

Disclosure Report Cover

Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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							
Charlie Reece for Durham			PCL-388							
b. Mailing Address (include City, State and Zip Code)			d. Date Filed							
3604 Darwin Rd Durham, NC 27707-5304			10/28/2019							
			e. Phone Number							
			(919) 599-1357							
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name							
2019	09/24/2019	10/21/2019	Phillip Seib							
6. Type of Committee (Check one)		9. Type of Report (check only one type of report from one category)								
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table>			Municipal	State/County	Referendum	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal	State/County	Referendum								
<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special								
7. Type of Fund (if applicable, check one)		10. Special Report Name								
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:										
8. Number of Fundraisers this Report										
0										
11. Account Information										
a. Financial Institution Full Name										
Mechanics and Farmers Bank										
b. Purpose			c. Account Code							
Campaign Receipts and Expenditures			CR01							
			d. Period Begin Balance							
			\$ 16,773.35							
CERTIFICATION										
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.										
_____		_____		_____						
Printed Name of Signer		Signature of Appointed Treasurer		Date						
FOR OFFICE USE ONLY				Delivery Method						
Date Received: _____	Employee: _____			<input type="checkbox"/> Normal Mail						
Date Postmarked: _____	Employee: _____			<input type="checkbox"/> Registered Mail						
Date Scanned: _____	Employee: _____			<input type="checkbox"/> Hand Delivered						
Date Data Entered: _____	Employee: _____			<input type="checkbox"/> Electronically Filed						
				<input type="checkbox"/> Signer has not received mandatory training						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.										
CRO-1000		NC State Board of Elections		August 2008						

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)	2. Type Of Report	3. ID Number
Charlie Reece for Durham	2019 Pre-Election	PCL-388
Start of Election Cycle: January 1, 2016	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$16,773.35	\$2,714.18
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$76.67	\$2,455.41
6) Contributions from Individuals (CRO-1210)	\$124.16	\$35,984.38
7) Contributions from Political Party Committees (CRO-1220)	\$0.00	\$0.00
8) Contributions from Other Political Committees (CRO-1230)	\$0.00	\$0.00
9) Loan Proceeds (CRO-1410)	\$0.00	\$0.00
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$0.00	\$36.91
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$0.00	\$0.00
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$0.00	\$0.00
11c) Outside Sources of Income (CRO-1250)	\$0.00	\$0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$0.00	\$0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$0.00	\$0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, and 11e)	\$200.83	\$38,476.70
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$8,691.31	\$31,033.13
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$0.00	\$0.00
13c) Coordinated Party Expenditures (CRO-1310)	\$0.00	\$0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$0.00	\$0.00
15) Loan Repayments (CRO-1420)	\$0.00	\$0.00
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$0.00	\$0.00
17) In-Kind Contributions (CRO-1510)	\$50.28	\$1,925.16
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$8,741.59	\$32,958.29
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$8,232.59	\$8,232.59
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$0.00	
22) Debts and Obligations owed By the Committee (CRO-1610)	\$0.00	
23) Debts and Obligations owed To the Committee (CRO-1620)	\$0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$0.00	
25) Administrative Support (CRO-1710)	\$0.00	\$0.00
26) Forgiven Loans (CRO-1440)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$0.00	\$0.00
28) Contributions to be Refunded (CRO-1215)	\$0.00	\$0.00

Aggregated Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
Charlie Reece for Durham					PCL-388
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CR01	Credit Card		10/06/2019	\$25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		In-Kind	Pizza for Team Party	10/13/2019	\$1.67
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CR01	Credit Card		10/07/2019	\$50.00

4. Total only this Page	\$76.67
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$76.67

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Charlie Reece for Durham					PCL-388	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Patricia Bracknell 344 SW Hayes Ave Bend, OR 97702-2112 (678) 358-7385			Analyst			
			c. Employer's Name/Specific Field			
			St. Charles Health System		e. Election Sum to Date	
					\$140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	CR01	Credit Card			09/28/2019	\$20.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lainey Edmisten 2112 Deerfield Rd Boone, NC 28607-9662 (828) 773-2975			Director of Delegate Selection			
			c. Employer's Name/Specific Field			
			Amy for America		e. Election Sum to Date	
					\$55.55	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>	CR01	Credit Card			10/15/2019	\$55.55
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645			Attorney			
			c. Employer's Name/Specific Field			
			Center for Responsible Lending		e. Election Sum to Date	
					\$54.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>		In-Kind	Ice Cream for Pollworkers		10/06/2019	\$2.72

4. Total only this page					\$78.27
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$124.16

Contributions from Individuals

Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Charlie Reece for Durham					PCL-388	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645			Attorney		1/3 cost of Food for Slate Canvassers	
			c. Employer's Name/Specific Field			
			Center for Responsible Lending		e. Election Sum to Date	
					\$54.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>		In-Kind	Pizza for Canvassers		10/06/2019	\$26.39
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645			Attorney		Two Receipts	
			c. Employer's Name/Specific Field			
			Center for Responsible Lending		e. Election Sum to Date	
					\$54.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount
<input type="checkbox"/>		In-Kind	Pizza for Poll workers		10/08/2019	\$19.50

4. Total only this page	\$45.89
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$124.16

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number					
Charlie Reece for Durham						PCL-388					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
Committee to Elect Jillian Johnson PO Box 3502 Durham, NC 27702-3502 (919) 593-3176								1/3 cost for intial round of texting outreach			
				c. Level Registered (Specifv)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$1,317.78			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Check		O		10/19/2019		\$33.33		1/3 of Texting service	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
Committee to Elect Jillian Johnson PO Box 3502 Durham, NC 27702-3502 (919) 593-3176								1/3 cost design work on Indy Weekly Ad			
				c. Level Registered (Specifv)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$1,317.78			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Check		A		10/19/2019		\$118.75		1/3 Cost Design work for advertisment	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
Committee to Elect Jillian Johnson PO Box 3502 Durham, NC 27702-3502 (919) 593-3176								1/3 Cost BCT as in the Tringle Tribune			
				c. Level Registered (Specifv)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$1,317.78			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Check		A		10/19/2019		\$373.67		1/3 Cost BTC Advertisement	
5. Total only this page						\$525.75					
6. Total of ALL CRO-1310 Pages											
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$8,691.31					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)											
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed Expenditure code in (h.) above)											
A* - Media			B* - Printing			C* - Fundraising			D - To Another Candidate		
E - salaries			F* - Equipment			G - Political Party			H* - Holding Public Office Expenses		
I - postage			J - Penalties			K* - Office Expenses			Q* - Donation to Legal Expense Fund		
O* - Other											
*Codes require detailed explanation in required remarks field (k)											

Disbursements

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Charlie Reece for Durham						PCL-388	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Committee to Elect Jillian Johnson PO Box 3502 Durham, NC 27702-3502 (919) 593-3176				c. Level Registered (Specify)		1/3 of BTC Mailer printing	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$1,317.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Check	B	10/19/2019	\$792.03	1/3 of BTC Mailer printing		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Indy Weekly PO Box 1772 Durham, NC 27702-1772 (919) 286-1972				c. Level Registered (Specify)		1/6th page ran on 9/18/2019	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$383.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Check	A	10/18/2019	\$383.33	Indy Campaign Ad		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Mechanics and Farmers Bank 116 W Parrish St Durham, NC 27701-3321 (919) 687-7800				c. Level Registered (Specify)		Bank Card Merchant Fees	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				e. Election Sum to Date		\$1,288.15	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Electronic Funds Transfer	C	10/02/2019	\$121.93	Bank Card Merchant Fees		
5. Total only this page						\$1,297.29	
6. Total of ALL CRO-1310 Pages						\$8,691.31	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed Expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number					
Charlie Reece for Durham						PCL-388					
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)											
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures											
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
NGP VAN, Inc. 1101 15th St NW Ste 500 Washington, DC 20005-5006 (202) 686-9330								Monthly Subscription Fee			
				c. Level Registered (Specify)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$900.00			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Electronic Funds Transfer		K		10/02/2019		\$150.00		Monthly Subscription Fee	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
Dolly C Reaves 121 Rocky Knob Trail Sugar Grove, NC 28679 (828) 964-7000								Sept Salary			
				c. Level Registered (Specify)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$3,500.00			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Check		E		09/30/2019		\$500.00		Salary	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove											
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name				d. Comments			
Phillip Seib 618 E Hammond St Durham, NC 27704-4522 (919) 696-4932								Salary for Sept			
				c. Level Registered (Specify)				e. Election Sum to Date			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				\$3,500.00			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		k. Required Remarks	
CR01		Check		E		09/30/2019		\$500.00		Salary	
5. Total only this page						\$1,150.00					
6. Total of ALL CRO-1310 Pages											
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$8,691.31					
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)											
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)											
7. Purpose Codes (List detailed Expenditure code in (h.) above)											
A* - Media			B* - Printing			C* - Fundraising			D - To Another Candidate		
E - salaries			F* - Equipment			G - Political Party			H* - Holding Public Office Expenses		
I - postage			J - Penalties			K* - Office Expenses			Q* - Donation to Legal Expense Fund		
O* - Other											
*Codes require detailed explanation in required remarks field (k)											

Disbursements

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Charlie Reece for Durham						PCL-388	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Squarespace Inc 225 Varick St Fl 12 12th Floor New York, NY 10014-4383						Part 1 of 2 Monthly Subscription Costs	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$22.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Electronic Funds Transfer	A	10/09/2019	\$6.00	Squarespace Monthly Subscription		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Squarespace Inc 225 Varick St Fl 12 12th Floor New York, NY 10014-4383						Part 2 of 2 Monthly Subscription Fee.	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$22.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Electronic Funds Transfer	A	10/09/2019	\$16.00	Monthly Subscription Fee		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
USPS						Postage for Charlie Reece Mailers	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$5,776.27	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR01	Check	I	10/07/2019	\$5,696.27	Postage		
5. Total only this page						\$5,718.27	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						\$8,691.31	
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed Expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* - Other							
*Codes require detailed explanation in required remarks field (k)							

In-Kind Contributions

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Charlie Reece for Durham	PCL-388

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date
		\$54.35
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Ice Cream for Pollworkers	10/06/2019	\$2.72

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	1/3 cost of Food for Slate Canvassers
		d. Election Sum to Date
		\$54.35
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Pizza for Canvassers	10/06/2019	\$26.39

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Two Receipts
		d. Election Sum to Date
		\$54.35
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Pizza for Poll workers	10/08/2019	\$19.50

4. Total only this page	\$48.61
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$50.28

In-Kind Contributions

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

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number
Charlie Reece for Durham		PCL-388
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor	c. Comments
Rochelle Sparko 907 Cleveland St Durham, NC 27701-2433 (919) 410-7645	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	Pizza for Team Party
		d. Election Sum to Date
		\$1.67
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Pizza for Team Party	10/13/2019	\$1.67

4. Total only this page	\$1.67
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$50.28