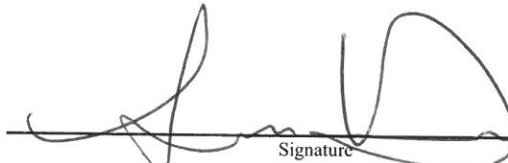


Independent Expenditure Report Cover

Amendment
 Yes No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement Durham for All		d. Entity Type (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input checked="" type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number 1803 Chapel Hill Rd, suite D Durham, NC 27707		e. Federal ID Number (if applicable) 81-1360384	
		f. Date Filed 02/08/2016	
c. Report Type <input checked="" type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input checked="" type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify) _____		g. Employer's Name or Principal Place of Business	
		h. Occupation	
2. Report Year 2018	3. Period Start Date (mm/dd/yyyy) 05/05/2018	4. Period End Date (mm/dd/yyyy) 05/08/2018	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts Anthony Joseph Magliore		IN PERSON	
b. Mailing Address (include City, State and Zip Code) and Phone Number 1803 Chapel Hill Rd., Suite D Durham, NC 27707 (919) 727-9428		c. Employer's Name or Principal Place of Business Durham for All MAY 08 2018 DURHAM BOE	
		d. Occupation Operations Manager	
6. Total Donations ALL Pages		\$ 0.00	
7. Total Expenditures ALL Pages		\$ 15,052.00	
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Sendolo Diaminah Printed Name of Signer		 Signature	5/8/18 Date

Incurring Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2526.

1. Expenditure Information			
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
1	08/03/2018	05/05/2018	Decriminalize Durham Video Ad for Facebook, YouTube + Snapchat
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
76 Words 1121 5th St. NW, Fl #1 Washington, DC 20001 (202) 686-2900			\$ 15,052.00
Candidate Full Name		Amount	Office Sought
Clarence Birkhead		\$ 7,526	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office Sheriff Co. Durham <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
Satana Deberry		\$ 7,526	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> Co./Municipal Office District Attorney Co. Durham <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name			Date
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
			IN PERSON
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
			\$
			MAY 08 2018 DURHAM BOE
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Candidate Full Name		Amount	Office Sought
		\$	<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____
Referendum Name			Date
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose
			<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality
2. Total Expenditures THIS Page			(sum all the 'f' entries on this page)
			\$ 15,052.00
3. Total Expenditures ALL Pages			(sum all the 'f' entries on all expenditure pages)
			\$ 15,052.00