2016 07/01/2016 12/2016 Lloyd P.	c. ID Number
D. Mailing Address (include City, State and Zip Code)   PO Box 12387   Durham, NC 27709-12387	
PO Box 12387 Durham, NC 27709-12387  2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treas  2016 07/01/2016 12/2016 Lloyd P.  2016 07/01/2016 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Report (check only one type of Committee (Check One) 9. Type of Check One) 9. Type of Check One 9. Type of Check O	
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2. Report Year  3. Period Start Date (mm/dd/yy)  2016  6. Type of Committee (Check One)  Candidate Campaign   Party   Municipal   Organizational   Organizational   Organizational   Organizational   Pre-primary   First   PAC   Referendum   Joint Fundraiser   Thirty-five day   Quarterly   Quarterly   Pre-primary   First   Pre-trunoff   Thirdy   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Semi-annual   Pre-trunoff   Thirdy   Semi-annual   Semi-annual	u. Date Files
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treas  2016 07/01/2016 12/2016 Lloyd P.  6. Type of Committee (Check One) 9. Type of Report (check only one type    Candidate Campaign	
2016   07/01/2016   12/2016   Lloyd P.	e. Phone Number
2016   07/01/2016   12/2016   Lloyd P.	9194234947
6. Type of Committee (Check One)    Candidate Campaign	urer Full Name
Candidate Campaign	atillo
Candidate Campaign	of report from one category)
PAC	Referendum
Expenditure   Joint Fundraiser   Intrivitive day   Quarterly	al Organizational
7. Type of Fund (if applicable, check one)    Pre-primary	Pre-referendum
Building Fund	Final
Other:	
Other:	Annual
Other:   Year End   Mid Year End   Special   Institution Full   Special   Institution Full   Year End   Special   Institution Full   Year End	Special
Special   Final   Special   Final   Special   Final   Special   Final   Special   Final   Special   Special   Final   Special   Special   Final   Special   Special   Special   Final   Special	
Special   Final   Special   Specia	
Special   Special	nd
11. Account Information a. Financial Institution Full Name  Wells Fargo b. Purpose C. Account Code Operational  1399 d. Period Begin Balance \$ 528.37  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article the NC General Statutes and that no funds are commingled with prohibited or other non-diselective is complete, true and correct and that I have been trained by the NC State Board of Elections Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Employee:  Employee:	
a. Financial Institution Full Name  Wells Fargo  b. Purpose  C. Account Code  Derational  1399  d. Period Begin Balance  \$ 528.37   CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article: the NC General Statutes and that no funds are commingled with prohibited or observant discless is complete, true and correct and that I have been trained by the NC State Board of Elections  Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	
Wells Fargo b. Purpose C. Account Code Derational  1399 d. Period Begin Balance \$ 528.37  CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article: the NC General Statutes and that no funds are commingled with prohibited or other non-disele is complete, true and correct and that I have been trained by the NC State board of Elections Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY Date Received:  Employee:	
Departional  1399  d. Period Begin Balance  \$ 528.37  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article the NC General Statutes and that no funds are commingled with prohibited or other non-diselest is complete, true and correct and that I have been trained by the NC State Board of Elections Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	Name
Operational  1399  d. Period Begin Balance  \$ 528.37  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article the NC General Statutes and that no funds are commingled with prohibited or other non diselest is complete, true and correct and that I have been trained by the NC State board of Elections Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	c. Account Code
d. Period Begin Balance  \$ 528.37  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article the NC General Statutes and that no funds are commingled with prohibited or other non-disclesis complete, true and correct and that I have been trained by the NC State board of Elections  Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	or Alecounic Court
\$ 528.37  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article: the NC General Statutes and that no funds are commingled with prohibited or observant discless complete, true and correct and that I have been trained by the NC State board of Elections  Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	
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I certify that the Committee or Fund is in compliance with all applicable provisions of Article the NC General Statutes and that no funds are commingled with prohibited or other non disclesis complete, true and correct and that I have been trained by the NC State board of Elections  Lloyd Patillo  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Employee:	
Printed Name of Signer  FOR OFFICE USE ONLY  Date Received: U/14/202/ Employee:	22A, 22B, & 22D-22M of Chapter 163 of sed funds. I further certify that this report
Date Received: U/14/2021 Employee:	Date
Date Postmarked: EmpthePERSON	Delivery Method Normal Mail
	Registered Mail Hand Delivered
Date Scanned: Employee: NOV 1 6 2021	☐ Electronically Filed ☐ Signer has not received
Date Data Entered: Employee:	mandatory training
Please Note: This form cannot be used to amend committee information such as the comm	

Amendment

<b>Detailed</b>	Summary
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Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Mid-Year Birkhead for Durham County Total this Total this 2017 **Start of Election Cycle:** January 1, Reporting Period **Election Cycle** 528.37 \$ Cash on Hand at Start RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals \$ \$ (CRO-1210) \$ 7) Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees \$ (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements To the Committee (CRO-1240) 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) .08 .14 \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund – Other Sources (CRO-1270) \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) **EXPENDITURES** 13) Disbursements (CRO-1310) \$ 0 \$ 0 13a) Operating Expenditures \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ 15) Loan Repayments (CRO-1420) 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) 18) TOTAL EXPENDITURES (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) 528.45 382.98 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed By the Committee (CRO-1610) 23) Debts and Obligations owed To the Committee (CRO-1620) 24) Account Transfers Within the Committee PERSON \$ (CRO-1720) (CRO-1710) \$ 25) Administrative Support 26) Forgiven Loans \$ (CRO-1440) NOV 1 6 2021 (CRO-2220) \$ \$ 27) 48-Hour Notice Reports Sum DURHAM BOE (CRO-1215) \$ 28) Contributions to be Refunded

	Full Name (and Fund i	if applicable)			2. ID	Number
Birkhead for D	urham					
3. Type of Rece	eint Source	(Please use separate CRO	1250 forms	for each type of	Rece	eint Source.)
Interest	ipt Source	Contributions from Not-				tside Sources of Income
1. Contributor	Information	Add	TOT THOM OF GALL	Remo		
	ling Address & Phone	L Add	h Not-for	r-Profit Federal ID		d. Comments
include city, sta	_		D. 140t-10	1-1 TOTHE PEGELAN ID	п	Interest
Wells Fargo	ite, & zip)					Interest
wens rargo		c. Outside Source Explanation		nn .	1	
			er outsid	o Source Explanation		1
			i			e. Election Sum to Date
			i			
						\$ .16
. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy	уу)	j. Amount
1399	Draft			12/31/2016		\$ .08
				12/31/2010		\$ .00
						\$
						Ι Ψ
4. Contributor	Information	☐ Add		Remo	ve	
. Full Name. Mail	ling Address & Phone		b. Not-fo	r-Profit Federal ID	#	d. Comments
(include city, sta	-		c. Outside	e Source Explanatio	on	e. Election Sum to Date
(include city, sta	ite, & zip)		c. Outsid			\$
(include city, sta	-	h. In-Kind Description	c. Outsid	e Source Explanation		
(include city, sta	ite, & zip)	h. In-Kind Description	c. Outside			\$
(include city, sta	g. Form of Payment		c. Outsid	i. Date (mm/dd/yy	ууу)	\$ j. Amount
include city, sta  Account Code  Contributor	g. Form of Payment  Information	h. In-Kind Description		i. Date (mm/dd/yy	yy) ove	\$ j. Amount \$
include city, sta  Account Code  Contributor  Full Name, Mali	g. Form of Payment  Information ling Address & Phone			i. Date (mm/dd/yy	yy) ove	j. Amount
include city, sta  Account Code  Contributor	g. Form of Payment  Information ling Address & Phone			i. Date (mm/dd/yy	yy) ove	\$ j. Amount \$
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone		b. Not-fo	i. Date (mm/dd/yy Remo	yy)  ove #	\$ j. Amount \$
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone	IN PERSON	b. Not-fo	i. Date (mm/dd/yy	yy)  ove #	\$ j. Amount \$
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone		b. Not-fo	i. Date (mm/dd/yy Remo	yy)  ove #	j. Amount \$ \$  d. Comments
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone	IN PERSON NOV 1 6 2021	b. Not-fo	i. Date (mm/dd/yy Remo	yy)  ove #	j. Amount  \$ \$ d. Comments  e. Election Sum to Date
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone	IN PERSON	b. Not-fo	i. Date (mm/dd/yy Remo	yy)  ove #	j. Amount \$ \$  d. Comments
f. Account Code  4. Contributor a. Full Name, Mali	g. Form of Payment  Information ling Address & Phone	IN PERSON NOV 1 6 2021	b. Not-fo	i. Date (mm/dd/yy Remo	yy)  ve #	j. Amount  \$ \$ d. Comments  e. Election Sum to Date
f. Account Code  4. Contributor a. Full Name, Mail (include city, sta	g. Form of Payment  Information ling Address & Phone site, & zip)	IN PERSON  NOV 1 6 2021  DURHAM BOE	b. Not-fo	i. Date (mm/dd/yy Remo r-Profit Federal ID	yy)  ve #	\$ j. Amount \$ \$ d. Comments  e. Election Sum to Date \$
f. Account Code  4. Contributor a. Full Name, Mail (include city, sta	g. Form of Payment  Information ling Address & Phone site, & zip)	IN PERSON  NOV 1 6 2021  DURHAM BOE	b. Not-fo	i. Date (mm/dd/yy Remo r-Profit Federal ID	yy)  ve #	s j. Amount  \$ d. Comments  e. Election Sum to Date  \$ j. Amount
f. Account Code  4. Contributor a. Full Name, Mail (include city, sta	g. Form of Payment  Information ling Address & Phone lite, & zip)  g. Form of Payment	IN PERSON  NOV 1 6 2021  DURHAM BOE	b. Not-fo	i. Date (mm/dd/yy Remo r-Profit Federal ID	yyy)  we  #	j. Amount  \$  d. Comments  e. Election Sum to Date  \$  j. Amount

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)