sta	te & zin)	•		U. COUL			N/1/
0	tion Rewon	11/11/1		1			Well Cord
Kesewa	lier Kewan	2010 12	<i>'</i>	c. Level Reg	istered	(Specify)	1 1 + t.
		Membe	usul	Federal		County:	MID/ELLIST_
				State		Municip	ality: e. Election Sum to Date
							\$ 12.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. An	no unt	k. Required Remarks
	10		_		S		n 1:1/ 1/1/-
-	check	0	<u>ت م</u>	0-10	-		Herr Cora Turun
					2		
4. Payee Inform		erse of the second seco		Add 🗖	Rem	ove	
	ing Address & Phone	IN-	PER	SON dina:	ed Cor	nmittee Nam	d. Comments
(include city, sta-				0011			
& Fun	D KABER 🖥	٨١	IS 0.8	d Level Regi	ctered	(Specify)	
•		, A	00 0 0	Federal	322744	County:	COMMUNITY CONTRACTIO
		DUI	NAA LIC	BOE"		Municipa	ality: e. Election Sum to Date
		וטט	JI (A)	DOE			\$ 1115
							66.62
Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arm	ount	k. Required Remarks
	clerk	0	9-13	1-10	\$,	SAMONIEV Contribution
					S		COMMUNITY Contribution
. Total only th	is Page	· ·					\$ 99.92
							3 //./2
	. CRO-1310 Pages				_		
	line 13a of Detailed Sun					htten' Comm	S
	line 13b of Demiled Sun line 13c of Detailed Sun						
	odes (List detailed						
A* - Media	B* - Printis			ndraising		D - To	Another Candidate
E - Salaries	F* - Equip	_		itical Party			olding Public Office Expenses
- Postage	J - Penalti			fice Expens	ses		enation to Legal Expense Fund
O* Other							

Disbursements

• .	46	Amendment	
Pg //	01 X	l Yes	□ No

1. Committee	Full Name (and Fur	nd if applicable)					2. ID Number
R	111-4	1/1		• -			
3. Type of Dis	hursement (Place	e use separate CI	-571.	a fame for	ack two of Di	hvecor	
Operating Ex		ntributions to Candid					d Parry Expenditures
4. Payee Infor		· ·	iles 7 of t	Add :		·	a runcy carpenatestes
-	Mailing Address & Pt	ione			ted Committee Na	me (i. Comments
(include city, state	•			4. 00			11 1 1 t-
							Kaleigh Mating
Village	DI				istered (Specify)		elle a
,				Federai		-	XA5
				State	Munici	painy e	. Election Sum to Date
							^{\$} 33.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
	chel	H	10-	7-10	\$	ـ ا	SAS
		1			\$	T^-	
4. Payee Inform	nation .			Add 🔲	Remove		
a. Full Name, Mail	ling Address & Phone	-		b. Coordinat	ed Committee Nan	ie d.	Comments
(include city, sta	te, & zip)						
BENN	111.						
DEYU	Coffee				stered (Specify)) / · /
	• •			Federal State	County Municip	ality le	Election Sum to Date .
				State	Nidalelp		
							1.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Regi	uired Remarks
	dex	H	10-1	12-10	\$	But	sistare
					\$		
4. Payee Inform	nation	1. 19 1. 1		Add 🗆 🔲	Remove		3
	ing Address & Phone	INI DEDO	IAO	b. Coordinate	d Committee Nam	e d.	Comments
(include city, sta	te, & zip)	IN-PERS	DON				
R. tra	JAVA	****	014				
10000) JAVA	AUG 08 2	(011		tered (Specify)		11:1-
				Federal State	County:		Election Sum to Date
		DURHAM	ROF				
						\$	3.07
Account Code	g Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. Regu	ired Remarks
	- le D	uf	11-	12-10	\$	5	matine e
					5	GHA!	
	·	<u> </u>	_			<u> </u>	20 21
Total only th						: 5	38.36
	CRO-1310 Pages						
	line 13a of Detailed Sum					\$	
-	line 13b of Detailed Sum line 13c of Detailed Sum						
					Live terra/te/		
4* - Media	odes (List detailed B* - Printin			andraising	D To	1 nother	Candidate
E - Salaries	F* - Equip	○		nical Party			Public Office Expenses
l - Postage	J - Penaltic			ffice Expens			to Legal Expense Fund
O* Other	J - Chair		0	Zapana	Q D		Dear Expense I and
	e detailed explanati	on in required re	marks	field (k)			

.	•				
Dis	nn	rco	m	an	tc
כנע	W.	1 20	311		ιJ

1-		Amendment	
Pg /	of 3 4_	Amendment Yes	□ No

	d coordinated party e						10.00
1. Committee	Full Name (and Fur	nd if applicable)					2. ID Number
Burn	1 thurst.	1 /aunt					
3. Type of Dis	hursement (Pleas	an court of		a former for		of Dich	orcomant)
Operating Ex		e use separate Cl					cinated Party Expenditures
		ntributions to Candio		Add [Remove		Estated Fairly Experientates
a Full Name N	Anting Address & Ph	· ·		b. Coordina			d. Comments
tinclude city state	mation Marling Address & Ph	"IN-PERSO	NC	в. Сооталь	ared Country	tree .vanic	d. COMMEETS
		" LIIO	714				
Sor hu	eK5	AUG 08 201	1	c. Level Reg	gistered (Spe	ecify)	¬ ~ / · · ·
0.0, ,,,,,,,		HOO O O TO	1	Federal		Courty.	Subertan
		DUDUALA		State		Municipali	y e. Election Sum to Date
		DURHAM B	OE				s // 1
		1. 5			1-		1.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		. K	. Required Remarks
	del	H	10-	18.10	\$		Suleystone
					\$		
4. Payee Inform	nation			Add \square	Remove		
	ing Address & Phone		· <u> </u>	b. Coordinat			d. Comments
(include city, sta	-						P. L. 1 11 to
111	7						Maleigh Melling
CCAL	l			c. Level Reg	istered (Spe	cify)	
				Federal	=	County:	
				State	ا لــا	Municipalit	y; e. Election Sum to Date .
							\$ 807
f. Account Code	g. Form of Payment	h. Purpose Code	Dota (mm/dd/yyyy)	i Amount	ŀ	Required Remarks
. Account Code	g. Pothi of Payment	. I di post code					01:111
	check	7	10-	18-10	\$	^	alligh Nechon,
					\$		
4. Payee Inform	nation	- " " " " " " " " " " " " " " " " "		Add 🗆	Remove		
	ing Address & Phone			b. Coordinate	ed Committ	ee Name	d. Comments
(include city, stat	te, & zip)					-	Kaleigh Nating
1.1	L						parties wary
we				c. Level Regis			
				Federal Federal		oun:v:	
				State	N	/unicipality	e. Election Sum to Date
							\$ 27 1
. Account Code	- F	h. Pnrpose Code	: Data (r	nm/dd/yyyy)	i Amount	le.	Required Remarks
. Account Code	g. Form of Payment	ii. Thi pose Code	I. Date (I	mirac (SSS)		14	A SI II II
	Check	H	10-	18-10	\$		eleigh Machin,
					\$		
. Total only th	is Page						\$ 47.09
	CRO-1310 Pages	_ _					77.07
			la if Ones	anna Evnanca	15		
	line 13a of Detailed Sum line 13b of Detailed Sum					Conm	\$
	line 13c of Detailed Sum	• -					
	odes (List detailed						
A* - Media	B* - Printir			indraising) - To Are	other Candidate
E - Salaries	F* - Equip	<i>-</i>		itical Party			ing Public Office Expenses
: - Postage	J - Penaltie			ffice Expens			tion to Legal Expense Fund
O* Other	J - 1 0:14.419		0	THE LAPON	V	20114	cion to Degai Expense i und
	e detailed explanati	on in required re	marks	field (k)			

T .	1		
1 hc	hn	rsem	ents
ω	vu	120111	CHIC

	. 1		_	Amendment	
Pg	18	o!	ZL	Yes	No

1. Committee	Full Name (and Fur	d if applicable)					2. ID Number
R	11/1+	1/1		• •			
2 Transit Dia	a Mouclon	10 Courty C	_	<u>ussesse</u>		C Diskussi	
3. Type of Dis		e <u>use separate Ca</u> ntributions to Candid					ted Party Expenditures
4. Payee Infor		nin bunchs to Canala	ales/Pont	Add L	Remove	1 Coordina	ico Fa. V Experiencies
	Mailing Address & Ph	one			ted Committee	. Nате	d. Comments
findlude city, state		-		0.00010.20			1111
1.1							religh placing
CORNUL	Cay! Non	House			gistered (Specif		1 +
/	/ /			Federal		unty	asker lance
				State		inicipality.	e. Election Sum to Date
							\$ 24.21
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
	.1/	4	21	12.10	\$		hit
	(MX		10	20 10	\$		
. T					<u> </u>		
4. Payee Inform			<u>. Ц</u>	Add	Remove	, 7	1.6
	ing Address & Phone	INI. DE			ted Committee	Name	d. Comments
(include city, sta		/ IN-PE	HSE	₹N			
W Darken	Family For	_		c. Level Regi	istered (Specify	<i>i</i>)	//
	Fore	- AUG 0	8 2011	Federal	Cou		XIAS
				☐ State	Mut	nicipality.	e. Election Sum to Date
		DURHA	AM BO	DE			\$ 2162
							\$ 3/.53
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		. K. K.e	guired Remarks
	check		10-	25-10	5		<u>45 ' </u>
					S		
4. Payee Inforn	nation			Add	Remove :		
	ing Address & Phone			b. Coordinat	ed Committee !	Name (i. Comments
(include city, stat	te. & zip)						Retil Cord
1	t. 1	1/Th Bo)				1
Resentas	tión Remai	20 (10)	سرمد		stered (Specify		Protection
		Keine		Federal State	Cour	-	Floring Francis Des
				L. State		ne party.	. Election Sum to Date
							\$ 12-00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnount	k. Rec	uired Remarks
	11	\wedge	12 1	9-10	\$	1	11/1/1/1
	nex		10-2	7-70			u cara risulus
					\$		
5. Total only th	is Page	`_					5 67.74
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sum	mary Page CRO-110	00 if Ope	ating Expense	s.		\$
	line 13b of Detailed Sum					יית מונים	Ť
	line 13c of Detailed Sum		_		Expenditures;	·	
	odes (List detailed						
A* - Media	B* - Printir			ndraising			er Cand date
E - Salaries	F* · Equip			itical Party		_	Public Office Expenses
I - Postage	J - Penaltis	es	K* - O	ffice Expers	ses Q*	- Donatio	n to Legal Expense Fund
O* Other			,	C .14.0-3			
Codes requir	e detailed explanati	on in required re	em <u>arks</u>	neid (K)			

Disbursements	Dis	bu	rsei	nents
---------------	-----	----	------	-------

	10	. 11	Amendment	
Pg	14	of 2_4	Amendment Yes	No

1. Committee	Fuli Name (and Fun	d if applicable)		·		2. ID Number
K	1 that	1/1	/			
3. Type of Dis	hursement (Plans	e use separate Cl		O forme for		churcement)
Operating Ex		ntributions to Candid				pordirated Party Expenditures
4. Payee Infor		att 100.lons to Candida	ates/Fort	Add L	Remove	Contracted fairly Experientales
	Aziling Address & Ph	lone			ted Committee Van	ne d. Comments
finclude city, stake	-	10170		0.000,0.20		
						Debit Cord
Mounten	mu Fee				istered (Specify)	Protection
	to Kewads	•		Federal	= .	
rcowar	con Reubias	•		State	Municip	e. Election Sum to Date
				}		s 10.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Required Remarks
	charl	\bigcirc	10	19-10	\$	Ochilland Protection
	V-427		,		S	
4 Down Inform	nation			Add 🗆	Remove	
4. Payee Inform			<u>. had</u>	· · · · · · ·	ed Committee Nam	e d. Comments
(include city, sta	_	IN-PERSC)N	s. Coordina	COMMITTEE . Tam	0 14
- 1		7				renale
Penalty		AUG 08 2011		c. Level Regi	stered (Specify)	How Between
10	· L			Federal	County:	To the state of th
NSF	ten	DURHAM BO)F	State State	Мипістра	ality e. Election Sum to Date
,		DOI WITHIN D	_			\$ 2(-60)
f. Account Code	g. Form of Payment	h. Purpose Code	i Duto (mm/dd/yyyy)	; Amount	k. Required Remarks
. Account Code	g. Form of Fayment	n. Tarpose code			\$	O 1t
	check_	0	//-	1-10		I smalley
					\$	
4. Payee Inform	nation	en transport		Add: 🔲	Remove	
a. Full Name. Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, sta	te. & zip)]		
V	4.					<u> </u>
KANGER	00			Federal	stered (Specify) County:	- / / A-
,				State		Lty e. Election Sum to Date
						\$ 20.22
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Arnount	k. Required Remarks
	11	4	1/-/	1-10	S	MAS
	chetx				S	2073
		<u> </u>		-		
5. Total only th						\$ 66.22
6. Total of ALI	CRO-1310 Pages					
	line 13a of Detailed Sum					\$
	line 13b of Detailed Sum					
	line 13c of Detailed Sum				Expenditures;	
	odes (List detailed				- TO	
A* - Media	B* · Printin	5		undraising		Another Candidate
E - Salanes	F* · Equipa			litical Party		olding Public Office Expenses
I - Postage O* Other	J - Pencitio	es	ν • O	ffice Expens	ee (v - D0	nation to Legal Expense Fund
	e detailed explanati	on in required re	emarks	field (k)		
Codes Lengil	e acminea ezbinibati	on in teaultea ti	2111971 173	ijuu_Ki		

1 Committee	Full Name (and Fun	d if applicable)	_			2. ID Number	
1. Committee	run wane (and run	d if applicable)		• •		2. ID Halabet	
Duna	a Howeiton	to Court		roscore			
3. Type of Disl		e use separate Cl					
Operating Ext		ntributions to Candid	ates/Polit			Coordinated Party Expenditures	
4. Payee Inform				Add	Remove ted Committee Na	ame d. Comments	_
(include city, state	1ailing Address & Ph	ione		b. Coordina	ted Committee Na		
				1		Fondraisin	
7/1/0/102	CATERING			c. Level Reg	istered (Specify)	Event	
NOKE VNI	•			Federal	= '		
				☐ State	Munic		
						<u>\$335./D</u>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	CAS	w C	1-2	4-11	s	Fred RAISING EXE	N1
					\$		
4. Payee Inforn	nation -			Add 🔲	Remove		
	ing Address & Phone	IN DED	· -	· · · · · · · · · · · · · · · · · · ·	ed Committee Nar	me d. Comments	
(include city, stat	-	IN-PER	<u> </u>				
Returned	CID	•					
Kelumed	Check.	AUG 0 8	2011	c. Level Regi	stered (Specify)	Pt della	
		5		C Store	Munici		
		DURHAM	BOE			5 00	
						23.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Arrount	k. Required Remarks	
		0	1-2	7-11	\$	Returned Check	
	_				\$		
4. Payee Inform	nation	f en		Add 🔲	Remove		T
	ng Address & Phone			b. Coordinan	ed Committee Nan	ne d. Comments	
(include city, stat	e. & zip)						
111	40						
Not fus	Paper				stered (Specify)	01+	
ní				Federal State	County: Municip		\dashv
Dentem,	NC						-
						\$ 20.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	chil	K	1.	8-11	\$	Office Producto	ı
	<u> </u>				S	7/1	
5. Total only thi	is Page					\$ 380.52	┪
						<u> </u>	
	CRO-1310 Pages	n - Cha II	10:50				
	line 13a of Detailed Sun line 13b of Detailed Sun					S	
	line 13c of Detailed Sur					•	
	odes (List detailed				-		
A* - Media	B* - Printin			undraising	D - To	Another Candidate	┪
E - Salames	F" · Equip			litical Party		Iolding Public Office Expenses	;
I - Postage	J - Penalti			ffice Expens		denation to Legal Expense Fun	
O* Other							
* Codes requir	e detailed explanati	on in required r	emarks	field (k)			╝

T	•				
Dis	hn	TCA	m	Δn	10
כנע	vu	130	111	CH	13

Pg	2/	or 29	Amendment Yes	□ No
		+		_

	Full Name (and Fun					2. ID Number
1. Committee	run rame (and run	и и аррисавне		•		2. 11/ PUBLICE
Diena	a Howeston			resione		
3. Type of Dis		e <u>use</u> se <u>parate C</u> I	RO-131	0 forms for		
Operating Ex		ntributions to Candid	ates. Politi			ordinated Party Expend tures
4. Payee Infor					Remove	
	Mailing Address & Ph	ione		b. Coordinate	ted Committee Nam	d. Comments
(include city, state	- /					
DAM	's Clus			c. Level Reg	istered (Specify)	7
A.L.				Federal		Tand Lason
buston	1			State	Municipa	ality e. Election Sum to Date
						s 7. 7/
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k. Required Remarks
	cach			22-//	\$	Food
	Lham			- J.	\$	
4 Davisa Infan		<u> </u>		, LL ,	Remove	
4. Pavee Inform	mation ling Address & Phone		<u> </u>		ed Committee Name	d Comments
include city, sta	•	N-PERS	CUVI	b. Coordinad	ed Communec .vanac	1 111
			PHA	h		Fanklein
SAMO	Class	ALIC A R	0044		stered (Specify)	
- /		AUG 08	2011	Federal	County	700d
		DUDUARA		State	Municipa Municipa	lity: e. Election Sum to Date
		DURHAM	BOE			\$ 15.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	Amount	kRequired Remarks
	cash		<u> </u>		\$	1. 1
_	CON	-	7		\$	+ro4
4 Days Inform			<u> </u>			· · · ·
4. Payee Inform	nation ling Address & Phone				Remove	d. Comments
a. I till Name. Maili (include city, stat	-			b. Coordinan	d Committee . vank	
. / / /	Z 2.(p)					Fondstein
Wal May	,			c. Level Regs	tered (Specify)	11
1/				Federa.	County:	Lahola
Canada Art				State	Municipal	e. Election Sum to Date
						\$ 670
. Account Code	g. Form of Payment	h. Purpose Code	i Date (r	mm/dd/yyyy) [j	i Arnount	k. Required Remarks
Account Control	g. Form of Taylanda	,			\$	2//
	Carl		1-10	0-7/		oconeio
					S	
5. Total only thi	is Page	,				5 29.47
o. Total of ALL	CRO-1310 Pages					-,
	line 13a of Detailed Sum					\$
	: line 13b of Detailed Sum	-				
	line 13c of Desailed Sum				Expenditures)	
	odes (List detailed					
A* - Media	B* - Printin	D .		indraising		Inother Candidate
E - Salaries	F* - Equipm			itical Party		Iding Public Office Expenses
l - Postage O* Other	J - Penaltie	25	K* - O₁	ffice Expens	es Q* - Dor	nation to Legal Expense Fund
	re detailed explanatio	on in required r	oma rke	Sold (k)		
	E Utable Commission	On ill reduit ca is	THEFT	Deid iv		

T	1				
Dis	hn	TC	am	An	10
ديد	vu	13	CIL	C 1 1	

				4 mendmen 1	
Pg	22	oſ	29	□_ Yes	١,0

1. Committee	Full Name (and Fu	nd if applicable)			-		2. ID Number
R	11/1	1/1		٠ ــ			
E Mena	a Moulion			ronor		CD'I	
3. Type of Dis Operating Ex		e use separate C	_				sement.) nated Party Expenditures
4. Payee Infor		intributions to Candid	lates/PCRt		Remove	Coorgi	nated Party Expenditures
	Mailing Address & Pl	hore			ated Commit	tee Name	d. Comments
(include city, state	_	done.		b. Coordina	ateu Commune	ice stanic	1 1
	7			7			Find Raiser
Office	besot			c. Level Re	gistered (Spe	cify)	
12/				Federal	=	Courty	Codgo
Carron				State	<u></u>	Municipality	e. Election Sum to Date
							s 6.92
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. l	Required Remarks
	cash		1-5	2-11	\$	1	Ballen
_	- CO TA			<i></i>	ς		-
4 Danie T. C	- 1 •		<u> </u>	- 17 F	[Ψ]		
4. Payee Infort	ing Address & Phone	IN DEDC	<u> </u>		Remove "	. 31	d. Comments
include city, sta	_	ina-L⊏Ú9(VIV	b. Coordina	teo Committe	ee Name	
4		AUC O C oc.					Fond Laiser
Park.	Tue	AUG 0 8 201	1	c. Level Reg	istered (Spec	ify)	Parking Attendants
1000	+NC	DUBLING		Federal		ounty:	PANKING MURCHULS
Monion	ille	DURHAM B	0E	State	N	lunic:pality:	e. Election Sum to Date .
11.01000							\$ 157.50
			T		T	- I. D	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	mm/dd/yyyy)	. j. Amount	K. K	equired Remarks
	consh	<u></u>	/-	22-//	2		entrain lacking
		ļ			\$		•
4. Payee Inforn	nation		् <u>।</u>	Add	Remove	1	
a. Full Name, Maili	ing Address & Phone			b. Coordinat	ed Committe	e Name	d. Comments
(include city, star	te, & zip)						111
Wine M	1.1+						Findlaide
Wine M	ecran			c. Level Regis	stered (Speci		
				State	=	-	e. Election Sum to Date
						a south and it	
							\$ 143.39
. Account Code	g. Form of Payment	in. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnount	k R	equired Remarks
	cuch		1-2	2-//	5	-	I Il
		1			\$		
Takal and all	· n-						* 20701
5. Total only th							s 307.81
	CRO-1310 Pages						
	line 13a of Detailed Sun					_	\$
	line J3b of Detailed Sun						
	line 13c of Detailed Sum				Lipercuures		
	odes (List detailed					Tr. 1	
A* - Media	B* - Printin	0		indraising			her Candidate
E - Salames I - Postage	F* - Equipa J - Penalti			tical Party ffice Expens			g Public Office Expenses
0* Other	J - Penalu	ರು	ix · · U!	TIVE TYPER	ee Q	- Dotta H	on to Legal Expense Fund
	e detailed explanati	on in required re	marke	field (F)			
CDO 1510		Ora in reduited to	מיט לידי וייי	13010 (30)		-	

T\'-	1				
Dis	nı.	ırs	en	กคา	ารร

Amendment ☐ No

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
K	1 that	1/1	1/	٠ -			
3. Type of Dis	chursement (Plas	e use separate C		O forms for		vne of Dis	hursement)
Operating Ex		entribut ons to Candi					ordinated Party Expenditures
4. Payee Infor		,			Ren		
	Mailing Address & P	none		b. Coordin	ated Con	unittee Nam	d. Comments
include city, stat	e. & zip)						Fund Kaisin,
1-	a Part Rea	4.1					- Pench Boal
Mineria	a lang ICA	lats		c. Level Re		Specify) Courty	Perca Note
				State	, , ,	Municipi	ality e. Election Sum to Date
							s 30.17
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amo	unt	k. Required Remarks
	carl		1-	2/-//	\$		Puch Bolt + Mass
					S		
Payee Infori	mation			Add	Remo	ve .	
	ling Address & Phone			b. Coordina			d. Comments
(include city, sta	-	IN-PER	2COA				
CPC		114-1-6-1	1 OO!				
3/3		AUG 0 8	2011	c. Level Reg			-0.4
artage		AUG U G	2011	Federal	_	County:	Molage
		DUDUA		State		Municipa	dity e. Election Sum to Date
		DURHAN	N ROE				\$ 17.60
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Am10	ınt	k. Required Remarks
	chel	I	12.	14-11	\$		Parteci
					\$		
Payee Inform	nation	2.10		Add	Remo	ve .	v (* 1 g
	ing Address & Phone			b. Coordina	ed Comr	nittee Name	d. Comments
include city, sta	te, & zip)						
· 1	+					_	
an fairl	, ,			c. Level Reg	istered (S		
Anna	IT ANALY!	5/5		Federal State	H	County:	aty c. Election Sum to Date
V CCOUR	, ,,,,,,,					1 14.0 (1131)201.	_
							\$ 8.00
ccount Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnou	nt [k. Required Remarks
	che D	\wedge	21	8-11	S	_	Acquest dusting
	oruz .		2-12	77	S		ACCOUNT ANALYSES
		<u> </u>			3		
Total only th							<u>s</u> 55.77
	. CRO-1310 Pages						
	line 13a of Detailed Sun						\$
	line 13b of Detailed Sun						
	line 13c of Detailed Sum				Expendi	ures)	
	odes (List detailed					<u> </u>	
ʻ - Media	B* - Printi:	_		ndraising			nother Candidate
- Salanes	F* - Equip			itical Party	cor		lding Public Office Expenses
PostageOther	J - Penalti	es	V • O.	ffice Expen	265	$Q_+ \cdot D01$	nation to Legal Expense Fund

Disbursements

			Amendment	
Pg	<u>29</u>	of 25	Yes	□ No

1. Committee	Full Name (and Fu	nd if applicable)			•		2. ID Number
R	11/4	1/1					
3. Type of Dis	hursement (Plan	e use separate C		O former for		ich or co	m aux 1
Goerating Ex		entrabut ons to Candid					ed Party Expenditures
4. Payee Infor		Ad Food Cita to Carioto	Tartes y Cart		Remove	20010111111	on ponditures
	Mailing Address & Pl	none			ated Committee Na	ame	d. Comments
(include city, stat	-						
PH							
Toolog	4				gistered (Specify)		Pa-1
11514	S			Federal State	i	·	Election Sum to Date
	,					,,,,,,	c A
Dunhan			_				3 7200
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Red	quired Remarks
	check	1	2	12-11	S		setare
					\$		
4. Payee Infor	matio <u>n</u>				Remove		
• .	ling Address & Phone	N-PE	RSA	b. Coordina	ted Committee Na	me d	. Comments
(include city, sta	te, & zip)		IOO	V			
Krogu		AUG O	Q 2011	c. Level Reg	istered (Specify)		~ <i>l</i>
moga		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2011	Federal	County	;	Sulgestine
		DURHAI	A DO	☐ State	Munici	pality: e.	Election Sum to Date .
		2011117	VI BU	t			\$ 8.80
f. Account Code	En of Posses	h. Purpose Code	: Date (mm/dd/yyyy)	: A-count		uired Remarks
. Account Code	g. Form of Payment	n. rurpose Code			_		1
	seed	H	5.3	1-11	\$	_ \$4	bustage.
					\$		
4. Payee Inform		2"		Add. 🔲	Remove	<u>. 15. 1</u>	1 1 2
	ing Address & Phone			b. Coordinat	ed Committee Nan	ne d.	Comments
(include city, sta	te. & zip)			ļ			
USPS				c. Level Regi	stered (Specify)	 -	a .
0+				Federal	County:		Postare
alege				☐ State	Municip	olity c.	Election Sum to Date
						1	17/2
		1. 5 C i					17.60
Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)		K. Regu	ired Remarks
_	del	1	4-	4-11	\$	Va	Tope
					S		•
5. Total only th	is Page				_	5	98.40
5. Total of ALI	. CRO-1310 Pages						
	line 13a of Detailed Sum	:mar, Page CRO-110	30 if Oper	rating Expense	es;	S	
	line 13b of Detailed Sum					1/	
	line 13c of Desailed Sum				Expenditures)		
	odes (List detailed						
A* - Media	B* - Printis	-		ındraising			Candidate
E - Salanes	F* - Equip			rtical Party			Public Office Expenses
l - Postage O* Other	J - Penaltic	25	K* - O:	ffice Expens	ses Q* · D	onation	to Legal Expense Fund
	e detailed explanati	on in required w	marke	field (b)			
		Ora in reduned to	~110 T 1 U	1101010111			

n.	1			
1310	chi	PCA	me	nts
	200	100	411	. II LO

			A mend men t	
Pg 21	οī	<u>27</u>	☐ Yes	□ No

1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number
Burn	1 that	1/11	/				
3. Type of Dis	bursement (Plan	se us e separate C		O forms for		ne of Dishu	rsement)
Operating Ex	 _	ortributions to Candid					nated Party Expenditures
4. Payee Infor				Add [Remov		
a. Full Name. N	Mailing Address & P	hone		b. Coordin			d. Comments
(include city, state	e. & zip)			c. Level Re	gistered (Sp	pecify)	WEB SITE HOSTING PARKAGE
	• -			Federa		County	1705/1NY TOEKAT
				State		Municipality	e. Election Sum to Date
							\$ 101.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy			Required Remarks
	ched	K	2	<u> </u>	\$		LEB Sit HOST
					 \$		
4. Payee Inform	mation :			Add [Remove	в :	:
a. Full Name, Mail	ling Address & Phone	IN-PER	SOF	b. Coordina	ted Commi	ttec Name	d. Comments
(include city, sta	tc, & zip)		OO!				CAMERA
Som's	Clus	AUG 08	2011	cLevel Reg	istered (Sp	ecify) Coun'y:	FOR WEB SITE
		DURHAM	ROF	State		Municipality:	e. Election Sum to Date .
			DO:				s 79.73
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Anno un	t k.	Required Remarks
1	chil	K	4.	21-11	\$		AMERA
	Vigin						ZONCKO
	1				\$		
4. Pavee Inform	nation			Add 🗆	1-	· . ·	
4. Payee Inform			. 🗖	Add	Remove		d. Comments
	ing Address & Phone		. 🗔		Remove		d. Comments
a. Ful) Name. Mail (include city, stat	ing Address & Phone te, & zip)			b. Coordina	Remove ed Commit	tee Name	d. Comments
a. Ful) Name. Mail (include city, stat	ing Address & Phone te, & zip)		. 🗆	b. Coordina c. Level Regi	Remove ed Commit	cify)	d. Comments
i. Full Name. Mail (include city, stat	ing Address & Phone te, & zip)		. 🗖	b. Coordina	Remove	cify)	d. Comments c. Election Sum to Date
i. Full Name. Mail (include city, stat	ing Address & Phone			b. Coordinate. c. Level Regi	Remove	cify)	
Pay Pay Fund RA	ing Address & Phone te, & zip) KER UDI	h. Purpose Code	i. Date (r	b. Coordinate c. Level Region Federal State	Remove ed Commit stered (Spe	ccify) County Municipality	e. Election Sum to Date
Pay Pay Fund RA	ing Address & Phone te, & zip)	h. Purpose Code		c. Level Regi Federal State	Remove ed Commit stered (Spe	ecify) County Municipality	e. Election Sum to Date \$ 50.00
Pay Pay Fund RA	ing Address & Phone te, & zip) KER UDI	h. Purpose Code		b. Coordinate c. Level Region Federal State	Remove ed Commit stered (Spe	ecify) County Municipality	e. Election Sum to Date \$ 50.00
A Full Name. Mail: (include city, state Pay Pa Fund RA Account Code	ing Address & Phone te, & zip) SEX UDI g. Form of Payment	h. Purpose Code		c. Level Regi Federal State	Remove ed Commit stered (Spe	ecify) County Municipality	e. Election Sum to Date \$ 50.00 Required Remarks
Full Name. Maili (include city, star Fay Pa Fund KA Account Code	ing Address & Phone te, & zip) BEK UDI g. Form of Payment is Page	h. Purpose Code		c. Level Regi Federal State	Remove ed Commit stered (Spe	ecify) County Municipality	e. Election Sum to Date \$ 50.00
A. Full Name. Maile (include city, state for far far far far far far far far far fa	g. Form of Payment is Page CRO-1310 Pages		4.2	c. Level Regiliant Federal State	J. Armount	ecify) County Municipality	e. Election Sum to Date \$ 50.00 Required Remarks
A. Full Name. Mail: (include city, state Fund KA Account Code 5. Total only the 6. Total of ALL (This line goes in	g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun	nmar, Page CRO-110	4-2	c. Level Regiliant Federal State	J. Armount	ecify) County Municipality	e. Election Sum to Date \$ 50.00 Required Remarks
A. Full Name. Mail: (include city, state Pay Pay Fund RA C. Account Code 5. Total only the C. Total of ALL (This line goes in (This line goes in	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	nmary Page CRO-110 nmary Page CRO-110	4-2 00 if Oper 00 if Cont	c. Level Regi Federal State mm/dd/yyyy)	J. Arnount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ecify) County Municipality k. R	e. Election Sum to Date \$ 50.00 Required Remarks IND RAKER UD1 \$ 231.53
A. Full Name. Mail: (include city, state Fund KA. Account Code 5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in	ing Address & Phone te, & zip) SEX UDI g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	nmar, Page CRO-110 nmar, Page CRO-110 nmar, Page CRO-110	4-2 00 if Open 00 if Cont	c. Level Regi Federal State mm/dd/yyyy)	J. Arnount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ecify) County Municipality k. R	e. Election Sum to Date \$ 50.00 Required Remarks IND RAKER UD1 \$ 231.53
Full Name. Maili (include city, state Pay Pay Fund RA Account Code 5. Total only the 5. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Co	ing Address & Phone te, & zip) SEX UDI g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun odes (List detailed	nmar, Page CRO-110 nmar, Page CRO-110 nmar, Page CRO-110 expenditure code	90 if Oper 90 if Cont 90 if Coor ir. (h.)	c. Level Regi C. Level Regi Federal State atting Expense it to Candida dinated Part	j. Armount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ccify) County Municipality k. R	e. Election Sum to Date \$ 50.00 Required Remarks S 231.53
A. Full Name. Maili (include city, state Pay Pay Fund RA Account Code 5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun odes (List detailed B* · Printi	nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110 expenditure code ng	4-2 00 if Open 00 if Cont 00 if Coon ir. (h.) a C* - Fu	c. Level Regi C. Level Regi Federal State State atting Expense it to Candida dinated Parry above	J. Armount \$ stered (Spe	ai Comm	e. Election Sum to Date \$ 50.00 Required Remarks NA MARKE UD \$ 23/.53 S ther Candidate
A. Full Name. Maili (include city, state Pay Pay Fund RA Account Code 5. Total only the 6. Total of ALL (This line goes in	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun odes (List detailed B* - Printi F* - Equip	nmar, Page CRO-110 nmar, Page CRO-110 nmar, Page CRO-110 expenditure code ng ment	00 if Oper 00 if Cont 00 if Coor ir. (h.) i C* - Fu G - Po.	c. Level Regi C. Level Regi Federal State State atting Expense it to Candida dinated Para	J. Armount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ai Commy D - To Ano	e. Election Sum to Date \$ 50.00 Required Remarks NA KARFA UD \$ 231.53 S ther Candidate ag Public Office Expenses
Full Name. Maili (include city, state Pay Pay Fund RA Account Code 5. Total only th 6. Total of ALL (This line goes in (This line goes in This line goes in 7. Purpose Code A* - Media	g. Form of Payment g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun odes (List detailed B* · Printi	nmar, Page CRO-110 nmar, Page CRO-110 nmar, Page CRO-110 expenditure code ng ment	00 if Oper 00 if Cont 00 if Coor ir. (h.) i C* - Fu G - Po.	c. Level Regi C. Level Regi Federal State State atting Expense it to Candida dinated Parry above	J. Armount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ai Commy D - To Ano	e. Election Sum to Date \$ 50.00 Required Remarks NA MARKE UD \$ 23/.53 S ther Candidate

Dishu	rsements
DISUU	19611161119

			Amendment	
Pg	26	0Z5_	☐ Yes	☐ No

1. Committee	Full Name (and Fu	nd if applicable)				·	2. ID Number
R	1 Sweet	1/	_/	/a	40 4 7044		
3 Type of Die	bursement (Pleas	o vista congrata C	RO-131	0 forms for		hurce	mont)
Operating Ex		ntributions to Candid					ed Parry Expenditures
4. Payee Infor		AUTOGRADIS TO CARGA	I OIT	Add [
	Mailing Address & Pl	oneM DED			ated Committee Na	ne l	d. Comments
(include city, state	=	"N-PEH.	SON				
			<u> </u>				
Harris	Teeter	AUG 0 8 2	2011	c. Level Reg	istered (Specify)		01'+
'				Federal		μ	Julsistance_
		DURHAM	ROE	State	Municip	ality: e	e. Election Sum to Date
			טטנ				\$ 9.30
L-Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
	then	4	رر _م	1-11	\$	15	Inistry
	444				\$		
4 Davisa I-fa-w					Remove	= _^-	
	nation			Add	led Committee Nam		. Comments
(include city, sta				b. Coordinat	eu Committee Nam	· u	, Comments
(include city, star	it, & Zip)		<u>.</u>	1			
Elix	_			c, Level Regi	istered (Specify)		1/1/
Phil fee				Federal	County:	1	Janker Aste
That fall	e con			State	Municip	ality: e.	Election Sum to Date .
Durka	Art land	/				:	\$ 60.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Reg	uired Remarks
	-1.0	\wedge	6-1	- 4	\$		1. 1.1.
	CAUX		-5 -7	7-2	\$	124	AMPLE NICE
A Dioxida Inform	ation	The state of the s	·	\	Remove 3	100	Margin of the Early Co
	ing Address & Phone	Tay man 1			d Committee Name	_	Comments
(include city, stat	•			V. C001G1242	- COZUMECO I IMA		
						-	Frederica
15+1	3 Events			c. Level Regis	stered (Specify)	/	,,
				Federal	County:		
				State	Municipa	äty: e.	Election Sum to Date
						1	12500
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Arnount	k. Requ	nired Remarks
					S	D	+ 11
	aux	0	5-/	7-//		1 ar	y sever
					\$		
5. Total only th	is Page	-			-	€ \$	294.30
6. Total of ALL	CRO-1310 Pages			-		:	
(This line goes in	line 13a of Detailed Sum	mary Page CRO-116	00 if Oper	ating Expense	s)	. \$	
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	00 if Cont	rib to Candida	tes/Political Comm)	, ,	,
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coor	dinased Party	Expenditures)	ı	
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)	н		
A* - Media	B* - Printir	1g	C* - Fu	ndraising	D - To A	\nothe:	r Candidate
E - Salaries	F* - Equip			itical Party		_	Public Office Expenses
I - Postage	J - Penaltis	es	K* - O	ffice Expens	ses Q* · Do	nation	to Legal Expense Fund
O* Other							
* Codes requir	e detailed explana <u>ti</u>	on in required re	em <u>arks</u>	field (k)			

T .	,		
1116	:hm	rsen	nents

				Amendment	
Pg	<u> 27</u>	αΓ	29	Yes	☐ No

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
3. Type of Disl	harsement (Pleas	e use separate C.	RO-131	0 forms for	e each type of Da	ishursement.)
Operating Exp		ontributions to Candio				Coordinated Party Expenditures
4. Payee Infor				Add	Remove	
a. Fuil Name, N	Mailing Address & Pl	hone		b. Coordin	ated Committee Na	me d. Comments
(include city, state						Fackbasin
- Syman Lo	e Consultin	·		c Level Re	gistered (Specify)	Conceller
D. Willia	ender 1Kry	,		☐ Federal	-	Consalling
200	aida PKar	Sut 200		State	□ Милісі	pality e. Election Sum to Date
2330 /	el l'ag	3. 4				\$ m -
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	dest	Δ		8-//	\$	1 10 Gut
	CARL	<u> </u>	<u></u>	9-71	•	Tank Paron Consultor
					Ф Т	
4. Payee Inform	nation ing Address & Phone	INT DIE			Remove	<u> </u>
(include city, star		"IV-PEF	100	p. Coordina	ted Committee Ivan	
		ALIC O.C	0011			Ford Lain
Flech	re Corallas VIAMS	AUG 0 8	ZUII		istered (Specify)	- It
D. Will	IAMS	DUDLIA	4 00	Federal State	County:	
		DURHA	M ROI	- State		and, distributed to but
						316.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			2.	5-11	\$	Consultar
					\$	
4. Payee Inform	ation ** :: ** .			Add 🖫 🔲	Remove '	Har Park
	ng Address & Phone			b. Coordinat	ed Committee Nam	e d. Comments
(include city, stat						_ Aceting in Keleng
DIVO	anly Fore			c Level Resi	stered (Specify)	- receipts of receipt
	7 / 2 / 3			Federal	County:	NCACC
				State	Municipa	ality: e. Election Sum to Date
						\$ 70 <5
. Account Code	g. Form of Payment	h. Purpose Code	: Data (nm/dd/yyyy)	i Armount	k. Required Remarks
. Account Code	g. Form of Payment	1.0			\$	Sec- NEACC
	her	H	6-	<u> </u>		NAS - METICE
					S	<u> </u>
5. Total only thi		·				\$ 585.55
	CRO-1310 Pages				-	
	line 13a of Detailed Sun					\$
	line 13b of Detailed Sun line 13c of Detail <u>ed S</u> un					; • •
	odes (List detailed					
A* - Media	B* - Printis			indraising	D - To	Another Candidate
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses
I - Postage	J - Penalti		K* - O	ffice Expen	ses Q* - Do	onation to Legal Expense Fund
O* Other						
 Codes requir 	e detailed explanati	on in required r	em <u>arks</u>	field (k)		

-	٠	,								
	1	C	h	11	271	CΩ	m	α	nts	~
v	1	Э.	v	ш	1	36	111			3

				A mendment	
P	28	lo	<u> 29</u>	Yes	□ No

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number.
3. Type of Dis	borsement (Pleas	e use separate Cl	RO-131	0 forms for	each type of D	Disbursement.)
Operating Ex		ntributions to Candid				Coordinated Party Expenditures
4. Pavee Infor		•		Add [Remove	
a. Full Name, N	Mailing Address & Pl	none		b. Coordina	ated Committee Na	ame d. Comments
(include city, state	e, & zip)					
01	1800					
/ alker	+0115				gistered (Specify)	\sim \sim \sim \sim
				Federal State		e. Election Sum to Date
Bun Nor	•			State	I WILLIE	e. Election Sum to Date
						\$ 12.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	cleek	H	6-1	6-11	\$	Repetores
					\$	
4. Payee Inform	nation			Add \Box	Remove	Janes de la companya
	ing Address & Phone	IN DEL	200	H. Coordina	ted Committee Nar	me d. Comments
(include city, sta	te, & zip)	114-[:[-]	100	N		Met with Howard
TI	Palis I Hell	AUC o (2 2014	<u></u>		Les
22	rado /	AUG 0 8	3 (01)		istered (Specify)	- < 1.7
Char		DUDUAL		Federal State	County Municip	CALLONAL PROPERTY.
or agree	a you	DURHAN	M BO	3446		panty. E. Election Sum to Date
						\$ 30,94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
_	land		1-	12-11	\$	Schrister
			(a_/		\$	SIN SI (BAZI)
4. Payee Inforn	eation			Add 🗔 🔲	Remove	
	ing Address & Phone				ed Committee Nan	
(include city, stat	=					
	//					Composit Pritars
SAMÍS	CNB				stered (Specify)	P. Trees
				Federal	County:	
				State	County:	
				=	= '	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	=	☐ Municip	
. Account Code	g. Form of Payment	h. Purpose Code		State	☐ Municip	s. Election Sum to Date \$ 96.77
. Account Code	g. Form of Payment	h. Purpose Code		State	Municip j. Amount S	s. Election Sum to Date \$ 96.77
	ched	h. Purpose Code		State	J. Arnount	\$ 96 77 k. Required Remarks
5. Total only th	is Page	h. Purpase Code		State	Municip j. Amount S	s. Election Sum to Date \$ 96.77
5. Total only th	ched	h. Purpose Code		State	Municip j. Amount S	\$ 96 77 k. Required Remarks
5. Total only th 6. Total of ALL (This line goes in	is Page . CRO-1310 Pages line 13a of Detailed Sun	mary Page CRO-110	6 7	State mm/dd/yyyy) 2/-//	j. Amount S S	s. Election Sum to Date \$ 96 77 k. Required Remarks Partners \$ 139.79
5. Total only th 6. Total of ALL (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun	amary Page CRO-110 amary Page CRO-110	00 if Open	State mm/dd/yyyy) 2/-// rating Expense trib to Candida	j. Amount S S s) ntes/Political Comm	s. Election Sum to Date \$ 96 77 k. Required Remarks Partners \$ 139.79
5. Total only th 6. Total of ALL (This line goes in (This line goes in	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	amary Page CRO-110 amary Page CRO-110 amary Page CRO-110	00 if Open	State mm/dd/yyyy) 2/-// rating Expense trib to Candida dinated Party	j. Amount S S s) ntes/Political Comm	s. Election Sum to Date \$ 96 77 k. Required Remarks Partners \$ 139.79
5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Co	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun odes (List detailed	mary Page CRO-110 amary Page CRO-110 amary Page CRO-110 expenditure code	00 if Open 00 if Cons in (h.)	mm/dd/yyyy) 2/-// rating Expense crib to Candida dinated Party above)	J. Arnount S S s) tes/Political Comm. Expenditures)	k. Required Remarks S 139. 79
5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in (This line goes in 7. Purpose Co	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun odes (List detailed B* - Printis	amary Page CRO-110 amary Page CRO-110 amary Page CRO-110 expenditure code	00 if Open 00 if Consider if Coordin (h.) C* - Fu	mm/dd/yyyy) 2/-// rating Expense trib to Candida dinated Party above)	J. Amount S S s tes/Political Comm Expenditures)	s 96 77 k. Required Remarks Puttures \$ 139. 79 \$ Another Candidate
5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Co A* - Media E - Salaries	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun odes (List detailed B* - Printin F* - Equip	amary Page CRO-110 amary Page CRO-110 amary Page CRO-110 expenditure code ang	no if Open no if Conn in (h.) C* - Fi G - Pol	state mm/dd/yyyy) 2/-// rating Expense trib to Candida dinated Party above) andraising stical Party	j. Amount S S sissintes/Political Comm Expenditures D - To H* - H	s 96 77 k. Required Remarks Parties \$ 139. 79 Another Candidate Holding Public Office Expenses
5. Total only th 6. Total of ALL (This line goes in (This line goes in (This line goes in (This line goes in 7. Purpose Co	is Page CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun odes (List detailed B* - Printis	amary Page CRO-110 amary Page CRO-110 amary Page CRO-110 expenditure code ang	no if Open no if Conn in (h.) C* - Fi G - Pol	mm/dd/yyyy) 2/-// rating Expense trib to Candida dinated Party above)	j. Amount S S sissintes/Political Comm Expenditures D - To H* - H	s 96 77 k. Required Remarks Puttures \$ 139. 79 \$ Another Candidate