

# Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input 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 <u>Stephens For Clerk of Court</u>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>2310 S. Miami Blvd, Suite 240 Durham NC 27703</u>	d. Date Filed <u>12-6-21</u>
	e. Phone Number <u>919-937-9920</u>

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
<u>2021</u>	<u>12-1-21</u>	<u>12-10-21</u>	<u>Chuanita McAlister</u>

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input checked="" type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input checked="" type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		

11. Account Information		11. Account Information	
a. Financial Institution Full Name <u>Trust</u>	a. Financial Institution Full Name	b. Purpose	c. Account Code
b. Purpose	b. Purpose	d. Period Begin Balance	d. Period Begin Balance
c. Account Code	c. Account Code	<u>\$ 7160.00</u>	<u>\$</u>

**CERTIFICATION**

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Chuanita McAlister Printed Name of Signer      [Signature] Signature of Appointed Treasurer      12-10-21 Date

**FOR OFFICE USE ONLY**

Date Received: 12/10/2021      Employee: [Signature]

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_      Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_      Employee: \_\_\_\_\_

**IN PERSON**      **DEC 10 2021**      **DURHAM BOE**

Delivery Method:  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed  
 Signer has not received mandatory training

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, a assistant treasurer, custodian of books information, or a account information.  
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Contributions from Individuals

Pg 1 of 2

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

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
STEPHENS FOR CLERK OF COUERT						
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	
SHARON STEPHENS 6137 CASTELL DRIVE DURHAM, NC 27713			RETIREED			
			c. Employer's Name/Specific Field			
			NONE			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<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	
DELORES POLLARD 4528 FOX ROAD RALEIGH, NC 27616			RETIREED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<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	
GERI RUZAGE 18 GWENDOLYN CIR DURHAM, NC 27703			ATTORNEY			
			c. Employer's Name/Specific Field			
			DURHAM CO ATTORNEY			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>						\$
<input type="checkbox"/>			IN PERSON			\$
<input type="checkbox"/>			DEC 1 0 2021			\$
4. Total only this Page					\$ 120.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 7160.00	

# Contributions from Individuals

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

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
STEPHENS FOR CLERK OF COUERT							
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		
BRITTANY WARD 5263 NC HWY 99 SOUTH BELHAVEN, NC 27810			MAIL CARRIER				
			c. Employer's Name/Specific Field				
			US POSTAL SERVICE		e. Election Sum to Date		
				\$ 40.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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		
ZIREVA MADZIVANYIKA & LIBRIA STEPHENS 6137 CASTELL DR DURHAM, NC 27713			ENGINEER/ATTORNEY		SPOUSE & CANDIDATE		
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
				\$ 7000.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<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		
			c. Employer's Name/Specific Field				
					e. Election Sum to Date		
				\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 7040.00	
5. Total of ALL CRO-1210 Pages						\$ 7160.00	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							