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.  I. Committee Information  a. Full Name  Rebecca Harvard Barres for Mayor of Dy (ham Committee)  a. Mailing Address (include City, State and Zip Code)  A. Mailing Address (include City, State and Zip Code)  A. Mailing Address (include City, State and Zip Code)  A. Report Year 3. Period Start Date (imm/dd/yy)  A. Period End Date (imm/dd/yy)  A	Disclosure	Report (	Cover				Amendment  Yes No		
1. Committee Information a. Full Name  Re be a Harvard Barres for Mayor of Du (ham Committee) b. Mailing Address (include City, State and Zip Code)  A Date Filed  7. 21 - 2023 c. Phone Number 919-801-3095 2. Report Year 3. Period Start Date (inmodd/y)) 4. Period End Date (inmodd/y) 5. Treasurer Full Name  2023 Rebecca Elizabeth Harvard Committee (Check One) 9. Type of Report (check only one type of report from one category) Pace of Committee (Check One) Pro-primary Pro-	Use this form fo	r general rep	ort and commit	tee information, n	nust be signed and su	bmitted along			
a. Full Name  Re be call darvard Barres for Mayor of Dy (ham Committee) b. Mailting Address (include City, State and Zip Code)  A. Date Filed  7. 21 - 2023 e. Phone Number  919 - 801 - 3095  2. Report Year 3. Period Start Date (imm/dd/y) 2. Report Year 3. Period Start Date (imm/dd/y) 3. Treasurer Full Name  2023  7. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)  Pacadidate Campaign Pary Pacadidate Campaign Pary Pre-election Pre-election Pre-pelection	Do not use this i	form to upda	te information.						
Report Year 3. Period Start Date (mm/dd/y)  2. Report Year 3. Period Start Date (mm/dd/y)  3. Period End Date (mm/dd/y)  4. Period End Date (mm/dd/y)  5. Treasurer Full Name  2023  6. Type of Committee (Check One)  9. Type of Report (check only one type of report from one category)  9. Candidate Campaign  Pac    Pac   Referendum   Diant Fundraiser   Pro-primary   First   Final   Supplemental Final   Semi-annual   Sem	1. Committee I	nformation							
b. Mailing Address (include City, State and Zip Code)    A. Date Filed	a. Full Name					c.	ID Number		
Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name  2023	Rebecca Har	vard Bar	res for May	or of DuMai	n Committee				
e. Phone Number 919.801-3095  2. Report Year 3. Period Start Date (nm/dd/y) 4. Period End Date (mm/dd/y) 5. Treasurer Full Name 2023 ? 7-28-2023 Report (check only one type of report from one category)  G. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)  PAC   Referendum   Organizational   Organizational   Organizational   Organizational   Pre-referendum   Pre-primary   First   Final   Final    Legal Expense Fund   Pre-tection   Second   Second   Supplemental Final   Annual    Booster Fund   Mid Year   Semi-annual   Foorth   Semi-annual   Foorth   Semi-annual   Foorth   Semi-annual   Foorth   Semi-annual   Final   Final   Final   Year End   Final   Final   Final   Final   Final   Final   Final   Final   Special   Final   F	b. Mailing Address	s (include City,	State and Zip Cod	le)		d.	Date Filed		
Period Start Date (mm/dd/yr)   4. Period End Date (mm/dd/yr)   5. Treasurer Full Name   2023   7   7-28-2023   Rebecca Elizabeth Harvard   7-28-2023   Rebecca Elizabeth Harvard   7-28-2023   Referendum   7-28-2023   Ref							7-21-2023		
2. Report Year 3. Period Start Date (mm/dd/yy)  2. Report Year 3. Period Start Date (mm/dd/yy)  7. 28-2023  Rebecca Elizabeth Harvard  7. 28-2023  Rebecca Elizabeth Harvard  Referendum  PAC Referendum  Independent Expenditure Joint Fundraiser  Legal Expense Fund  Building Fund  Referendum  Building Fund  Referendum  Mid Year  Pre-unorf  Referendum  Pre-unorf  Referendum  Pre-unorf  Referendum  Pre-unorf  Referendum  Pre-unorf  Referendum  Pre-primary  Pre-primary  Pre-primary  Pre-primary  Referendum  Pre-primary  Pre-primary  Pre-primary  Referendum  Pre-primary  Pre-primary  Referendum  Pre-primary  Pre-primary  Pre-primary  Referendum  Pre-primary  Pre-primary  Referendum  Pre-primary  Pre-primary  Pre-primary  Pre-primary  Referendum  Pre-primary  P	I					e.	Phone Number		
7. Type of Committee (Check One)   Candidate Campaign	1					19	119-801-3095		
7. Type of Committee (Check One)   Candidate Campaign	2. Report Year	3. Period S	tart Date (mm/d	d/vv) 4. Period I	End Date (mm/dd/vv)	5. Treasurer	Full Name		
G. Type of Committee (Check One)    Candidate Campaign		1		1		l 🗻	· · · · · · · · · · · · · · · · · · ·		
Candidate Campaign		214 (400)	10						
PAC   Referendum   Organizational   Or									
Independent Expenditure   Joint Fundraiser   Thirty-five day   Quarterly   Pre-referendum   Final   Supplemental Final   Supplemental Final   Annual   Supplemental Final   Supplemental Final   Fourth   Semi-annual   Special   Semi-annual   Special   Semi-annual   Special   Semi-annual   Special   Specia		npargn	•						
Legal Expense Fund		vnenditure 🔲		1= -	I— '	1=			
Pre-election   Second   Supplemental Final   Annual   Semi-annual   Fourth   Semi-annual   Semi-an	I= '	_	Joint Pundiaisci		·   · ·	1=			
7. Type of Fund (if applicable, check one) Pre-runoff Semi-annual	Legar Expense	Tulio				1=			
Booster Fund	7. Type of Fund	d (if applic	able, check one)	Pre-runoff	Thir	d E	=		
Year End		FG	The State of the second	Semi-annual	Four	th E	Special		
Shounder of Fundraisers this Report    Special   Final   Final   Special   Final   Final   Special   Final   Special   Final   Final   Special   Final   Final   Special   Final   Final   Special   Final   Fin	Building Fund	:		Mid Yea	ar Semi-ann	ual			
Special   Spec				Year En	d Mid	Year 10	). Special Report Name		
11. Account Information a. Financial Institution Full Name  State Employees Credit Union b. Purpose  previously Campaign a. C. Account Code  previously Campaign a. Period Begin Balance \$ - 0 -  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 of Elections.  Resecual E. Harvard  Lucal Harvard  7 - 21 - 2023	Other:			Final	Year Year	End			
11. Account Information a. Financial Institution Full Name  State Employees Credit Union b. Purpose previously Campaign account Code  d. Period Begin Balance \$ - 0 - \$  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 of Elections.  Resecca E. Harvard  T-21-2023	D. Committee of the Com			rmar		Elic			
a. Financial Institution Full Name  State Employees Credit Union b. Purpose  previous (y Campaign at 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 of Elections.  Rescue E. Harvard  Account Code  c. Account Code  d. Period Begin Balance  \$  URHANI BOE  Tertify 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 of Elections.  Rescue E. Harvard  Union  Account Code  C. Account Code  C. Account Code  C. Account Code	D. Committee of the Com	undraisers	this Report			End			
State Employees Credit Union  b. Purpose  c. Account Code  previously campaign  account Code  d. Period Begin Balance  \$ - 0 -  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 of Elections.  Rescan E. Harvard  Rescan E. Ha	D. Committee of the Com	undraisers	this Report		Final	End			
b. Purpose    C. Account Code   C. Account Code   C. Account Code	8. Number of F	The state of the s	this Report		Final Special				
b. Purpose    C. Account Code   C. Account Code   C. Account Code	8. Number of F	formation			Final Special  11. Account Inform	nation :			
d. Period Begin Balance \$ -0 -  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 of Elections.  Rebecca E. Harvard  T-21-2023	8. Number of F	formation ution Full Nam	e	Special	Final Special  11. Account Inform	nation :			
d. Period Begin Balance \$ -0 -  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 of Elections.  Rebecca E. Harvard  7 - 21 - 2023	8. Number of F  11. Account In a. Financial Institu	formation ution Full Nam	e s Credit	Special	Final Special Special Account Information	nation :	Account Code		
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 of Elections.  Rebecca E. Harvard   T- 21-2023	8. Number of F  11. Account Int a. Financial Institu  State Ex b. Purpose  Previously	formation ution Full Name	e 5 Credit c. Account C	Special	Final Special  11. Account Information a. Financial Institution b. Purpose	mation Full Name	Account Code		
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FOR OFFICE USE ONLY	8: Number of F  11. Account Int a. Financial Institu  State En  b. Purpose  Prinovs (y  Account  CERTIFICAT  I certify that the of the NC Gene report is comple  Rebecce	formation ution Full Name up 10 yees campa  ION e Committee of eral Statutes are ete, true and committee of	d. Period Be  or Fund is in compand that no funds a correct and that I have	Special  Union  Code  gin Balance  oliance with all appre commingled with any been trained by	Final Special  11. Account Information  a. Financial Institution  b. Purpose  JUL 26  DURHAM  licable provisions of And prohibited or other now the NC State Board of the NC Sta	Tull Name  c. 2023 d. grade 22A, 22B & con-disclosed functions.	Period Begin Balance  & 22D-22M of Chapter 163  ds. I further certify that this  7 - 21 - 2023		
Data Passived 7 26 23 Employee: CH-67 Delivery Method	8: Number of F  11. Account Int a. Financial Institu  State En  b. Purpose  Prinovs (y  Account  CERTIFICAT  I certify that the of the NC Gene report is comple  Rebecce	ION e Committee of cral Statutes are ete, true and committee of cran Statutes are ete, and committee	c. Account C d. Period Be f Signer	Special  Union  Code  gin Balance  oliance with all appre commingled with any been trained by	Final Special  11. Account Information  a. Financial Institution  b. Purpose  JUL 26  DURHAWI  licable provisions of And prohibited or other no	Tull Name  c. 2023 d. grade 22A, 22B & con-disclosed functions.	Period Begin Balance  & 22D-22M of Chapter 163 ds. I further certify that this		
Date Postmarked: Employee: Registered Mail	8: Number of F  11. Account Int a. Financial Institu  State En  b. Purpose  Prinovs (y  Account  I certify that the of the NC Gene report is comple  Rebecca	ION e Committee of eral Statutes are ete, true and committee of the control of th	d. Period Be  d. Period Be  f Signer	Special  Union  Code  gin Balance  oliance with all appre commingled with any been trained by Signature and Signat	Final Special  11. Account Information  a. Financial Institution  b. Purpose  JUL 26  DURHAM  licable provisions of An prohibited or other now the NC State Board of Appointed Treatments  gnature of Appointed Treatments  CNT 66	Tull Name  c. 2023 d. 3 BOE  rticle 22A, 22B & andisclosed fund f Elections.	Period Begin Balance  & 22D-22M of Chapter 163 ds. I further certify that this  7 - 21 - 2023  Date  Period Begin Balance		
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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**Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Numb	er
Rebecca Harvard Barnes for Mayor of Durham committee				
Start of Election Cycle: January 1, 202	3	Total this Reporting Peri		Total this ction Cycle
4) Cash on Hand at Start		\$ - 0-		0-
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 1	\$	T
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	1
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	1
11) Other Receipt Sources		500 88 00		W 18 15 8 W
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organization	ns (CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,1	1c,11d and 11e)	\$	\$	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$	/
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$	NAAI
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	IVIZI
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	JUL <b>26</b> 07
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	DURHAM B
17) In-Kind Contributions	(CRO-1510)	\$	\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14	, 15, 16 and 17)	\$	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then	subtract line 18	\$	\$	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)			
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	\$		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$		A Comment
24) Account Transfers Within the Committee	(CRO-1720)	\$	CLI	
25) Administrative Support	(CRO-1710)	\$	\$	1
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

					)		
Cont	ributions fr	com Individua	N/f	+ /	/ 		Amendment
				ontributions	Pg of under \$50 if form CI	<del></del>	Yes No
		ne (and Fund if app		Olluloudolls	under \$50 if forth Cr		D Number
I. Com				//			
				- In			
	ributor Informa	to be a control of the control of th		Add	Remove		
	ıme, Mailing Addro	ess & Phone		b. Job Title/P	rofession	d. C	Comments
(includ	e city, state, & zip)						
				o Employante	s Name/Specific Field	-	
				C. Estiployer	s rame specific Field	1	
						e, E	lection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy)	yy)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Informa	ation		Add *	Remove		MANA
a. Full Na	me, Mailing Addr	ess & Phone		b. Job Title/P	rofession	d. C	Comments
(includ	e city, state, & zip)						11.11 O. G. 4447
				c. Employer's	s Name/Specific Field		JUL 26 2023
						e. E	lection sum to Date OE
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy)	уу)	k. Amount
							\$
							\$
							\$
3. Cont	ributor Inform	ation		Add	Remove		
a. Full Na	ame, Mailing Addr	ess & Phone		b. Job Title/I	Profession	d. C	Comments
(includ	e city, state, & zip)						
				a Employant	s Name/Specific Field	-	
				c. Employer	s Name/Specific Field	1	
						e. E	lection Sum to Date
						\$	,
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount

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4. Total only this Page

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Pg \_\_ of \_\_ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

	coordinated party ex						
1. Committee I	Full Name (and Fun	d if applicable)	' '= U				2. ID Number
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3. Type of Disb	the Committee of the Co	e use separate Cl		Sept. 19.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		THE RESERVE OF THE PARTY OF THE	111111111111111111111111111111111111111
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