

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) GABBY RIVERO FOR DURHAM		2. Type of Report 2026 First Quarter		3. ID Number	
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2,453.00		\$ 2,453.00	
6) Contributions from Individuals (CRO-1210)		\$ 24,422.01		\$ 24,727.01	
7) Contributions from Political Party Committees (CRO-1220)		\$ 500.00		\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 27,375.01		\$ 27,680.01	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4,200.53		\$ 4,200.53	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 3,750.00		\$ 3,750.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 60.75		\$ 60.75	
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)		\$ 1,010.01		\$ 1,315.01	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 9,021.29		\$ 9,326.29	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 18,353.72		\$ 18,353.72	
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	

E-MAIL

FEB 23 2026

DURHAM BOE

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	
GABBY RIVERO FOR DURHAM						
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	01	Credit Card		01/20/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/23/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/25/2026	\$	7.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/30/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/20/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/23/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/30/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/23/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/30/2026	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		02/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/16/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/16/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/29/2026	\$	35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/28/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/19/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/24/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/20/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/14/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/17/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card	E-MAIL	01/16/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card	FEB 23 2026	01/24/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card	DURHAM BOE	01/26/2026	\$	50.00
4. Total only this Page					\$	\$682.00
5. Total of ALL CRO-1205 Pages					\$	\$2,453.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

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
GABBY RIVERO FOR DURHAM	

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	01	Credit Card		01/07/2026	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/29/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/30/2026	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/30/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/14/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/20/2026	\$ 36.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		02/01/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/20/2026	\$ 36.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/24/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/16/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/16/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/18/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/30/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		02/04/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		02/06/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/22/2026	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		02/03/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		02/01/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/27/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card		01/16/2026	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card	E-MAIL	01/27/2026	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card	FEB 23 2026	01/16/2026	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	01	Credit Card	DURHAM BOE	01/19/2026	\$ 25.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 722.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 2,453.00
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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	
GABBY RIVERO FOR DURHAM					
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	01	Credit Card		01/17/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/14/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/23/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/20/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/14/2026	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/19/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/31/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/30/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/25/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/24/2026	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/21/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/28/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/09/2026	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/29/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/28/2026	\$ 36.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/21/2026	\$ 18.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/20/2026	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/30/2026	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		02/04/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/28/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/22/2026	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/25/2026	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/29/2026	\$ 10.00
4. Total only this Page					\$ 659.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,453.00

E-MAIL
FEB 23 2025
DURHAM BOE

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	
GABBY RIVERO FOR DURHAM						
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	01	Credit Card		01/18/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/23/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/24/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/28/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		02/03/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/29/2026	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/16/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		02/07/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/19/2026	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/19/2026	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/22/2026	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		01/17/2026	\$ 10.00	
4. Total only this Page					\$ 390.00	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 2,453.00	

CRO-1205

NC State Board of Elections

April 2007

E-MAIL

FEB 23 2026

DURHAM BOE

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM							
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	
SAMUEL ALLEN 111 NUTTREE WAY DURHAM, NC 27713				AUDITOR			
				c. Employer's Name/Specific Field			
				DELOITTE		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/07/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DOMINIQUE BEAUDRY 4705 BUTTONBUSH DRIVE DURHAM, NC 27712				PART TIME PROJECT MANAGER			
				c. Employer's Name/Specific Field			
				CITY OF DURHAM		e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/19/2026		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KARA BOAKYE 6711 BIRCHWOOD BEND CT KAITY, TX 77493				NURSE			
				c. Employer's Name/Specific Field			
				TEXAS CHILDREN'S HOSPITAL		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/19/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

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	
GABBY RIVERO FOR DURHAM						
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	
KEELAN BROWN 219 ROCKYWALK CT DURHAM, NC 27713			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			BROWN CONSULTING TEAM, LLC			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/18/2026	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KATHERINE BRUCE 3920 HOPE VALLEY ROAD DURHAM, NC 27707			MARKET RESEARCH			
			c. Employer's Name/Specific Field			
			COTTON INCORPORATED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/12/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LIZ BUNO 107 WEEKS DR ROXBORO, NC 27573			PHYSICIAN ASSOCIATE			
			c. Employer's Name/Specific Field			
			BULL CITY FAMILY MEDICINE			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/10/2026	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01	

E-MAIL
 FEB 23 2026
 DURHAM BOE

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
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		
ELLEN BYSH 2014 BIVINS ST DURHAM, NC 27707			PUBLISHING				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			UNC PRESS		\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/03/2026	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JESSICA CARDA-AUTEN 2012 WA WA AVE DURHAM, NC 27707			RESEARCH				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			UNC		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/19/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
SARAH CROSS 1703 BIVINS ST DURHAM, NC 27707			NO JOB TITLE OR PROFESSION				
			c. Employer's Name/Specific Field		e. Election Sum to Date		
			NOT EMPLOYED		\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/04/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

E-MAIL
FEB 23 2026
DURHAM BOE

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
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	
SUSANNA DUNCAN 2019 BIVINS ST DURHAM, NC 27707				NONPROFIT PROFESSIONAL			
				c. Employer's Name/Specific Field			
				NATIONAL DOMESTIC WORKERS ALLIANCE		e. Election Sum to Date	
						\$ 468.94	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/22/2026		\$ 100.00	
<input type="checkbox"/>	01	In-Kind	FOOD FOR HOUSE PARTY	02/03/2026		\$ 368.94	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KORY FRANKLIN 125 DORSEY PL HENDERSON, NC 28536				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				KORSULTING LLC		e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/30/2026		\$ 75.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUTH GRANT 108 FOXRIDGE CT CHAPEL HILL, NC 27514				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026		\$ 6,800.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 7,343.94	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

E-MAIL
 FEB 23 2026
 DURHAM BOE

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEPHEN GRANT 108 FOXRIDGE COURT CHAPEL HILL, NC 27514				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/27/2026		\$ 6,800.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TERESA GRIFFIN SW 179TH STREET PALMETTO BAY, FL 33157				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/16/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GITA GULATI-PARTEE 2745 MCDOWELL ROAD DURHAM, NC 27705				CONSULTANT			
				c. Employer's Name/Specific Field			
				OPENSOURCE LEADERSHIP STRATEGIES		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 7,300.00	
5. Total of ALL CRO-1210 Pages						\$ 24,422.01	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

E-MAIL
 FEB 23 2026
 DURHAM BOE

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
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	
SHELBY HANDLER 3225 36TH AVE S SEATTLE, WA 98144				ORGANIZER			
				c. Employer's Name/Specific Field			
				JEWISH VOICE FOR PEACE		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/28/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHRIS HEAVENER 1405 ALABAMA AVE DURHAM, NC 27705				CONSULTANT			
				c. Employer's Name/Specific Field			
				THE HEAVENER COMPANY		e. Election Sum to Date	
						\$ 3,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/30/2026	\$ 3,400.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MEREDITH INFIELD 5040 GABLE RIDGE DR DURHAM, NC 27713				NO JOB TITLE OR OCCUPATION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/19/2026	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3,700.00	
5. Total of ALL CRO-1210 Pages						\$ 24,422.01	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
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	
ANTHONY E JACKSON SR 20 IBIS CT N PALM COAST, FL 32137				LAWYER			
				c. Employer's Name/Specific Field			
				CITY OF DAYTONA BEACH FL		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/18/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ITTAI KORMAN 2017 WA WA AVE DURHAM, NC 27707				MUSICIAN			
				c. Employer's Name/Specific Field			
				Performing Arts, Spectator Sports, and Related Industries		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SANDRA KORN 2018 WA WA AVE DURHAM, NC 27707				EDITOR			
				c. Employer's Name/Specific Field			
				WAYNE STATE UNIVERSITY		e. Election Sum to Date	
						\$ 175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card	E-MAIL	02/01/2026		\$ 175.00	
<input type="checkbox"/>			FEB 23 2026			\$	
<input type="checkbox"/>			DURHAM BOE			\$	
4. Total only this Page						\$ 675.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM							
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	
WILEY KORNBLUH 2814 LEGION AVE DURHAM, NC 27707				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 54.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/19/2026		\$ 54.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JENNIFER LARSON SAWIN 1412 JAMES ST DURHAM, NC 27707				WRITER/EDITOR			
				c. Employer's Name/Specific Field Professional, Scientific, and Technical Services			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ELI LONGNECKER 2206A ENGLEWOOD AVE DURHAM, NC 27705				ATTORNEY			
				c. Employer's Name/Specific Field NC JUSTICE CENTER			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card	E-MAIL	01/17/2026		\$ 250.00	
<input type="checkbox"/>			FEB 23 2026			\$	
<input type="checkbox"/>			DURHAM BOE			\$	
4. Total only this Page						\$ 404.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,422.01	

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
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	
TONY MACIAS 2019 BIVINS ST DURHAM, NC 27707				NONPROFIT CO-DIRECTOR AND CONSULT			
				c. Employer's Name/Specific Field WAVE AND LABOR SOUTH			
						e. Election Sum to Date	
						\$ 52.35	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	In-Kind	FOOD FOR HOUSE PARTY	02/03/2026		\$ 52.35	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAMILIA MARTINEAU-LOPEZ 1019 DA VINCI STREET DURHAM, NC 27704				PREVENTION CAPACITY BUILDING MANAGER			
				c. Employer's Name/Specific Field NORTH CAROLINA AGAINST SEXUAL ASSAULT			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/27/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LAURA MILKO 5 VANDORA PL DURHAM, NC 27705				SCIENTIST			
				c. Employer's Name/Specific Field UNC-CHAPEL HILL			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card	E-MAIL	01/23/2026		\$ 150.00	
<input type="checkbox"/>			FEB 23 2026			\$	
<input type="checkbox"/>			DURHAM BOE			\$	
4. Total only this Page						\$ 302.35	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM						
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	
DONNA MILLER 705 BRYCE DR COLORADO SPRINGS, CO 80910			NO JOB TITLE OR OCCUPATION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/19/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EMMA MOORE 300 BLACKWELL ST, 307 DURHAM, NC 27701			MARKETER			
			c. Employer's Name/Specific Field			
			PARTICIPATE LEARNING		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/05/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LAURA MUZZY 817 W KNOX ST DURHAM, NC 27701			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card	E-MAIL	02/03/2026	\$ 250.00	
<input type="checkbox"/>			FEB 23 2026		\$	
<input type="checkbox"/>			DURHAM BOE		\$	
4. Total only this Page					\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01	

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM							
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	
PHILLIP MUZZY 1308 KENT ST DURHAM, NC 27707				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NOA NESSIM 2800 ELGIN ST. DURHAM, NC 27704				PHYSICIAN			
				c. Employer's Name/Specific Field			
				UNC			
						e. Election Sum to Date	
						\$ 54.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/20/2026		\$ 54.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JESSIKA NEWSOME 11622 CEDAR CHASE RD HERNDON, VA 20170				LAWYER			
				c. Employer's Name/Specific Field			
				Professional, Scientific, and Technical Services			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/16/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 654.00	
5. Total of ALL CRO-1210 Pages						\$ 24,422.01	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

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	
GABBY RIVERO FOR DURHAM							
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	
SARAH OKEEFE 120 NUTTREE WAY DURHAM, NC 27713				CEO			
				c. Employer's Name/Specific Field			
				SCRIPTORIUM		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/02/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TEMA OKUN 10 BELGRAVE PLACE DURHAM, NC 27707				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/24/2026		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SARA PRINCE 4101 WEST 126TH STREET LEAWOOD, KS 66209				EDUCATOR			
				c. Employer's Name/Specific Field			
				Educational Services		e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	01	Credit Card		01/17/2026		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,422.01	

E-MAIL
 FEB 23 2026
 DURHAM BOE

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
GABBY RIVERO FOR DURHAM						
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
SARA PRINCE 4101 WEST 126TH STREET LEAWOOD, KS 66209				EDUCATOR		
				c. Employer's Name/Specific Field		
				Educational Services		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
ALEX PROLMAN 1805 CHANDELLAY DR DURHAM, NC 27707				REGISTERED NURSE		
				c. Employer's Name/Specific Field		
				DUKE UNIVERSITY HOSPITAL		
						e. Election Sum to Date
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/16/2026	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
NOHEMI RAMIREZ 800 LAUREL SPRINGS DR, 806 DURHAM, NC 27713				ADMINISTRATOR		
				c. Employer's Name/Specific Field		
				NC STATE UNIVERSITY		
						e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card	E-MAIL	01/20/2026	\$ 100.00	
<input type="checkbox"/>			FEB 23 2026		\$	
<input type="checkbox"/>			DURHAM BOE		\$	
4. Total only this Page						\$ 450.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,422.01

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM							
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	
CORRIE RIVERO 4608 KINNAKEET WAY GREENSBORO, NC 27455				NO JOB TITLE OR PROFESSION			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NOT EMPLOYED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/20/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CRISTOBAL RIVERO 4608 KINNAKEET WAY GREENSBORO, NC 27455				ENGINEER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ADVIZINT		\$ 89.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		01/25/2026	\$ 89.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GABRIELLE RIVERO PO BOX 51953 DURHAM, NC 27717				CEO			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				EXPRESS & RELEASE THERAPEUTIC DANCE		\$ 253.78	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	In-Kind	LINKTREE SOFTWARE ANNUAL SUBSCRIPTION	01/07/2026	\$ 53.78		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 242.78	
5. Total of ALL CRO-1210 Pages						\$ 24,422.01	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GABBY RIVERO FOR DURHAM						
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	
JULIA RIVERO 5939 W FRIENDLY AVE APT 45F GREENSBORO, NC 27410			CASE MANAGER			
			c. Employer's Name/Specific Field			
			THE PREGNANCY NETWORK		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/30/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN ROGERS 1012 WADSWORTH WAY BUNNELL, FL 32110			CEO			
			c. Employer's Name/Specific Field			
			JOHN'S TOWING		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/23/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
NOAH RUBIN-BLOSE 2019 BIVINS ST DURHAM, NC 27707			RABBI			
			c. Employer's Name/Specific Field			
			MAKOM		e. Election Sum to Date	
					\$ 84.94	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	In-Kind	FOOD FOR HOUSE PARTY	02/03/2026	\$ 34.94	
<input type="checkbox"/>	01	Credit Card		02/04/2026	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 284.94	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01	

Contributions from Individuals

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	
GABBY RIVERO FOR DURHAM						
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	
SCOTT SELLERS 1805 CHANDELLAY DR DURHAM, NC 27705			STUDENT			
			c. Employer's Name/Specific Field			
			UNC		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/21/2026	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CORY SHERMAN 3508 RACINE ST DURHAM, NC 27707			REAL ESTATE AGENT			
			c. Employer's Name/Specific Field			
			HOMEGROWN REAL ESTATE		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/03/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JULIA SPRINGER 509 E LAVENDER AVE DURHAM, NC 27704			SOCIAL WORKER			
			c. Employer's Name/Specific Field			
			Ambulatory Health Care Services		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/20/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01	

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GABBY RIVERO FOR DURHAM						
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	
REFFARD STAFFORD 30 FARMBROOK LANE PALM COAST, FL 32137			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		02/10/2026	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ALLISON SWAIM 2502 SHENANDOAH AVE B DURHAM, NC 27704			TEACHER			
			c. Employer's Name/Specific Field DURHAM PUBLIC SCHOOLS			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/23/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KRYSTEE VERNET 171 SNOWBERRY LANE SMITHFIELD, NC 27577			OWNER			
			c. Employer's Name/Specific Field CHASE HR SOLUTIONS			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Credit Card		01/16/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 275.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01	

Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GABBY RIVERO FOR DURHAM					
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
SAM WOHN'S 2328 HURON ST DURHAM, NC 27707			ORGANIZER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			GALLOWAY, BAKER & EURQUHART		
					\$ 65.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Credit Card		01/24/2026	\$ 65.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 65.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,422.01

CRO-1210

NC State Board of Elections

April 2007

E-MAIL

FEB 23 2026

DURHAM BOE

Contributions from Political Party Committees Pg 1 of 1

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

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)			2. ID Number	
GABBY RIVERO FOR DURHAM				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Comments	
NORTH CAROLINA DEMOCRATIC PARTY PO BOX 1926 RALEIGH, NC 27602 (919) 821-2777				
			c. Election Sum to Date	
			\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
01	In-Kind	MUNICIPAL VOTEBUILDER SOFTWARE	01/07/2026	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 500.00

CRO-1220

NC State Board of Elections

April 2007

E-MAIL

FEB 23 2026

DURHAM BOE

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
GABBY RIVERO FOR DURHAM							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input checked="" 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) DURHAM COMMITTEE ON THE AFFAIRS OF BLACK PEOPLE PO BOX 52171 DURHAM, NC 27717				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	O	01/19/2026	\$ 250.00	FOR VOTER EVENT		
				\$			
4. Payee Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) PEOPLE'S ALLIANCE PAC PO BOX 141 DURHAM, NC 27702				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 3,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	02/12/2026	\$ 3,500.00	FOR VOTER OUTREACH		
				\$			
5. Total only this Page						\$ 3,750.00	
6. Total of ALL CRO-1310 Pages						\$ 3,750.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (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)							

E-MAIL

FEB 23 2026

DURHAM BOE

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	
GABBY RIVERO FOR DURHAM							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,004.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Electric Funds Tran	O	01/17/2026	\$ 63.67	CC FEES 1/11-1/17		
01	Electric Funds Tran	O	01/24/2026	\$ 127.58	CC FEES 1/18-1/24		
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	
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 1,004.06	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Electric Funds Tran	O	01/31/2026	\$ 427.80	CC FEES 1/25/-1/31		
01	Electric Funds Tran	O	02/07/2026	\$ 354.35	CC FEES 2/1-2/7		
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	
LUKE HIRST PO BOX 51953 DURHAM, NC 27717 (919) 593-3176							
				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:			
						\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Electric Funds Tran	EO	02/03/2026	\$ 500.00	TREASURER SERVICES		
				\$			
5. Total only this Page						\$ 1,473.40	
6. Total of ALL CRO-1310 Pages						\$ 4,200.53	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (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	
GABBY RIVERO FOR DURHAM							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JUST YARD SIGNS 2235 MERCATOR DRIVE ORLANDO, FL 32807 (863) 325-6748							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,544.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	01/30/2026	\$ 1,544.25	YARD SIGNS		
				\$			
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	
MINUTEMAN PRESS 2231 E. MILLBROOK RD. SUITE 111 RALEIGH, NC 27604 (919) 876-7768							
				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:		\$ 747.83	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	01/30/2026	\$ 232.89	FLYERS		
01	Debit Card	B	02/11/2026	\$ 514.94	POSTCARDS		
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	
SHIRT CO 4524 SOUTH SAINT PETERS PKWY ST. PETERS, MI 63304 (636) 926-2777							
				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:		\$ 435.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	BO	02/04/2026	\$ 435.05	SHIRTS		
5. Total only this Page						\$ 2,727.13	
6. Total of ALL CRO-1310 Pages						\$ 4,200.53	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (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)							

Aggregated Non-Media Expenditures

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number
GABBY RIVERO FOR DURHAM						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	01/02/2026	\$ 9.48	CREDIT CARD FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	01/10/2026	\$ 12.16	CREDIT CARD FEES 1/4-1/10
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	02/14/2026	\$ 9.02	CC FEES 2/8-2/14
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card	B	01/22/2026	\$ 30.09	BUSINESS CARDS
4. Total only this Page					\$	60.75
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	60.75
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries		B* - Printing	C* - Fundraising	D - To Another Candidate		
I - Postage		F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
O* - Other		J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

E-MAIL

FEB 23 2026

DURHAM BOE

In-Kind Contributions

Pg 1 of 2

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	
GABBY RIVERO FOR DURHAM			
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
SUSANNA DUNCAN 2019 BIVINS ST DURHAM, NC 27707		<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
			\$ 468.94
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR HOUSE PARTY		02/03/2026	\$ 368.94
			\$
			\$
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
TONY MACIAS 2019 BIVINS ST DURHAM, NC 27707		<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
			\$ 52.35
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR HOUSE PARTY		02/03/2026	\$ 52.35
			\$
			\$
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
NORTH CAROLINA DEMOCRATIC PARTY PO BOX 1926 RALEIGH, NC 27602 (919) 821-2777		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 500.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
MUNICIPAL VOTEBUILDER SOFTWARE		01/07/2026	\$ 500.00
			\$
			\$
4. Total only this Page			\$ 921.29
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 1,010.01

In-Kind Contributions

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	
GABBY RIVERO FOR DURHAM			
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	
GABRIELLE RIVERO PO BOX 51953 DURHAM, NC 27717		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 253.78	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LINKTREE SOFTWARE ANNUAL SUBSCRIPTION		01/07/2026	\$ 53.78
			\$
			\$
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	
NOAH RUBIN-BLOSE 2019 BIVINS ST DURHAM, NC 27707		<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	
		c. Comments	
		d. Election Sum to Date	
		\$ 84.94	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR HOUSE PARTY		02/03/2026	\$ 34.94
			\$
			\$
4. Total only this Page		\$ 88.72	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 1,010.01	

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