Disclosure	Report	Cover
------------	--------	-------

		make 1	
Ame	ndment		•
	Yes		No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Infor	mation	167			- 10	VEC			Numbau
a. Full Name								c. ID	Number
Committee	Committee to Elect Wendell Tabb to Durham Board Of Education Chapter State and Zin Code)								
b. Mailing Address (incl	b. Mailing Address (include City, State and Zip Code)								
Post Office Box 20025 Durham, North Carolina 27707									07-15-2024
Dui nam,	. 104 614	OMI GIZZZE MI / G/						e. Pl	ione Number
									919-906-0840
2. Report Year	3. Peri	od Start Date (mm/do	l/yy)	4. Period E (mm/dd/yy)	End Da	te	5. Treasurer Full	Name	
2024	0a	. 28.24		06/3	Dla	24	Tania M.		
6. Type of Committ	tee (Che		9. Typ	e of Report	(C.		nly one type of report		
x□ Candidate Camp	aign 🗆	Party	Munici				County	_	erendum
☐ PAC		Referendum	x□	Organizational			Organizational		Organizational
☐ Independent Expenditure ☐ Legal Expense F	d	Joint Fundraiser		Thirty-five day			Quarterly		Pre-referendum
7. Type of Fund		licable, check one)		Pre-primary			First		Final
Booster Fund"	(y appi	ioadit, theth one)		Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
				Semi-annual			Fourth		Special
				Mid Year			Semi-annual		
Other:				Year End			Mid Year	10.	Special Report Name
				Final			Year End		
8. Number of Fund	lraisers :	this Report		Special			Final		
	0						Special		
11. Account Inform	nation		100 7 5		11. Ac	count	Information		Mozale (See Sirking)
a. Financial Institution		e			a. Fina	ncial In	stitution Full Name		
Mechanics a	nd Farr	ners Bank							
b. Purpose		c. Account Code			b. Purp	pose		c.	Account Code
			TABB						
		d. Period Begin Balanc	e]			d	. Period Begin Balance
Campaign F	unds	s 4212.	00					\$	
CERTIFICATION									
L certify that the Co	mmittee	or Fund is in complia	ance with	all applicable	e provis	ions of	f Article 22A, 22B, &	22D-2	2M of Chapter 163 of the
NC General Statute	s and tha	it no funds are comm	ingled wi	th prohibited	or other	r non-d	lisclosed funds. I furt	her cer	hfy that this report is
complete, true and o	correct at	nd that I have been tr	ained by	the NC State	Board o	of Elec	tions.	X	04 15 24
Jani	-		NYN	_ ()()	nu)	of Arra	inted Treasurer		Date
FOR OFFICE USE		nted Name of Signer	-		ngnature	or Appo	MINEG HEASUICE		Duro
		11/15/20	24			YL	4	Deliv	very Method
Date Received:	•	0111		Employee:			9: 9		Normal Mail
Date Postmark	ed:			Employee:	FRS	ON			Registered Mail Hand Delivered
Date Scanned:				Employee:					Electronically Filed Signer has not received
Date Data Ente			-12	Employ	157	2024			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.									
		m cannot be used to a	amend co	mmittee infor	mation	slichta	s the committee addr	ess, tre	asurer, assistant treasurer,
	This for	m cannot be used to a	amend co	mmittee information	mation HA,W	BÖÉ	s the committee addr t information. LE) to make committ	ess, tre	asurer, assistant treasurer,

Detailed Summary

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable)

Committee to Elect Wender Touch

To The Board of Education 3. ID Number 2. Type of Report 2024. (Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** \$421a.[4) Cash on Hand at Start RECEIPTS \$ 5) Aggregated Contributions from Individuals \$ (CRO-1205) \$ \$ 1070.00 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) \$ \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ (CRO-1410) 9) Loan Proceeds \$ 10) Refunds/Reimbursements to the Committee \$ (CRO-1240) 11) Other Receipt Sources \$ (CRO-1250) \$ 11a) Interest on Bank Accounts \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ (CRO-1250) 11c) Outside Sources of Income \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements \$ (CRO-1310) \$2129.23 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ (4) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ \$ (CRO-1420) 15) Loan Repayments \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ (CRO-1510) 17) In-Kind Contributions \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) \$ (CRO-1430) (CRO-1610) 22) Debts and Obligations owed by the Committee \$ (CRO-1620) 23) Debts and Obligations owed to the Committee IN PERSON 24) Account Transfers Within the Committee (CRO-1720) \$ (CRO-1710) 25) Administrative Support JUL 1 5 2024 \$ (CRO-1440) 26) Forgiven Loans CRO-2220) \$ 27) 48-Hour Notice Reports Sum \$ DURHAM BOE \$ (CRO-1215) 28) Contributions to be Refunded

1	1	i	c	h	11	r	c	6	m	en	te
Л		1		IJ	u	ш	3	v	ш	CII	1.3

Pg	 of	Amendment		
		Yes	X	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 Committee to Elect Wendell Took Othe Duron Bond of Ed.						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) d. Comments						
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Coordinated Committee Name d. Comments	12 (8)					
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip)	Ta Tal					
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip)						
(include city, state, & zip)						
C. Level Registered (Specify) County: County: C. Level Registered (Specify)						
Federal County: State Municipality: e. Election Sum to Date						
State Municipality: e. Election Sum to Date						
AMO III LI SILLO LI III III III III III III III III						
Dirhm 40C of 1101						
5 2 2 2 3						
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
A TARONAM COST OF THE PARTY OF						
Chech 03.06.24 \$2129.23						
\$						
4. Payee Information Add Remove	i diya					
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments						
(include city, state, & zip)						
c. Level Registered (Specify)						
Federal County:						
State Municipality: e. Election Sum to Date						
\$						
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks						
A A A A A A A A A A A A A A A A A A A						
\$						
\$						
4. Pavee Information Add Remove	NEW YORK					
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments						
(include city, state, & zip)						
c. Level Registered (Specify)						
Federal County:						
State Municipality: e. Election Sum to Date						
\$						
f. Account Code g. Form of Payment h. Purpose Code i, Date (mm/dd/yyyy) j. Amount k. Required Remarks						
\$ IN PERSON						
a Trenoon						
\$						
5. Total only this Page \$ 1 5 2024						
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) S DURHAM BOE						
(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)	MEL					
A* - Media B* - Printing C* - Fundraising D - To Another Candidate						
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
Districts I district Find						
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						

		rom Individua		Pg	of &	3	Amendment Yes No	
		ndividual contributio		ontributions und	er \$50 if form Cl	-		
1. Com	mittee Full Nan	ne (and Fund if app	licable)		0=	2. I	D Number	
Con	nm:tec	To Elect We	tion.	ab lo lhe	ppara or	110	CLYV5	
3. Cont	tributor Inform	ation		Add Re	move			
a. Full Na	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	Comments	
	le city, state, & zip)			0 100	1			
m:	CKells T	ine mich	naux	'Ketira		1		
	1			c. Employer's Nar	me/Specific Field			
219	Jaroma	Road						
			h			e. El	lection Sum to Date	
DUY	nam,	incay413	3			\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
							S	
H <u>-</u>							<u> </u>	
							\$	
							\$	
3. Cont	ributer Inform	ation		Add Re	move	ZAN		
a. Full Na	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	Comments	
(includ	le city, state, & zip)			0	٥			
				Jous Ch	nef'			
1100	Aycı W	oris Gale Drive		c. Employer's Name/Specific Field				
1110	hugati	GO POTIVE						
1118	20001			Ruth C	hriS	e. E	lection Sum to Date	
\mathcal{D} U	irham, c	nc atte)4	110171		\$	5.0D	
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
	tributor Inform	ation		Add □ Re	move			
3. Cont	tributor Inform			Add Re		d. C		
3. Cont	tributor Inform ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	\$	
3. Cont a. Full Na	ame, Mailing Addr le city, state, & zip)	ess & Phone			ssion	d. C	\$	
3. Cont a. Full Na	ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	\$	
3. Cont a. Full Na	ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion		\$ Comments	
3. Cont a. Full Na	ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion		\$	
3. Cont a. Full Na	ame, Mailing Addr de city, state, & zip) LISC GO DE LONG	ess & Phone Impole nth hane nc. 241		b. Job Title/Profe Refive c. Employer's Na	ession Me/Specific Field	e. E \$	\$ Comments	
3. Cont a. Full Na	ame, Mailing Addr le city, state, & zip)	ess & Phone	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Na	ssion	e. E \$	\$ Comments	
3. Cont a. Full Na (includ Dor 300	ame, Mailing Addr de city, state, & zip) LISC GO DE LONG	ess & Phone Impole nth hane nc. 241	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Na	ession Me/Specific Field	e. E \$	Selection Sum to Date	
3. Cont a. Full Na (includ Dor 300	ame, Mailing Addr de city, state, & zip) LISC GO DE LONG	ess & Phone Impole nth hane nc. 241	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Nat	ession Me/Specific Field	e. E \$	Selection Sum to Date Column	
3. Cont a. Full Na (includ 300	ame, Mailing Addr de city, state, & zip) LISC GO DE LONG	ess & Phone Impole nth hane nc. 241	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Nat	ession Me/Specific Field	e. E \$	Selection Sum to Date O. OC k. Amount	
3. Conta a. Full Na (includ	ame, Mailing Addr de city, state, & zip) LISC GO 5 LON g. Account Code	ess & Phone Impole nth hane nc. 244 h. Form of Payment	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Nat	ession Me/Specific Field	e. E \$	Section Sum to Date Comments Comments	
3. Conta a. Full Na (included	ame, Mailing Addr le city, state, & zip) ISC GO 5 LON g. Account Code	ess & Phone Impole nth hane nc. 244 h. Form of Payment	i. In-Kind Descri	b. Job Title/Profe Refive c. Employer's Nat	ession Me/Specific Field	e. E \$	Section Sum to Date Comments Comments	

Con	tribi	itions	from	Indiv	oubiv	le
COII	uridu	luous	TLOH	mur	viuua	112

	^		മ	Amendment	_
Pg	1	of	8	☐ Yes	No

Use this form to report individua	d contributions over	\$50 or contributions	s under \$50 if form C	RO 1205 is not used
-----------------------------------	----------------------	-----------------------	------------------------	---------------------

1. Com	mittee Full Nam	2. ID Number				
		O Elect Wer	ndell Table			ICLY Y5
	ributor Informa	Marie and the second se		Add Ren		
	me, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profes	sion	d. Comments
		riS		RPA Day c. Employer's Nan	610 PER	
804	west s	riS 54h Street		Duke E		e. Election Sum to Date
	ir loffe)		JJ	\$ 50.00
		h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
						\$
						\$
						\$
	ributor Informa				nove	
1111	me, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments
	e city, state, & zip)	S	*******	c. Employer's Nan	of Deed	
913	Garcia A	ENUE		Durham		e. Election Sum to Date
Dur	ham, 41	2 a4404			J	\$50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	
						\$
						\$
						\$
	ributor Informa				nove	
	me, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments
-	e city, state, & zip)	Klen		InSuran c. Employer's Nan		
1444	EYNC	Highway 54	Apl.R	Wake Ne		e. Election Sum to Date
Dur	ham, 4	klen Highway 54 10 24113	J	72010 10		\$50.00
	g. Account Code	h. Form of Payment	i. In-Krud Descrip	PPON .	j. Date (mm/dd/yy	yy) k. Amount
						\$
			JUL 15	2024		\$
			DURHAN	1 BOE		\$
4. Tota	al only this P	age				\$ 50.00
		RO-1210 Pages				e
		of Detailed Summary Pa	ige CRO-1100)			\$

Contributions from Individuals

	h			Amendment	
	- 2	-	444	F7	177
Pg		of	<u> </u>	Yes	No.

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

1. Com	Committee Full Name (and Fund if applicable) Committee To Flect Wendell Tough To The Board CLYV5						
Corr	ICLYV5						
3. Cont	ributor Informa	ation		Add	Remove		
	ame, Mailing Addre	ess & Phone	•	b. Job Title/P	rofession	d. Comments	
(include city, state, & zip)				Profiva	٦		
Anthony Ford 4 Jamoico Place Durham, 40c. 24413				Description of the second	Name/Specific Field	-	
M Jamoica Place						e. Election Sum to Date	
Durnam, 40c. 24713						\$50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount	
						\$	
						\$	
						\$	
3. Cont	ributor Informa	ation			Remove		
	ame, Mailing Addre	ess & Phone		b. Job Title/P	rofession	d. Comments	
	e city, state, & zip)			Flent	and		
Day	- Higas			c. Employer's	Name/Specific Field	-	
المار		~ ^		Him			
P.O.	BOX SAL	lod and	Λ	Mich 1	Mills. GOT II.	e. Election Sum to Date	
Du	rham,	X62 ncathl1	,			\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy) k. Amount	
						\$	
						\$	
						\$	
3. Cont	ributor Informa	ation		Add	Remove		
	ame, Mailing Addre	ess & Phone		b. Job Title/P	rofession	d. Comments	
(includ	e city, state, & zip)			Relin	20		
To 1	Heard			c. Employer's	Name/Specific Field		
430	O Amasb	ury hane		Retir	ed	e. Election Sum to Date	
Du	rham Y	C 27/13				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In Kind Descrip	Mon	j. Date (mm/dd/yy	(yy) k. Amount	
			JUL 15	2024		\$	
			JUL 1 9	1024		\$	
			DURHAM	BOE		\$	
4. Tot	al only this P	age		Martin Co		\$250.00	
		RO-1210 Pages		REPORT		•	
	(This line must be on line 6 of Detailed Summary Page CRO-1100)						

				A	Amendment	_
Contributions from Individuals	Pg	4	of	<u>a</u>	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 Jano To The ommittee To Elect 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount . Prior \$ \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ Remove 3. Contributor Information Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment k. Amount f. Prior

CDO 10		NGO: D I CEL C	4 11 2000
5	ne must be on line 6 of Detailed Summary P	Page CRO-1100)	>
5. Tota	al of ALL CRO-1210 Pages	Ф.	
4. Tota	al only this Page	对自治性性性的变形的变形	\$250.00
		SOITIANI BOL	\$
		DUBHAMBOE	\$
		JUL 1 5 2024	\$

Cont	ributions fi	om Individua	ls	Pg	<u>5</u> of E	}	Amendment Yes No	
Use this	s form to report i	ndividual contributio	ns over \$50 or co	ontributions und	er \$50 if form CI	RO 1	205 is not used	
1. Com	mittee Full Nan	ne (and Fund if appl	icable)			2. 1	D Number	
Com	mittee Te	Dect Wen	dell Tapp	To The Boo	od of Folic		CLYV5	
3. Cont	ributor Inform	ation		Add Re	move			
	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. C	comments	
(includ	le city, state, & zip)			01:	ĺ			
Juc	inita 4	nossenlourd	7	c. Employer's Na	me/Specific Field			
Juanita 4massenlourg Moa Carpenter Fletcher Rol.					e. El	lection Sum to Date		
		10.24413			T	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
3. Cont	ributor Inform	ation		Add Re	move			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	comments	
(includ	le city, state, & zip)			Tolon	0-10-			
Fele	ecia 4mas	senburg		c. Employer's Na	me/Specific Field			
0,10	00 1 0711/	Felecia Ymassenburg 8488 Lazy Creek Court			Mariton		. Tile of an Come to Date	
8488 Lazy Creek Cow			I Van / ()	n	100	1 41 C 4 D 4		
040	8 huay	rech wo	, (Verizo	n	e. E	lection Sum to Date	
Spr	ingfield.	YA 2215	3			\$	50.00	
Sp. f. Prior	ingfield g. Account Code	NA 2215	i. In-Kind Descrip		j. Date (mm/dd/yy	\$	lection Sum to Date 50 . O	
Spr	ingfield.	YA 2215	3			\$	50.00	
Spr	ingfield.	YA 2215	3			\$	k, Amount	
f. Prior	g. Account Code	h. Form of Payment	3			\$	50.00 k. Amount \$	
f. Prior	g. Account Code	h. Form of Payment	3	Add Re	j. Date (mm/dd/yy)	\$	50.00 k. Amount \$	
f. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code	h. Form of Payment ation ess & Phone	3	otion	j. Date (mm/dd/yy)	\$ (yy)	50.00 k. Amount \$	
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code tributor Informame, Mailing Addresses, State, & zip)	h. Form of Payment ation ess & Phone	i. In-Kind Descrip	Add Re	j. Date (mm/dd/yy) move ession Director	\$ (yy)	\$	
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code tributor Informame, Mailing Addresses, State, & zip)	h. Form of Payment ation ess & Phone	i. In-Kind Descrip	Add Re b. Job Title/Profe c. Employer's Na	j. Date (mm/dd/yyy	\$ (yy)	\$	
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code tributor Informame, Mailing Addresses, State, & zip)	h. Form of Payment ation ess & Phone	i. In-Kind Descrip	Add Re b. Job Title/Profe c. Employer's Na Water S	j. Date (mm/dd/yy) move ession Divoctor me/Specific Field	\$ (d. CC	\$	
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code tributor Information ame, Mailing Address Sherican, Sherica	h. Form of Payment ation ess & Phone ACA Meached dan Dr. h. C. a. T. T.	i. In-Kind Descrip	Add Re b. Job Title/Profe Funcial c. Employer's Na Walter S Funcial	j. Date (mm/dd/yy) move ession Divactor me/Specific Field bands 15 Hame	d. C	k. Amount \$ \$ Comments DOC. OX	
f. Prior G. Prior G. Prior G. Prior G. Prior G. Prior	g. Account Code tributor Informame, Mailing Addresses, State, & zip)	h. Form of Payment ation ess & Phone	i. In-Kind Descrip	Add Re b. Job Title/Profe Funcial c. Employer's Na Walter S Funcial	j. Date (mm/dd/yy) move ession Divoctor me/Specific Field	d. C	k. Amount \$ \$ \$ Comments	
S. Prior G. Prior 3. Cont a. Full Na (includ Fra 3H2	g. Account Code tributor Information ame, Mailing Address Sherican, Sherica	h. Form of Payment ation ess & Phone ACA Meached dan Dr. h. C. a. T. T.	i. In-Kind Descrip	Add Re b. Job Title/Profe c. Employer's Na Walter S Funeral	j. Date (mm/dd/yy) move ession Divactor me/Specific Field bands 15 Hame	d. C	k. Amount \$ \$ Comments DOC. OX	
f. Prior G. Prior 3. Cont a. Full No (includ) Grand G. Prior	g. Account Code tributor Information ame, Mailing Address Sherican, Sherica	h. Form of Payment ation ess & Phone ACA Meached dan Dr. h. C. a. T. T.	i. In-Kind Descrip	Add Re b. Job Title/Profe C. Employer's Na Walter S Funeral	j. Date (mm/dd/yy) move ession Divactor me/Specific Field bands 15 Hame	d. C	k. Amount \$ \$ \$ Comments Section Sum to Date DO. OO k. Amount	
5. Prior G. Prior 3. Cont a. Full Na (includ Fra 7. Prior G. Prior	g. Account Code tributor Information ame, Mailing Address Sherican, Sherica	h. Form of Payment ation ess & Phone ACA Meached dan Dr. h. C. a. T. T.	i. In-Kind Descrip	Add Re b. Job Title/Profe C. Employer's Na Walter S Funeral	j. Date (mm/dd/yy) move ession Divactor me/Specific Field bands 15 Hame	d. C	k. Amount \$ \$ \$ Comments Comments Lection Sum to Date LOO. OV k. Amount \$	

April 2007

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals	Pg	6	of	8_	Amendment Yes	No	
Use this form to report individual contributions over \$50 or contributions	under	r \$50 if	form	CRO :	1205 is not u	sed	

Use this	form to report in	ndividual contributio	ns over \$50 or co	ontributions unde	er \$50 ii form Cr	(U I	203 is not used		
1. Committee Full Name (and Fund if applicable) 2. ID Number									
Committee to Elect Wondell Topo To The Boar							CLYY5		
3. Cont	3. Contributor Information								
a. Full Na	a. Full Name, Mailing Address & Phone				sion	d. C	omments		
(includ	e city, state, & zip)			0	T TOTAL				
Wendell Bullald 1532 Pomona Drive Durham, nc 24404				c. Employer's Nan					
1532 Pomono Drive						a Fi	ection Sum to Date		
	10 0 100 Y	10 2 MMOM		Solt			100000		
					P. A. C	\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	(y)	k. Amount		
							\$		
							\$		
							\$		
3. Cont	ributor Informa	ation		Add Rer	nove	415	建制度等到现象。		
a. Full Na	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments		
(includ	e city, state, & zip)			10.00					
ma	uralla A	Huater		c. Employer's Nan	herops ne/Specific Field				
100	8 Boule	thucture in Drive		Salf)	e. El	lection Sum to Date		
		he anne	03	19	-	\$	100.00		
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)	k. Amount		
							\$		
						-	\$		
							\$		
3. Cont	ributor Inform	ation	Model Chin	Add Rer	nove	134			
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. C	comments		
	le city, state, & zip)								
				c. Employer's Nar	me/Specific Field				
403	3 R. D41	elmonds hasty DR.		Pharpoint	Research	e. E	lection Sum to Date		
Ca	ru unc	. a7513	IN PER	SON		1	\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount		
			JUL 15	5 2024			\$		
			DURHAN	и вое			\$		
							\$		
4. Tot	al only this P	age				I	300,00		
		RO-1210 Pages	CRO HAN			\$	· · · · · · · · · · · · · · · · · · ·		
		6 of Detailed Summary F		and of Floorians			April 2007		
CRO-1	410		INC State Boa	ard of Elections			April 2007		

Contributions from Individuals

	~		Amendment	_
Pg		of 💆	☐ 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)

Comm: Hoo To FJECT Wondell Touro To 2. ID Number Rollication 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) LnSurance Broke c. Employer's Name/Specific Field Marsh Risk & e. Election Sum to Date insurance g. Account Code j. Date (mm/dd/yyyy) k. Amount h. Form of Payment i. In-Kind Description \$ \$ 3. Contributor Information Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) c. Employer's Name/Specific Field Warner Bros. e. Election Sum to Date h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П \$ \$ \$ Remove Add 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Isiness Dunela c. Employer's Name/Specific Field e. Election Sum to Date j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment f. Prior \$ JUL 1 5 2024 \$ **DURHAM BOE** \$ 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\sim				T 14	
Con	tribi	ntions	: from	Indi	viduals
	THE LIVE	uuuuu	, 11 A111	HULL	VIUUUIS

Pg of Management 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 Remove 3. Contributor Information Add b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date j. Date (mm/dd/yyyy) g. Account Code h. Form of Payment i. In-Kind Description k. Amount f. Prior \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date j. Date (mm/dd/yyyy) k. Amount g. Account Code h. Form of Payment i. In-Kind Description \$ \$ \$ ☐ Remove Add 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Director of Operation c. Employer's Name/Specific Field era Williams e. Election Sum to Date care i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment DURHAM BOE 4. Total only this Page 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)