

Disclosure Report Cover

Amendment
 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 Information	
a. Full Name THE COMMITTEE TO ELECT MIKE WOODARD	c. ID Number
b. Mailing Address (include City, State and Zip Code) 732 9TH STREET DURHAM, NC 27759	d. Date Filed 09/04/2023
	e. Phone Number

2. Report Year 2023	3. Period Start Date (mm/dd/yy) 07/22/2023	4. Period End Date (mm/dd/yy) 08/29/2023	5. Treasurer Full Name RONALD RICHARDSON
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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	Municipal		State/County
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	Referendum
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Organizational
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
<input type="checkbox"/> Final		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<input type="checkbox"/> Special		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
<input type="checkbox"/> Special			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report 0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name PINNACLE		a. Financial Institution Full Name	
b. Purpose CAMPAIGN CHECKING ACCOUNT	c. Account Code 002	b. Purpose	c. Account Code
	d. Period Begin Balance \$		d. Period Begin Balance \$

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

Ronald Richardson [Signature] 09/05/2023
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9/7/23 **MAIL** Employee 82 **Delivery Method**
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: 9/15/23 **SEP 07 2023** Employee 82
 Signer has not received mandatory training

Date Scanned: _____ **DURHAM** Employee _____

Date Data Entered: _____ Employee _____

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

Detailed Summary

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

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
THE COMMITTEE TO ELECT MIKE WOODARD	2023 Thirty-five-day		
Start of Election Cycle: January 1, 2023	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 5,640.00	\$ 0.00	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 285.00	\$ 725.00	
6) Contributions from Individuals (CRO-1210)	\$ 11,650.00	\$ 16,650.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)	\$ 6,400.00	\$ 8,400.00	
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)	\$ 18,335.00	\$ 25,775.00	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 4,826.06	\$ 6,626.06	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0.00	\$ 0.00	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00	
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 4,826.06	\$ 6,626.06	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 19,148.94	\$ 19,148.94	
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	

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SEP 07 2023
DURHAM BOE

Aggregated Contributions from Individuals Page 1 of 1

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	
THE COMMITTEE TO ELECT MIKE WOODARD						
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	002	Credit Card		08/04/2023	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/04/2023	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/18/2023	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/14/2023	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/04/2023	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/10/2023	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/22/2023	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Check		08/28/2023	\$	10.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/29/2023	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	002	Credit Card		08/26/2023	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$285.00
5. Total of ALL CRO-1205 Pages					\$	\$285.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

MAIL
 SEP 07 2023
 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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) GALE ADCKOCK 300 LEGAULT DRIVE CARY, NC 27513	b. Job Title/Profession LEGISLATOR	d. Comments
	c. Employer's Name/Specific Field NCGA	
		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"/>	002	Credit Card		08/07/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARK BIBBS 510 MEADOWMONT VILLAGE #510 CHAPEL HILL, NC 27519	b. Job Title/Profession CONSULTANT	d. Comments
	c. Employer's Name/Specific Field GENCO HAYES	
		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"/>	002	Check		08/24/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) STEPHEN BOCKKINO 7340 ABRON DRIVE DURHAM, NC 27713	b. Job Title/Profession NOT EMPLOYED	d. Comments
	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"/>	002	Credit Card		08/26/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 11,650.00
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MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) JULIA BORBELY-BROWN 1013 WATTS DURHAM, NC 27701			b. Job Title/Profession LEGAL AID		d. Comments	
			c. Employer's Name/Specific Field SELF HELP CREDIT UNION		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"/>	002	Check		08/24/2023	\$ 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) JOHN BOWMAN 311 WATTS STREET DURHAM, NC 27701			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field MAXWELL FREEMAN & BOWMAN		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"/>	002	Credit Card		08/08/2023	\$ 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) JOHN BOWMAN 311 WATTS STREET DURHAM, NC 27701			b. Job Title/Profession ATTORNEY		d. Comments	
			c. Employer's Name/Specific Field MAXWELL FREEMAN & BOWMAN		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"/>	002	Credit Card		08/25/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 11,650.00	

MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SPENCE BROADHURST 605 DOCK STREET WILMINGTON, NC 28401			b. Job Title/Profession BANKER		d. Comments	
			c. Employer's Name/Specific Field FIRST NATIONAL BANK		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"/>	002	Credit Card		07/31/2023	\$ 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) HAROLD BRUBAKER 138 SCARBORO STREET ASHEBORO, NC 27203			b. Job Title/Profession RETIRED LEGISLATOR		d. Comments	
			c. Employer's Name/Specific Field RETIRED		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"/>	002	Credit Card		08/08/2023	\$ 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) LISA CALLAHAN 635 N QUEEN STREET DURHAM, NC 27701			b. Job Title/Profession RESTAURANTEUR		d. Comments	
			c. Employer's Name/Specific Field SELF		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"/>	002	Credit Card		08/25/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>				MAIL	\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 11,650.00	

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
THE COMMITTEE TO ELECT MIKE WOODARD						
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
CAL COETZEE 209 N CHURCH DURHAM, NC 27701				NOT EMPLOYED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NOT EMPLOYED		
						\$ 1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	002	Credit Card		08/26/2023	\$ 1,000.00	
<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
CAROLYN COLSHER 2 SCOTLAND PLACE DURHAM, NC 27705				NOT EMPLOYED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NOT EMPLOYED		
						\$ 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"/>	002	Check		08/24/2023	\$ 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
JENNIFER COPELAND 708 N DRIVER STREET DURHAM, NC 27703				CLERGY		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NC COUNCIL OF CHURCHES		
						\$ 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"/>	002	Credit Card		08/29/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1,350.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 11,650.00

MAIL
SEP 07 2023

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	
THE COMMITTEE TO ELECT MIKE WOODARD							
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	
ANN CRAVER 34 INNSFREE DRIVE DURHAM, NC 27707				NOT EMPLOYED			
				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"/>	002	Credit Card		08/22/2023	\$ 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	
ROYCE ECERETTE, JR 118 ROBIN ROAD GREENVILLE, NC 27858				CEO			
				c. Employer's Name/Specific Field			
				TIME INVESTMENT			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	002	Check		08/24/2023	\$ 1,000.00		
<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	
WILLIAM EPPINETTE 914 W KNOX STREET DURHAM, NC 27701				NOT EMPLOYED			
				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"/>	002	Credit Card		08/10/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,350.00	
5. Total of ALL CRO-1210 Pages						\$ 11,650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA FISH 1006 URBAN AVENUE DURHAM, NC 27701	b. Job Title/Profession NOT EMPLOYED	c. Employer's Name/Specific Field NOT EMPLOYED	d. Comments
			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"/>	002	Credit Card		08/15/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) TRACEY GOETZ 3531 STONEYBROOK DRIVE DURHAM, NC 27705	b. Job Title/Profession MANAGER	c. Employer's Name/Specific Field BERKSHIRE HATHAWAY	d. Comments
			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"/>	002	Credit Card		08/04/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) TRACEY GOETZ 3531 STONEYBROOK DRIVE DURHAM, NC 27705	b. Job Title/Profession MANAGER	c. Employer's Name/Specific Field BERKSHIRE HATHAWAY	d. Comments
			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"/>	002	Credit Card		08/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 11,650.00
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MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) LINSEY HUGHES 3938 DOVER ROAD DURHAM, NC 27707	b. Job Title/Profession TEACHER	d. Comments
	c. Employer's Name/Specific Field DUKE 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"/>	002	Credit Card		08/19/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY JENKINS 3822 CHURCHILL CIRCLE DURHAM, NC 27707	b. Job Title/Profession NOT EMPLOYED	d. Comments
	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"/>	002	Credit Card		08/19/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) SETH JERNIGAN 4311 SWARTHMORE ROAD DURHAM, NC 27707	b. Job Title/Profession REAL ESTATE	d. Comments
	c. Employer's Name/Specific Field SVN	
		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"/>	002	Credit Card		08/20/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 450.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 11,650.00
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MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAN JEWELL 1025 GLORIA AVENUE DURHAM, NC 27701			b. Job Title/Profession ARCHITECT		d. Comments	
			c. Employer's Name/Specific Field THOMAS AND HUTTON			
					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"/>	002	Credit Card		08/19/2023	\$ 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) DEBRA KELLY 1105 ALABAMA AVENUE DURHAM, NC 27705			b. Job Title/Profession LAWYER		d. Comments	
			c. Employer's Name/Specific Field DUKE 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"/>	002	Credit Card		08/10/2023	\$ 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) MAUREEN KELLY 6013 FARMINGTON ROAD CHAPEL HILL, NC 27517			b. Job Title/Profession NOT EMPLOYED		d. Comments	
			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"/>	002	Credit Card		08/05/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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)					\$ 11,650.00	

MAIL

SEP 07 2023

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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
---	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) RUTH MCDANIEL 277 BENNY ROSS DURHAM, NC 27703	b. Job Title/Profession FARMER SCIENTIST EDUCATOR	d. Comments
	c. Employer's Name/Specific Field FORTY DAYS FARM	
		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"/>	002	Credit Card		07/26/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) RALPH MCGAUGHAN 142 MONTROSE DRIVE DURHAM, NC 27707	b. Job Title/Profession NOT EMPLOYED	d. Comments
	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"/>	002	Credit Card		08/25/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) JAY MEBANE 11 OAK DRIVE DURHAM, NC 27707	b. Job Title/Profession ENTREPRENEUR	d. Comments
	c. Employer's Name/Specific Field SELF	
		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"/>	002	Credit Card		08/21/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 450.00

5. Total of ALL CRO-1210 Pages \$ 11,650.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
---	---------------------

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	
LEON MEYERS 3126 CARRIAGE TRAIL HILLSBOROUGH, NC 27278		BEST EFFORT			
		c. Employer's Name/Specific Field			
		BEST EFFORT			
				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"/>	002	Credit Card		08/22/2023	\$ 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	
LEWIS MEYERS 208 RIGSBEE DRIVE DURHAM, NC 27701		NOT EMPLOYED			
		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"/>	002	Credit Card		08/24/2023	\$ 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	
CAROL MILLER 923 DEMERIUS STREET DURHAM, NC 27701		OWNER			
		c. Employer's Name/Specific Field			
		VAGUELY REMINISCENT			
				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"/>	002	Check		08/24/2023	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 850.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 11,650.00

MAIL
SEP 07 2023

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
THE COMMITTEE TO ELECT MIKE WOODARD						
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	
MARK MILLER 2230 WHILEY DRIVE DURHAM, NC 27707			BANKER			
			c. Employer's Name/Specific Field			
			PINNACLE			
					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"/>	002	Check		08/24/2023	\$ 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	
THOMAS MILLER 1110 VIRGINA AVENUE DURHAM, NC 27705			RETIRED ATTORNEY			
			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"/>	002	Check		08/04/2023	\$ 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	
IAN NIEDEL 3843 SOMERSET DRIVE DURHAM, NC 27707			DEVELOPMENT			
			c. Employer's Name/Specific Field			
			SELF 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"/>	002	Credit Card		08/23/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 11,650.00	

MAIL

SEP 07 2023

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
THE COMMITTEE TO ELECT MIKE WOODARD						
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	
J.E. RANKIN 462 FOREST HEIGHTS DRIVE MARION, NC 28732			OWNER			
			c. Employer's Name/Specific Field			
			MARION CREDIT COMPANY			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	002	Check		08/24/2023	\$ 1,000.00	
<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	
MARY REGAN 4331 GALAX DRIVE RALEIGH, NC 27613			NOT EMPLOYED			
			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"/>	002	Credit Card		08/04/2023	\$ 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	
SUSAN ROSS 4102 WESTFIELD DRIVE DURHAM, NC 27705			PARTNER			
			c. Employer's Name/Specific Field			
			MOSS & ROSS			
					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"/>	002	Credit Card		08/17/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,200.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 11,650.00	

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) THE COMMITTEE TO ELECT MIKE WOODARD	2. ID Number
---	---------------------

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MARGARET SARGENT 914 ENGELWOOD AVENUE DURHAM, NC 27701	b. Job Title/Profession NOT EMPLOYED	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	002	Credit Card		08/06/2023	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) POKEY SCHIFF 3712 DARWIN ROAD DURHAM, NC 27707	b. Job Title/Profession NOT EMPLOYED	d. Comments
	c. Employer's Name/Specific Field NOT EMPLOYED	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	002	Credit Card		08/29/2023	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) MAURA SULLIVAN 110 CORCORAN STREET UNIT 160 DURHAM, NC 27701	b. Job Title/Profession COMMUNITY ENGAGEMENT	d. Comments
	c. Employer's Name/Specific Field SELF	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	002	Credit Card		08/20/2023	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page MAIL \$ 550.00

5. Total of ALL CRO-1210 Pages SEP 07 2023 \$ 11,650.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)

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
THE COMMITTEE TO ELECT MIKE WOODARD						
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	
ROBERT SULLIVAN 750 WEAVER DAIRY ROAD CHAPEL HILL, NC 27514			NOT EMPLOYED			
			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"/>	002	Credit Card		08/25/2023	\$ 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	
ROBERT TEES, JR 3520 STONEYBROOK DRIVE DURHAM, NC 27705			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	002	Check		08/01/2023	\$ 1,000.00	
<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	
DORY VAN DUZER 2017 SPRUNT AVENUE DURHAM, NC 27705			NOT EMPLOYED			
			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"/>	002	Check		08/04/2023	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 11,650.00	

MAIL
SEP 07 2023
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
THE COMMITTEE TO ELECT MIKE WOODARD						
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	
BRITNEY WALLACE 3200 SANDY CREEK RAOD DURHAM, NC 27705			HOME BUILDER			
			c. Employer's Name/Specific Field			
			B. WALLACE DESIGN			
					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"/>	002	Credit Card		08/07/2023	\$ 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	
ALLEN WELLONS 609 HANCOCK STREET SMITHFIELD, NC 27577			LAWYER			
			c. Employer's Name/Specific Field			
			SELF			
					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"/>	002	Credit Card		08/12/2023	\$ 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	
SASHA ZARZOUR 3910 TYNDRUM DRIVE DURHAM, NC 27705			MANAGER			
			c. Employer's Name/Specific Field			
			CARING HOUSE			
					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"/>	002	Credit Card		08/24/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 11,650.00	

MAIL
SEP 07 2023

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
THE COMMITTEE TO ELECT MIKE WOODARD				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
NC REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
				\$ 6,400.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
002	Check		08/28/2023	\$ 6,400.00
				\$
				\$
4. Total only this Page			\$	\$6,400.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)			\$	\$6,400.00

CRO-1230

NC State Board of Elections

April 2007

MAIL

SEP 07 2023

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	
THE COMMITTEE TO ELECT MIKE WOODARD							
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
ACT BLUE 366 SUMMER STREET SOMERSET, 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:		\$ 79.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
002	Electric Funds Tran	C	08/01/2023	\$ 79.75	SERVICE FEES		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CAPITOL PROMOTIONS 2236 GLENDALE AVENUE GLENSIDE, PA 19038							
				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:		\$ 2,149.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
002	Electric Funds Tran	B	07/24/2023	\$ 2,149.00	YARD SIGNS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CARY SIGN COMPANY 519 EAST CHATHAM STREET CARY, NC 27519							
				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:		\$ 96.53	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
002	Debit Card	B	07/31/2023	\$ 96.53	BANNER		
				\$			
5. Total only this Page						\$ 2,325.28	
6. Total of ALL CRO-1310 Pages						\$ 4,826.06	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
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

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	
THE COMMITTEE TO ELECT MIKE WOODARD							
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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
JOSEPH C WOODARD PRINTING 2815 S SAUNDERS STREET RALEIGH, NC 27603							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 500.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
002	Debit Card	B	08/01/2023	\$ 108.37	POST CARDS		
002	Debit Card	B	08/01/2023	\$ 392.41	ENVELOPES		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
RR CAMPAIGNS PO BOX 33523 RALEIGH, NC 27636							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 2,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
002	Electric Funds Tran	E	08/01/2023	\$ 2,000.00			
				\$			
5. Total only this Page						\$ 2,500.78	
6. Total of ALL CRO-1310 Pages						\$ 4,826.06	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
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)							

MAIL

SEP 07 2023

DURHAM BOE