## **Disclosure Report Cover**

Amendment

Disclosure Report Cover

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.

L. Committee Information		1 300	HATE LOW	- Einschaft is		499 7	State In The	REPUBLIC
ı. Full Name							c. ID Number	
NATE BAKER								
b. Mailing Address (include	e City, State and Zi	p Code)	)				d. Date Filed	
609 N ROXBORO ST							02/24/202	20
DURHAM, NC 27707							e. Phone Number	
							e. rnone Numbe	T
2. Report Year 3. Period	Start Date (mm/dd/	<b>7</b> 3)	4. Period E	nd Date (mm/c	d/yy)	5. Treasur	er Full Name	
2020	01/01/2020		0	2/15/2020		NATE BAI	ÇER	
	10.5	lo T	CD	. i T				
6. Type of Committee (Che			e of Report		***************	n pe oj rep	ort from one cate Referendum	gory)
X Candidate Campaign	-	Munic		State/C		1		
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Booster Fund"			Pre-election	片	Second		Supplemental	Liuai
Building Fund			Pre-moff	ᄖ	Third		Annual	
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■ NC Public Campaign Final	neing Fund	믿	Mid Yea		i-annua	_	30 C 137	4 757
□ 0:1		님	Year Eng Final		Mid Ye Year Ea		10. Special Rep	ort Name
Other:	41.5 10	H		Fina		ng		INP
8. Number of Fundraisers	INIS Keport	4~	Special					INP
0				□ <sub>Spec</sub>	ial			
3. Account Information		17.5		3. Account Inf	ormati	ion	DESCRIPTION OF THE	FEB
a. Financial Institution Ful	l Name			a. Financial In	stitutio	on Full Nan	1e	
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b. Purpose	e. Account Co	de		b. Purpose			c. Account Code	
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		11 123131					***************************************	LAIMINGE
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CERTIFICATION							· ·	
I certify that the Commit	ttee or Fund is in co	ompliar	ice with all at	pplicable prov	isions	of Article 2	2A, 22B & 22D-2	22M of
Chapter 163 of the NC C		-	_				•	
				_	_			
funds. I further certify t	gree gree tobott to or	-	-				-	
_	ERE GRA TOPOTE AS O							•0
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# **Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes X No

1. Committee Full Name (and Fund if applicable)	2. Type of Rep	ort	3.1	D Num	ber
NATE BAKER	2020 First Qua	ırter			
Start of Election Cycle: January 1,		Total Reporting			Total this
4) Cash on Hand at Start		S	1,000.00	S	1,000.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	S	0.00	S	0.00
6) Contributions from Individuals	(CRO-1210)	S	4,031.18	s	4,031.18
7) Contributions from Political Party Committees	(CRO-1220)	S	0.00	S	0.00
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	s	0.00
9) Loan Proceeds	(CRO-1410)	S	0.00	S	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	S	0.00
11) Other Receipt Sources				D FINE	THE REAL PROPERTY.
11a) Interest on Bank Accounts	(CRO-1250)	S	0.00	S	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	s	0.00	S	0.00
11c) Outside Sources of Income	(CRO-1250)	S	75.00	s	75.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	0.00	S	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	S	0.00	S	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11d	;11d and 11e)	S	4,106.18	S	4,106.18
EXPENDITURES					
3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	S	0.00	S	0.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	S	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	S	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	S	0.00	s	0.00
5) Loan Repayments	(CRO-1420)	S	0.00	s	0.00
l6) Refunds/Reimbursements from the Committee	(CRO-1320)	S	0.00	S	0.00
17) In-Kind Contributions	(CRO-1510)	S	780.00	s	780.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, <b>16 and 1</b> 7)	S	780.00	S	780.00
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	S	4,326.18	S	4,326.18
ADDITIONAL INFORMATION					IN DED
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	0.00		IN PERS
21) Outstanding Loans (incl. ones from other campaigns)		S	0.00		FEB 25
22) Debts and Obligations owed by the Committee	(CRO-1610)	S	0.00		LED ZO
3) Debts and Obligations owed to the Committee	(CRO-1620)	S	0.00		DURLAN
24) Account Transfers Within the Committee	(CRO-1720)	S	0.00		DURHAM
25) Administrative Support	(CRO-1710)	S	0.00	S	0.00
26) Forgiven Loans	(CRO-1440)	S	0.00	S	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	S	0.00	S	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	1,385.22	S	1,385.22

Cont	ributions fr	om Individual:	s	$\mathbf{P}_{\mathbf{g}}$	1_ of14		Amendmer  Yes	nt No
		dividual contribution					is not used	í
1. Com	mittee Full Name	(and Fund if applicab	le)			2. I	D Number	*********
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(inch	ide city, state, & z	ip)	***************************************	Senior Ecologi	st			
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DOMI	AWI, INC 27707			FERN ORIGI	NAL ARI	e. E	lection Sur	a to Date
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	ANIEL BAKER	-r/		CITY PLANN	EK			
	ORTHGATE STRE	ET		c. Employer's	Name/Specific Field	1		
DURH	AM, NC 27704			CLARION AS	SOCIATES			
						e, E	lection Sur	a to Date
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Cont	ributions fr	o <mark>m Individual</mark> s	š		$\mathbf{P}_{\mathbf{F}}$	<u>2</u> of14		Amendm Yes	ent X No
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	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			111 0000	2		4,031.18
CR0-12	210		NC State Be	oard of E	lection	INPERS	Or	(	April 2007

#### Amendment Contributions from Individuals 14 Pg \_\_\_3 of ☐ Yes X 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 NATE BAKER 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MISCENLLANEOUS SUE BEHRINGER c. Employer's Name/Specific Field 3912 PICKETT RD DURHAM, NC 27705-5334 VINTAGE '59 IMPORTS e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/07/2020 S 50.00 S П S ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED JULIA BORBELYBROWN c. Employer's Name/Specific Field 1013 WATTS ST DURHAM, NC 27701 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 Check 0 02/07/2020 S 100.00 S S 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CONSULTANT BARBARA BRAATZ c. Employer's Name/Specific Field 1918 WILSHIRE DR DURHAM, NC 27707 ICF CONSULTING e. Election Sum to Date S 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 01/15/2020 Š 50.00 5 S 4. Total only this Page 200.00

CRO-1210 NC State Board of Elections April 2007

5. Total of ALL CRO-1210 Pages

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

IN PERSON

4.031.18

#### Amendment **Contributions from Individuals** 4 of 14 ☐ Yes X No 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 NATE BAKER 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RESEARCH AND POLICY Charles Brennan ANALYST c. Employer's Name/Specific Field 337 S Sherman Street Denver, CO 80209 FAMILY ECONOMICS e. Election Sum to Date SECRUITY PROGRAM 25.00 i. In-Kind Description f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Credit Card 02/10/2020 S 25.00 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ASSISTANT PROFESSOR MICAHEL BROACHE c. Employer's Name/Specific Field 4511 FARRINGTON ROAD DURHAM, NC 27707 UNCG 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 Credit Card 0 02/13/2020 S 250.00 S S 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) WEB DEVELOPER JACK BYERS c. Employer's Name/Specific Field 913 WASHINGTON ST. DURHAM, NC 27701 BLDG-25 e. Election Sum to Date S 100.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 02/11/2020 S 100.00

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5. Total of ALL CRO-1210 Pages

CRO-1210 NC State Board of Elections April 2007

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

IN PERSON

4,031.18

## **Contributions from Individuals**

				Amendment				
$\mathbf{P}_{\mathbf{g}}$	5	of	14	☐ Yes	X No			

Jse this form to report individual	ual contributions ov	er \$50 or contribution	ns under \$50 if for	n CRO 1205 is not used
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CRO-1210 NC State Board of Elections

FEB 2 5 2020

April 2007

# Contributions from Individuals $P_g = \frac{6}{\text{of}} \text{ of } \frac{14}{\text{of}} = \frac{A_{mendment}}{\text{Mes}} \times N_o$

Ise this form to report individu:	al contributions over	er \$50 or contributi	ons under \$50 if form	CRO 1205 is not used
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1. Com	nittee Full Name (	and Fund if applicab	le)			2. I	D Numbe	er
NATE E	BAKER							
3. Contr	ibutor Informatio	m was a salah	1250	Add Re	move		V 25.89	NE. S. Mea
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РО ВОХ	X 52573			c. Employer's	Name/Specific Field	]		
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CRO-1210 NC State Board of Elections FEB 2 0 2020 April 2007

Cont	ributions fr	om Individuals	z	_	Pa 7 of 14	1	Amendme	
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NATE I		***************************************						
3. Contr	ributor Informati	on	1,040,000	Add 🗆 I	Remove			
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Elizabet	h Gulley					]		
1313 W	oodburn Rd			c. Employer	's Name/Specific Field			
Durham	, NC 27705			DUKE		L_		
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CRO-1210

NC State Board of Elections FEB 2 5 2020

April 2007

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CRO-1210

NC State Board of Elections FEB 2 5 2020

### **Contributions from Individuals**

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CRO-1210 NC State Board of Elections FEB 2 5 2020 April 2007

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NC State Board of Elections

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## **Contributions from Individuals**

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### Amendment **Contributions from Individuals** Pg \_\_\_\_\_\_ of 14 X No ☐ Yes 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 NATE BAKER 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) The Chief Deputy Secretary SUSAN PERRY c. Employer's Name/Specific Field 220 FORESTWOOD DR DURHAM, NC 27707-2236 NCDHHS e. Election Sum to Date (919) 855-4800 25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 02/07/2020 5 25.00 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROFESSOR CATHERINE RIGSBY c. Employer's Name/Specific Field EAST 5TH STREET GREENVILLE, NC 27858-4358 **EAST CAROLINA** e. Election Sum to Date UNIVERSITY 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 0 01/23/2020 S 250.00 S S ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Not Employed Deborah Rosenstein c. Employer's Name/Specific Field 3 Cedar Crest Trail Bahama, NC 27503 Not Employed e. Election Sum to Date

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CRO-1210 NC State Board of Elections FEB 2 5 2020 April 2007

### **Contributions from Individuals**

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Contributions from Individuals

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#### **Contributions from Individuals Pg** \_\_\_\_\_\_ **of** 14 X No ☐ Yes 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 NATE BAKER ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) PLANNER AUDREY VOGEL c. Employer's Name/Specific Field 9 ROCK HOUSE ROAD

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CRO-1210 NC State Board of Elections April 2007

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Amendment

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e. Description			I. Dai	te (mm/dd	(YYYY)	g. Fair M	arket Amount
PHOTOGRAPHY PICTURES				01/12/202	.0	S	500.00
						S	
						s	
	A					9	
a. Full Name, Mailing Address & Phone	1	Type of Cou	tribut	or	c. Com	ments	
(include city, state, & zip)		Individual					
KARI GRACE	-1	Candidate					
405 MLK BLVD		Party					
CHAPEL HILL, NC 27514	1	PAC   Referendan			1 77	tion Sum 1	. D. 4
(919) 969-5033	1=	Other Rece	-		g. Tiec	non sum	io Date
		Outa Rece	ipi sou	ave	S		280,00
e. Description			f. Dat	te (mm/dd	(\$222)	g. Fair M	arket Amount
RAFFLE PACKAGESDIFFERENT COFFEE ITEMS				01/30/202	20	S	75.00
RAFFLE PACKAGES MOBILITY JUSTICE BUNDLE				01/30/202	20	s	80.00
RAFFLE PACKAGE PILLOW WINE HOLDER PICTURE				01/30/202	20	s	125.00
4. Total only this Page	i Nis			amile.	S		780.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Cl	RO-1.	100)			s		780.00
CRO-1510 NC State I	Board	of Elections					December 2007

IN PERSON

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					Amendm	ent
Contributions to be Reimbursed	$\mathbf{P}_{\mathbf{g}}$	1	of	3	□ Yes	☑ No
Use this form to report Contributions under \$1,000 which will be	refund	ed wit	hin 7	days.		

Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name					2. II	) Numb	er
NATE BAKER							
3. Contributor Information		Add	☐ Rea	move	) LVB		
			Full Name & Mailing Address of the Reimbursee				
(the original vendor)	(th			whom the camp	aign	check i	is written)
NATE BAKER				ERGUSON			
608 N ROXBORO			IOMER				
DURHAM, NC 27701	DURHAM, NC 27707						
a. Contribution Description	b. Date	(mm/d	d/yyyy)	c. Credit Card	Y/N	d. Amor	ıut
STICKERS, POSTERS, CARDS	0	1/05/20	20	Y		s	166.99
3. Contributor Information		Add	☐ Rea	move		Mile.	T PART L
Full Name & Mailing Address of the Payee		Full N	ame & l	Mailing Addres	s of	the Rein	nbursee
(the original vendor)		(the pe	rson to	whom the camp	aign	check i	is written)
NATE BAKER		CHRIS	STINA F	ERGUSON			
608 N ROXBORO		1011 H	IOMER	ST			
DURHAM, NC 27701		DURH	AM, NO	27707			
a. Contribution Description	b. Date	(mm/d	d/3333)	c. Credit Card	Y/N	d. Amor	ınt
KICK OFF FOOD FOR NATE							159.91
MCK OTT TOOD TOKNATE	0	1/13/20	20 	Y		S	139.91
3. Contributor Information		Add	☐ Re		i kriterioù Fari	3 2 11	
Full Name & Mailing Address of the Payee (the original vendor)				Mailing Addres whom the camp			
NATE BAKER		CHRIS	STINA F	ERGUSON			
608 N ROXBORO		1011 F	IOMER	RST			
DURHAM, NC 27701		DURH	IAM, NO	27707			
a. Contribution Description	b. Date	(mm/d	<b>ሲ</b> ኦንንንን)	c. Credit Card	Y/N	d. Amor	ınt
YARD SIGNS FOR NATE	0	1/23/20	20	Y		s	755.00
3. Contributor Information		Add	☐ Rea	move	i i	11.516	
Full Name & Mailing Address of the Payee		100000		Mailing Addres			
(the original vendor)		(the pe	rson to	whom the camp	oaign	check i	is written)
NATE BAKER	CHRISTINA FERGUSON						
608 N ROXBORO	1011 HOMER ST						
DURHAM, NC 27701		DURHAM, NC 27707					
a. Contribution Description	b. Date	(mm/d	d/yyyy)	c. Credit Card	Y/N	d. Amo	unt
POST CARDS FOR NATE	1	1/27/20		Y	•••••	S	90.29
4. Total only this Page	1713		1		S		1,172.19
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Page CRO-1100)				s		1,385.22	

CRO-1215 NC State Board of Elections December 2007

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<b>Contributions</b>	to	ha Da	imhuread
Contributions	w	DE KE	undurseu

			Amendment					
2	of	_ 3	□ Yes	$\overline{\mathbf{x}}$	No			
	-		-					

Use this form to report Contributions under \$1,000 which will be refunded within 7 days. Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name					2. II	Number	
NATE BAKER							
3. Contributor Information		Add	Ren	nove	611		
Full Name & Mailing Address of the Payee	Full N	ame & I	Mailing Address	s of t	he Reimbur	see	
(the original vendor)		(the person to whom the campaign check is written)					
NATE BAKER		CHRI	STINA F	ERGUSON			
608 N ROXBORO		1011 F	HOMER	ST			
DURHAM, NC 27701		DURHAM, NC 27707					
a. Contribution Description	b. Date	(mm/d	d/yyyy)	e. Credit Card	Y/N	d. Amount	
OFFICE DEPOT DOOR HANGERS		1/29/20	20	Y		\$	116.53
3. Contributor Information		Add	☐ Rea	U	Elly	PART I	12.07.15
Full Name & Mailing Address of the Payee				Mailing Address			
(the original vendor)		(the p	erson to	whom the camp	aign	check is w	ritten)
NATE BAKER		CHRI	STINA F	ERGUSON			
608 N ROXBORO			HOMER				
DURHAM, NC 27701		DURE	IAM, NC	27707			
a. Contribution Description	b. Date	(mm/d	ld/yyyy)	c. Credit Card	Y/N	d. Amount	
HERALD SUN DIGITAL AD		2/01/20	20	Y		S	17.19
						3	27125
3. Contributor Information	1/3 (S	Add	☐ Rea	and the same of th	1 0 %		
Full Name & Mailing Address of the Payee				Mailing Address			
(the original vendor)				whom the camp	aign	check is wi	ritten)
NATE BAKER				ERGUSON			
608 N ROXBORO			.1 HOMER ST RHAM, NC 27707				
DURHAM, NC 27701		DUKI	iAivi, NC	, 21/01			
a. Contribution Description	b. Date	(100.000/d	ld/3333)	c. Credit Card	Y/N	d. Amount	
FOOD TO FEED YARD SIGN	T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.7		S	31.06
VOLUNTEERS	,	02/01/20	120	Y		J	31,00
3. Contributor Information	Grad -	Add	☐ Ren	nove			
Full Name & Mailing Address of the Payee		Full N	ame & l	Mailing Addres	s of t	he Reimbur	rsee
(the original vendor)		(the p	erson to	whom the camp	aign	check is w	ritten)
NATE BAKER		CHRI	STINA F	ERGUSON			
608 N ROXBORO	1011 HOMER ST DURHAM, NC 27707			R ST			
DURHAM, NC 27701							
a. Contribution Description	b. Date	(mm/d	ld/yyyy)	c. Credit Card	Y/N	d. Amount	
FOOD FOR YARD SIGN VOLUNTEERS		***************************************	*****************		••••••	c	31.06
1000 TON THE SIGN YOUGHTEENS		)2/08/20	720	Y		S	31.00
4. Total only this Page				86. 39. 36	S		195.84
5. Total of ALL CRO-1215a Pages					S		1,385.22
(This line goes in line 28 of Detailed Summary Pag		(00)	100000			-	
CRO-1215 NC State Board of Ele	chons					Dec	ember 2007

CRO-1215 NC State Board of Elections

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Contributions to be Reimbursed	$\mathbf{P_g} \stackrel{3}{\underline{\hspace{1cm}}} \mathbf{of} \stackrel{3}{\underline{\hspace{1cm}}} \mathbf{Ves} \stackrel{\mathbf{No}}{\underline{\hspace{1cm}}} \mathbf{No}$
Use this form to report Contributions under \$1,000 which will be refunded within 7 days.  Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).  1. Committee Full Name  2. ID Number	
Refunds must be disclosed on the Refunds/Reimbursements l	Form (CRO-1320).
1. Committee Full Name	2. ID Number
NATE BAKER	

Amendment

1. Committee Full Name					2. ID Number		
NATE BAKER							
3. Contributor Information		Add Re	move	ny is	- c/-	o military	
Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)						
NATHANIEL BAKER 1810 NORTHGATE STREET DURHAM, NC 27704		CHRISTINA F 1011 HOMER DURHAM, NO	ST				
a. Contribution Description	b. Dat	b. Date (mm/dd/yyyy) c. Cre		Y/N	d. Amount		
HERALD SUN SUBCRIPTION FOR NATE	(	01/01/2020	Y		s	17.19	
4. Total only this Page	11-1-12			S		17.19	
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Pa	ge CRO-1	100)		s		1,385.22	

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