Disclosure Report Cover			Amendment  Yes No
Jse this form for general report and comm	nittee information, must	be signed and subm	nitted along with other detailed forms.
Oo not use this form to update information. Committee Information	n.		
Full Name			
			c. ID Number
Hrican American (AU) Mailing Address (include City, State and Zip C	cas Durham	County	STA-80J96I-C-
PO Box 667			1/29/18
ourhamine 27702			e. Phone Number
			(919)358-3838
Report Year 3. Period Start Date (mm	/dd/yy) 4. Period End	Date (mm/dd/vv) 5.	Treasurer Full Name
2017 01101128	12/3/17		awn D. Davis
Type of Committee (Check One)			
Candidate Campaign Party	Municipal	State/County	e of report from one category) Referendum
PAC Referendum	Organizational	Organizational	Organizational
Independent Expenditure  Joint Fundraiser	Thirty-five day	Quarterly	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	☐ Special
Building Fund	Mid Year	Semi-annual	
Other:	Year End	Mid Year	10. Special Report Name
Number of Fundraisers this Report	Final Special	Year End	
tumoer of Pundraisers this Report	Special	Final	
Account Information	11	Special	
inancial Institution Full Name		account Information ancial Institution Full N	The state of the s
BETBANK		anciai Aisataaton I an I	will the state of
DUCTT			
urpose c. Account C	Code b. Pur	pose	c. Account Code
eposits for pragnization	gin Polones		
posits for organization d. Period Be			d. Period Begin Balance
eposits for organization d. Period Be	gin Balance		d. Period Begin Balance
eposits for organization d. Period Be \$ 231			
eposits for organization d. Period Be \$ 230  RTIFICATION  Pertify that the Committee or Fund is in comp	liance with all applicable	provisions of Article 2.	\$ 2A, 22B & 22D-22M of Chapter 163
RTIFICATION  ertify that the Committee or Fund is in compute NC General Statutes and that no funds ar	liance with all applicable pe commingled with prohib	ited or other non-disc	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
eposits for organization d. Period Be	liance with all applicable pe commingled with prohib	ited or other non-disc	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this
RTIFICATION  certify that the Committee or Fund is in comport in the NC General Statutes and that no funds are port is complete, true and correct and that I have	liance with all applicable pe commingled with prohib	ited or other non-disc	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.
RTIFICATION ertify that the Committee or Fund is in compthe NC General Statutes and that no funds are port is complete, true and correct and that I have been supported by the state of the	liance with all applicable pe commingled with prohibave been trained by the NO	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons.
RTIFICATION ertify that the Committee or Fund is in comp the NC General Statutes and that no funds ar port is complete, true and correct and that I has  Printed Name of Signer	liance with all applicable pe commingled with prohibave been trained by the NO	ited or other non-disc	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.
RTIFICATION ertify that the Committee or Fund is in comp the NC General Statutes and that no funds ar port is complete, true and correct and that I has  Printed Name of Signer  ROFFICE USE ONLY	liance with all applicable pe commingled with prohibave been trained by the NO	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.  1/29/18 Date
RTIFICATION ertify that the Committee or Fund is in comp the NC General Statutes and that no funds ar our is complete, true and correct and that I has  Printed Name of Signer  ROFFICE USE ONLY	liance with all applicable pe commingled with prohibave been trained by the NO	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.  1129118 Date  Delivery Method
RTIFICATION  ertify that the Committee or Fund is in compthe NC General Statutes and that no funds are nort is complete, true and correct and that I have been printed Name of Signer  ROFFICE USE ONLY Date Received:	diance with all applicable per commingled with prohibit averbeen trained by the NO Signature of Employee:	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.    1/29/18   Date   Delivery Method   Normal Mail
eposits for organization d. Period Be \$ 230  RTIFICATION  ertify that the Committee or Fund is in comp the NC General Statutes and that no funds ar port is complete, true and correct and that I has  Printed Name of Signer  R OFFICE USE ONLY  Date Received:    1/29/18	liance with all applicable per commingled with prohibitive been trained by the NC Signature of the state of t	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.    1/29/18   Date    Delivery Method   Normal Mail   Registered Mail
RTIFICATION  The retify that the Committee or Fund is in compute NC General Statutes and that no funds are port is complete, true and correct and that I have been printed Name of Signer  ROFFICE USE ONLY  Date Received:  Date Postmarked:	liance with all applicable pe commingled with prohibave been trained by the No Signature of Employee:	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.    1 29   18     Date    Delivery Method     Normal Mail     Registered Mail     Hand Delivered
RTIFICATION  errify that the Committee or Fund is in complete NC General Statutes and that no funds are port is complete, true and correct and that I have been supported by the NC General Statutes and the NC General Statutes and the Statutes an	diance with all applicable per commingled with prohibit averbeen trained by the NO Signature of Employee:	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ons.    1/29/18   Date    Delivery Method   Normal Mail   Registered Mail
RTIFICATION  The NC General Statutes and that no funds are port is complete, true and correct and that I have been supported by the Name of Signer  ROFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:	diance with all applicable per commingled with prohibitive been trained by the NO Signature of Employee:  Employee:  Employee: JAP	oited or other non-disci C State Poard of Electi	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.    1 29   18
RTIFICATION  The NC General Statutes and that no funds are port is complete, true and correct and that I have been printed Name of Signer  R OFFICE USE ONLY  Date Received:  Date Postmarked:	liance with all applicable per commingled with prohibitate been trained by the NO Signature of Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:	State Poard of Election  Appointed Treasurer  PERSON  2 9 2018	\$ 2A, 22B & 22D-22M of Chapter 163 losed funds. I further certify that this ions.    1 29/18

Disburser	nents <b>2</b> 01	7	Pg	. 1	Amendment  Yes No
Use this form	to report expenditur	es from the commit	tee for, operating expense	<u>1</u> of es, contributions t	o candidate/political
committees an	d coordinated party	expenditures.			
A frican Amer	Full Name (and Fu	ind if applicable)			2. ID Number
3. Type of Dis	The same of the sa		PO 1210 C C	6711	STA-80J961-C-001
E-many	Expenses	Contributions to Ca	CRO-1310 forms for each and additional committees		
4. Payee Infor			Add	Remove	Coordinated Party Expenditures
	iling Address & Phone		b. Coordinated Committee		d. Comments
(include city, state				Tiester	u. Comments
US Postal Ser	vice				
Main St			c. Level Registered (Specify	·)	
Durham, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				3000	\$ 51.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	I	01/20/2017	\$51.00	P.O. Rental Fee
					6 months
				\$	
4. Payee Infori	nation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state					
US Postal Serv	ice				
Main St			c. Level Registered (Specify)		
Durham, NC			Federal	County:	
			State	Municipality:	e. Election Sum to Date
. Account Code	g. Form of Payment	h. Purpose Code			\$ 56.00
. Account Code	g. Form of Payment	12. I dipose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	I	07/27/2017	\$56.00	P.O. Box Fee 6 months
D. T.				\$	
. Payee Inform			Add	Remove	
nclude city, state,	ng Address & Phone	-	b. Coordinated Committee N	ame	d. Comments
dictude city, state,	& zip)				
	IN PERSON		c. Level Registered (Specify)		
			Federal	County:	-
	JAN 2 9 2018		State	Municipality:	e. Election Sum to Date
5550-55-95-9-59-9-9-9-9-9-	DURHAM BOE				\$
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

107.00

107.00

\$

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

D - To Another Candidate

5. Total only this Page

A\* - Media

E - Salaries

6 - Postage

6. Total of ALL CRO-1310 Pages

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B\* - Printing

J - Penalties

F\* - Equipment

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)

C\* - Fundraising

G - Political Party

K\* - Office Expenses

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

		om Individuals			Pg 1 o		Amendme Ye	5-7
		dividual contributions  (and Fund if applications)		O or contributions ur	nder \$50 if form Ci	2. ID N		
		s of Durham County	,		And The Control of the Real of the Control of the C			0.001
			52			٥	STA-80J961-0	2-001
	ributor Informati ame, Mailing Address				Remove	7-2		
	ame, Mainng Address le city, state, & zip)	& Pnone		b. Job Title/Professio Writer	on	d. Commo		C ->
Walter J				WITTEL			membership f Donation(in-l	
608 Elm	iira Ave			c. Employer's Name/	Specific Field	Ψ10.00.	Donation in 1	(IIIu)
Durham	ı, NC 27707			Self-Employed				
						e. Election	n Sum to Date	
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	i
		cash	\$10	.00 in-kind	01/27/2		\$	10.00
		cash	1.00	) membership			\$	1.00
							\$	
3. Contr	⊥ ributor Informatio	on		Add T Re	emove		Φ	
	me, Mailing Address &		<u></u>	b. Job Title/Profession		d. Comme	nts	
	e city, state, & zip)			Retired		- Committee Committee	nembership fe	ee)
Jean Alle			,				Donantion(in-	
2338 Bec				c. Employer's Name/S			and the second	200.000m
Durham,	, NC 27707			UNC-Chapel Hill			- W. Garris Mandrey and Construction (Construction Construction Constr	
						e. Election	Sum to Date	
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
		cash	\$10.0	00 in-kind	01/26/20	.017	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	13 1100
3. Contri	ibutor Informatio	)n		Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	nts	
	city, state, & zip)			Retired		B	nembership fee	
David Ha		IN PERSON				\$10.00 D	Oonation(in-ki	nd)
	le Ridge Ave NC 27704		-	c. Employer's Name/Sp Nortel Networks	pecific Field	-		
Duriani, i	NC 21104	JAN 2 9 2018		Nortel Networks		a Flortion	Sum to Date	
	1	DURHAM BOE						
f. Prior	g. Account Code	h. Form of Payment	i In K	- I Decided	1.5.4.4.4.4.11	\$	11.00	
П	g. Actuant Cour	check		ind Description  O in-kind	j. Date (mm/dd/yyy		k. Amount	10.00
			+		01/14/20	)17	\$	10.00
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							\$	
A STATE OF THE PARTY OF THE PAR	only this Page					\$		33.00
	of ALL CRO-					\$		
(This line	must be on line 6 of I	Detailed Summary Page Ch	RO-1100)			Ψ		

Amendment

		om Individuals dividual contributions	over \$5		-	of <u>10</u>				
The second second	CONTRACTOR OF THE PARTY OF THE	(and Fund if applica	- Comment of the Comm			2. ID No	-			
African	American Caucus	of Durham County				S	TA-80J961-C	C-001		
3. Contr	ributor Informat	ion	M	Add 🗍 R	Remove					
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	d. Comments			
	e city, state, & zip)			Teacher		1	\$1.00 membership fee			
Dawn D						\$10.00	donation (in-l	(ind)		
908 Bran	NC 27713			c. Employer's Name/Specific Field Granville County Schools						
Durnam,	,110 27713			Granvine County	Schools	e. Election	Sum to Date			
						\$ 11.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount			
		cash	\$10	.00 in-kind	01/26	/2017	\$	10.00		
		cash	\$1.0	00 membershi			\$	1.00		
							\$			
3. Contr	ibutor Informati	on	Ø	Add 🔲 R	emove					
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme				
	city, state, & zip)			Judge			embership fee			
	a Rhinehart gar Pine Trail			c. Employer's Name/	Specific Field	\$10.00 d	lonantion(in-l	and)		
Apt. 10	,			Durham County	-permit a real					
Durham,	NC 27713					e. Election Sum to Date				
						\$	11.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amount			
		check	\$10.	00 in-kind	01/26	/2017	\$	10.00		
		check	1.00	membership			\$	1.00		
							\$			
3. Contri	butor Informatio	on	$\boxtimes$	Add 🗌 Re	emove					
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ıts			
	city, state, & zip)			Retired		The Control of the Co	embership			
Dorothy I 608 Conti		IN PERSON	J	c. Employer's Name/S	Specific Field	\$10.00 (i	n-kınd)			
	NC 27712	JAN 2 9 7018		Duke University	specific Field					
		3AN 2 0 7010				e. Election	Sum to Date			
		DURHAM BOE				\$	11.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	уууу)	k. Amount			
		cash	\$10.0	00 in-kind	1/26/2	2017	\$	10.00		

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

NC State Board of Elections

1.00 membership

\$

\$

\$

1.00

33.00

April 2007

cash

4. Total only this Page

CRO-1210

## Amendment **Contributions from Individuals** Pg 3 of 10 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 African American Caucus Durham County STA-80J961-C-001 $\boxtimes$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Fac. Bus Op. Supervisor \$1.00 membership fee Kendra Pressley \$10.00 Donantion(in-kind) 901 Brandon Rd c. Employer's Name/Specific Field Durham, NC 27713 **RTI** International e. Election Sum to Date 11.000 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount check \$10.00 in-kind 01/26/2017 \$ 10.00 check 1.00 membership \$ 1.00

П							\$	
							J	
	ibutor Informatio		$\boxtimes$	Add Rem	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Entertainment Ager	nt		nbership fee	
Ricky Ha						\$10.00 Do	nantion(in-k	ind)
2417 Ana				c. Employer's Name/Spe	ecific Field			
Durham,	NC 27707							
						e. Election Su	ım to Date	
	·					\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		cash	\$10.0	0 in-kind	01/26/20	017	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Retired		\$1.00 mem	bership fee	
Amelia T	•	IN PERSON				\$1.00 dona	ntion (in-kin	ıd)
608 Dunb				c. Employer's Name/Spe	cific Field			
Durham,	NC 27701	JAN 2 9 2018						
		Parl Indiana				e. Election Su	m to Date	
		DURHAM BOE				\$	2.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yyy	y)	k. Amount	
		cash	\$1.00	in-kind	01/26/20	17	\$	2.00
		cash	1.00 r	nembership			\$	
							\$	
4. Total	only this Page					\$		24.00
	of ALL CRO-							
		etailed Summary Page CR	O-1100)			\$		

		m Individuals dividual contributions	over \$5	Pg 0 or contributions und	Mark and the same of the same		Amendmer  Yes	
		(and Fund if applica				2. ID Nui		
		of Durham County					A-80J961-C	-001
3. Cont	ributor Informati	ion	$\boxtimes$	Add Rei	move			
a. Full Na	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its	
	le city, state, & zip)			Business Advisor		\$1.00 me	mbership fee	;
Lewis B						\$24.00 D	onation (in-k	aind)
	one Fence Ct			c. Employer's Name/Sp	ecific Field			
Durham	, NC 27704			Self Employed				
1						e. Election S	Sum to Date	
	1	Т.				\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		check	\$24.	00 in-kind	01/27/2	2017	\$	24.00
		check	1.00	membership			\$	1.00
							\$	T
	ributor Information	2/10			nove		VI VIII	
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comment		
John Bat	e city, state, & zip)			Retired			mbership fee	
207 Cha				c. Employer's Name/Sp	asifia Field	\$10.00 D	onantion (in-	kind
	NC 27703			US Postal Service	ecine Field	-		
				os rostar service		e. Election S	um to Date	
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	***************************************
		cash	\$10.0	00 in-kind	2/23/20	)17	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	
3. Contr	ibutor Informatio	on	$\boxtimes$	Add Rem	iove			
a. Full Nar	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)			Training ADMIN			nbership fee	
Frankie E		IN PERSO	N			\$10.00 Do	nation (in-ki	nd)
207 Char				c. Employer's Name/Spe	cific Field			
Durnam,	NC 27703	JAN 2 9 2018		SAS Institute, INC		El d' C		
		211211111				e. Election St	ım to Date	
C Dele	- 4	DURHAM BOE				\$	11.00	
f. Prior	g. Account Code	h. Form of Payment		nd Description	j. Date (mm/dd/yy	yy)	k. Amount	
Ш		cash	\$10.0	0 in-kind	02/23/20	)17	\$	10.00
		cash	1.00 1	nembership			\$	1.00
	1000							

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

4. Total only this Page

5. Total of ALL CRO-1210 Pages

47.00

\$

\$

\$

## **Contributions from Individuals**

Amendment  $\boxtimes$ Yes Pg of 10\_ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber		
African	American Caucas	of Durham County						ST	A-80J961-C	-001	
3. Contr	ributor Informati	on	$\boxtimes$	Add		Ren	nove				
a. Full Na	me, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Commen	ts	1	
	e city, state, & zip)			Assista	ant Dea	n		\$1.00 me	\$1.00 membership fee		
Chloe R								\$19.00 Donation (in-kind)			
1033 Co							ecific Field				
Durham,	NC 27713				Chapel						
				Acader	mic Ad	vising	g Program	e. Election S	Sum to Date		
	_							\$	20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount		
		cash	\$19.	00 in-kind	d		03/23/2	017	\$	19.00	
			1.00	members	hip				\$	1.00	
									\$		
3. Contr	ibutor Informatio	on	$\boxtimes$	Add		Rem	nove				
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Tit	tle/Profe	ssion		d. Comment	ts		
(include	city, state, & zip)			Project	Direct	or		\$1.00 mer	mbership fee		
Candace	Moorer							\$10.00 De	onation (in-k	ind)	
812 Sout	h Bend Dr			c. Employ	yer's Na	me/Spe	ecific Field				
Durham,	NC 27713										
								e. Election S	um to Date		
								\$	11.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount		
		check	\$10.0	00 in-kind			07/01/20	)17	\$	10.00	
		check	1.00	membersl	nip				\$	1.00	
									\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove				
a. Full Nam	ne, Mailing Address &	Phone		b. Job Tit	le/Profes	ssion		d. Comments	S		
	city, state, & zip)			DMV				\$1.00 men	nbership fee		
Clarence		IN PERSON						\$10.00 Do	nation (in-ki	nd)	
212 E Pas				c. Employ	er's Nan	ne/Spe	cific Field				
Durham, 1	NC 27703	JAN 2 9 2018						e. Election Su	ım to Date		
		DURHAM BOE						\$	11.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Descript	tion		j. Date (mm/dd/yyy	v)	k. Amount		
		check	\$10.0	0 in-kind			11/17/20		\$	10.00	
		check	1.00 ı	membersh	ip			*	\$	1.00	
									\$		
	only this Page							\$		42.00	
5. Total	of ALL CRO-	1210 Pages						\$		1450	
(This line	must be on line 6 of L	Detailed Summary Page CR	O-1100)					Φ		ĺ	

## **Contributions from Individuals**

Pg <u>6</u> of <u>10</u> Amendment No

Use this	form to report ind	ividual contributions o	ver \$56	0 or contrib	utions un	der \$50 if form CI	RO 1205 is no	ot used	
1. Comn	nittee Full Name	(and Fund if applical	ole)				2. ID Nur	nber	
African A	American Caucas	of Durham County			10		ST	A-80J961-C	2-001
3. Contr	ibutor Informatio	o <b>n</b>	$\boxtimes$	Add [	Re	emove			
	me, Mailing Address	& Phone			e/Profession	1	d. Commen	ts	
	city, state, & zip)			Tax Prof	fessional		The second secon	mbership fe	
Ronald N				-			\$10.00 D	onation (in-	kind)
	stawood Way NC 27713			State of		pecific Field	-		
Durnam,	NC 27713			State of	uic Ait		e. Election S	oum to Date	
							\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descript	ion	j. Date (mm/dd/y	ууу)	k. Amount	
		check	\$10.	00 in-kind		10/17/2	2017	\$	10.00
		check	1.00	membershi	ip			\$	1.00
								\$	
3. Contri	ibutor Informatio	n		Add [	Re	move			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Title	/Profession		d. Comment	s	
	city, state, & zip)			Retired				nbership fee	
Deborah							\$10.00 Do	onation(in-k	ind)
	tawood Way NC 27713					pecific Field			
Durnam,	NC 27/13			ABC DIS	ney Netw	ork	e. Election Si	um to Data	
							\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descripti	on	j. Date (mm/dd/yy	туу)	k. Amount	
		check	\$10.0	00 in-kind		10/17/2	017	\$	10.00
		check	1.00	membershi	р			\$	1.00
								\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add [	Ren	nove		-	
	e, Mailing Address &	Phone		b. Job Title/	Profession		d. Comments		
	city, state, & zip)			Retired			The state of the s	ibership fee	
Sharlene I		IN PERSON	-				\$10.00 Do	nation (inki	nd)
403 Mayn Durham, l		IAM Q Q com	+	c. Employer Duke Ene		ecific Field			
Durnam, 1	10 27703	JAN 2 9 2018		Duke Life	agy inc		e. Election Su	m to Date	
		DURHAM BOE					\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	on .	j. Date (mm/dd/yy)		k. Amount	
		check		0 in-kind		04/20/20		\$	10.00
		check	1.00 r	nembership	)			\$	1.00
								\$	
4. Total	only this Page						\$		33.00
5. Total	of ALL CRO-	1210 Pages					¢	30.0	
(This line	must be on line 6 of D	etailed Summary Page CR	O-1100)				\$		

## **Contributions from Individuals**

Pg <u>7</u> of <u>10</u> Yes ⊠ No

Hee this	form to report ind	ividual contributions	war CE	0 or contributions und			ot wood	
		(and Fund if applica		o or contributions und	er 330 ii form Cr	2. ID Nui		
		of Durham County	Jie)				A-80J961-C	-001
				4.11 D D				
	ibutor Informati me, Mailing Address			Add Ren  b. Job Title/Profession	nove	1.6		
	city, state, & zip)	& Thone		Mayor Tem		d. Commen	mbership fee	3
	e McFadden			- Wayor Tem		performance of process.	onation (in-k	
	l Well St			c. Employer's Name/Sp	ecific Field	1 317.00 1	onation (III-	(IIId)
	NC 27704			Durham County Go				
						e. Election S	Sum to Date	
						\$	20.00	
					<del></del>		20.00	-115
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		check	\$19.	.00 inkind	01/26/2	017	\$	19.00
		check	1.00	membership			\$	1.00
							\$	
3. Contri	ibutor Informatio	on	$\boxtimes$	Add Ren	nove	ALLES VA		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)	774	W. Carlo	Political Consultant		\$1.00 mer	mbership fee	
1.7	e Wagstaff			***************************************		\$10.00 (ir	n-kind)	
	chmans Way			c. Employer's Name/Spe				
Durham,	NC 27705			Durham County Go	overnment	71		
						e. Election S	um to Date	
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		cash	\$10.	00 in-kind	05/25/20	017	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	
3. Contri	butor Informatio	n	$\boxtimes$	Add Rem	iove			
a. Full Nam	e, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	s	
	city, state, & zip)			Retired			nbership fee	
Linda Vai		IN PERSOI	V			\$10.00 Do	onation(in-ki	nd)
223 Chate		IAM O O com		c. Employer's Name/Spe Nurse Education	cific Field			
Durnam,	NC 27704	JAN 2 9 2018		Nurse Education		e. Election St	um to Date	
		DURHAM BOE				\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/y)	k. Amount	
		cash	\$10.0	00 in-kind	05/25/20	17	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	
	only this Page			1845		\$		42.00
5. Total	of ALL CRO-	1210 Pages				\$		

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

					Amer	ndment		
Contributions from Individuals	Pg	8	of	10_		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	n CRO	1205 is no	t used			

1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
African A	American Caucas	of Durham County				ST	'A-80J961-C-(	001
3. Contr	ibutor Informati	on	M	Add 🗌 Rer	nove			
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen		
	city, state, & zip)			Hospital ADMIN		1	embership	
David Pa						\$10.00 D	onation(in-ki	nd)
	ndy Ridge Lane			c. Employer's Name/Sp	ecific Field			
Durham,	NC 27705			VA Hospital				
						e. Election Sum to Date		
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	vev)	k. Amount	
	8					*		10.00
		check	\$10.	.00 in-kind	05/25/2	017	\$	10.00
		check	1.00	) membership			\$	1.00
							\$	
3. Contri	ibutor Informatio	on	×	Add 🗌 Ren	nove			
STATE AND ASSESSMENT OF THE PARTY OF	ne, Mailing Address &	STATE CANDING AND ASSESSMENT OF DESCRIPTION SPECIAL STATES		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			Attorney		\$1.00 me	mbership	
Sheila Hu						The second second second second	onation(in-kir	nd)
2408 Tan				c. Employer's Name/Sp	ecific Field		70 T3 (1997) (1994) Menne - viv	
	NC 27705			Sheila A. Huggins,		1	ACRES OF THE PROPERTY OF THE P	
5245						e. Election S	Sum to Date	
						\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		check	\$10.	00 in-kind	02/24/20	017	\$	10.00
		check	1.00	membership			\$	1.00
							\$	
3. Contri	butor Informatio	on	$\boxtimes$	Add Rem	nove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)			Retired		\$1.00 mer	mbership fee	
Sherretta	H. Carter	IN PERSON				\$10.00 Do	onation(in-kin	.d)
	ssdale Ave	IN PERSON		c. Employer's Name/Spe				
Durham,	NC 27707	JAN 2 9 2018	1	UNC Health Care S	ystem			
		With the Park To the Control of the	1			e. Election S	um to Date	
	1	DURHAM BOE				\$	11.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		cash	10.00	0 in-kind	04/27/20	)17	\$	10.00
		cash	1.00	membership			\$	1.00
							\$	
4. Total	only this Page	e				\$		33.00
5. Total	of ALL CRO-	-1210 Pages	AND					
cri : t		n. 11.10 n0	PO 1100			\$		

Amendment **Contributions from Individuals** Yes 10 Pg 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 STA-80J961-C-001 African American Caucus Durham County  $\boxtimes$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments \$1.00 membership fee (include city, state, & zip) Community Relations Mary Ann Black \$99.00 Donation(in-kind) c. Employer's Name/Specific Field 615 Orinda Dr Duke Health System Durham, NC 27713 e. Election Sum to Date 100.00 \$ f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount g. Account Code \$ \$99.00 in-kind 99.00 01/26/2017 check \$ 1.00 check 1.00 membership \$ X 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Outreach \$1.00 membership fee DeDreana Freeman \$10.00 Donation (in-kind) 1005 Worth St c. Employer's Name/Specific Field Durham, NC 27701 **EDCI** e. Election Sum to Date 11.00 \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$10.00 in-kind 02/23/2017 \$ 10.00 cash \$ cash 1.00 membership 1.00 \$  $\boxtimes$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Public Health \$1.00 membership fee Phyllis Joyner \$10.00 Donation (in-kind) IN PERSON c. Employer's Name/Specific Field 18 Knightsbridge Ct

		cash	1.00 membership		\$ 1.00
					\$
4. Total	only this Page	2		\$	122.00
5. Total	of ALL CRO-	-1210 Pages	30-80-3	 \$	
(This line	e must be on line 6 of 1	Detailed Summary	Page CRO-1100)	o.c.	

i. In-Kind Description

\$10.00 in-kind

f. Prior

Durham, NC 27707

g. Account Code

JAN 2 9 2018

**DURHAM BOE** 

h. Form of Payment

cash

Operation Breakthrough

10.00

e. Election Sum to Date

11.00

\$

k. Amount

\$

j. Date (mm/dd/yyyy)

01/26/2017

Amendment

-	4 . 11.	4.	C	T	1:-		1	
€.	ontribu	tions	trom	ın	an	aa	1121	IS

Contributions from Individuals	Pg	_10	of	10		Yes	$\boxtimes$	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if for	m CRO	1205 is no	ot used			

1. Committee Full Name (and Fund if applicable)							2. ID Number				
	american Caucus I							STA	-80J961-C-	001	
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	ove				
	ne, Mailing Address &			b. Job Tit	tle/Profe	ession		d. Comments			
	city, state, & zip)							\$1.00 men	bership fee		
Sheena M							\$10.00 Do	nation (in-k	ind)		
				c. Employ	yer's Na	me/Spe	cific Field				
								1			
								e. Election Sum to Date			
								\$	11.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy)	yy)	k. Amount		
		cash	\$10.0	00 in-kind	l		05/25/20	)17	\$	10.00	
		cash	1.00	membersl	hip				\$	1.00	
							7,000		\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Title/Profession				d. Comments			
(include	city, state, & zip)							\$1.00 mem	ibership fee		
Natalie M	lurdock							\$10.00 Do	nation (in-k	ind)	
				c. Employer's Name/Specific Field			cific Field				
							e. Election Sum to Date				
								\$	11.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yyy	yy)	k. Amount		
		cash	\$10.0	00 in-kind	l		05/25/20	017	\$	10.00	
		cash	1.00	membersl	hip				\$	1.00	
									\$		
3. Contri	butor Informatio	n	$\boxtimes$	Add Remove			ove				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession			d. Comments				
(include city, state, & zip)								\$1.00 membership fee			
Terrie Payne IN PERSON							\$10.00 Donation(i			nd)	
216 Continental Dr			214	c. Employer's Name/Speci			cific Field	_			
Durham, NC 27712 JAN 2 9 2018											
								e. Election Su	m to Date		
		DURHAM BC	E					\$	11.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	nd Description		j. Date (mm/dd/yyy	yyy) k. Amour				
		cash	\$10.0	00 in-kind			05/25/2017		\$	10.00	
		cash	1.00	membersl	nip				\$	1.00	
					- Sentence				\$		
4. Total	only this Page	2						\$		33.00	
5. Total of ALL CRO-1210 Pages											
(This line	must be on line 6 of 1	Detailed Summary Page Cl	(O-1100)								