	neral report and committee to update information	information, must be	signed and sub	omitted along with oth	er detailed forms.
1. Committee Infor					
a. Full Name				In III -	c. ID Number
Committee to elect	Jessica Carda-Auten				JCASDR
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
2012 WA WA Ave Durham, NC 27707					02/13/2024
Burnuin, 100 27707	1730				e. Phone Number
					919-225-1277
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full I	Name
2023	10/20/2023	12/3	31/2023	Samuel D Rogers	
6. Type of Committ		9. Type of Report	check on	ly one type of report f	rom one category)
Candidate Campa		Municipal	State/C		Referendum
PAC	Referendum	Organizationa	ı	Organizational	Organizational
Independent Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary		First	☐ Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
		Mid Yea		Semi-annual	10.0
Other:		Year End		Mid Year	10. Special Report Name
Q Number of Fund	raisans this Danaut	Final Special		Year End Final	
8. Number of Fund	1	Special		Special	
11. Account Inform	ation		11. Account	Information	
a. Financial Institution l	Full Name		a. Financial Inst	titution Full Name	
Truist Bank					
b. Purpose	c. Account Code		b. Purpose	DERSON	c. Account Code
Campaign	53:	52	IIN	EHOON	
	d. Period Begin Balanc	e	FE	B 1 3 2024	d. Period Begin Balance
	\$ 382.00		DUE	RHAM BOE	\$
CERTIFICATION			901	11.11.33	
the NC General State	utes and that no funds are co correct and that I have been	ommingled with prob n trained by the NC	nibited or other:	non-disclosed funds. I Elections.	& 22D-22M of Chapter 163 of further certify that this report 2/13/2024
	Printed Name of Signer		ignature of Appoint		Date
FOR OFFICE USE O	NLY				
Date Received:	913191	Employee:	CM		Delivery Method Normal Mail
Date Postmarke	d:	Employee:	per periodo de servicio de constituciones de con		Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed Signer has not received
Date Data Enter	ed:	Employee:	Associalistic engli de que con la constante de constante de constante de constante de constante de constante d	and the Managara program and the same and th	mandatory training
Please Note: Thi		nend committee informat			s, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Disclosure Report Cover

Amendment

Detailed Summary			Amendment Yes No
Use this form to summarize all disclosure reporting forms		information.	2 IDW 1
Committee Full Name (and Fund if applicable) Committee to elect Jessia Carda-Auten	2. Type of Report Semi-Annual Year	end	JCASDR
Start of Election Cycle: January 1,	2023	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$ 382.00	S 382.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 5090.00	\$ 5090.00
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)	\$	\$
11b) Contributions from Not-for-Profit Organization	tions <i>(CRO-1250)</i>	\$	\$
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, 1	11c, 11d and 11e)	\$ 5090.00	\$ 5090.00
EXPENDITURES			
13) Disbursements	ke a militaria sebenggi — Pateria Minderson, mangalakaka pangkalang mangalakakan pangkalangkan panganangkan pa		
13a) Operating Expenditures	(CRO-1310)	\$ 1493.93	\$ 1493.93
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 126.00	\$ 126.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1619.93	\$ 1619.93
19) Cash on Hand at End (Add lines 4 and 12 together, then st	ubtract line 18)	\$ 3852.07	\$ 3852.07
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) <i>(CRO-1430)</i>	IN PERSON	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	The state of the s
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$ FEB 1 3 2024	
24) Account Transfers Within the Committee	(CRO-1720)	DURHAM BOE	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuais ividual contributions (over \$5	n or contr	ibutions	Pgo		Yes	∐ No
		(and Fund if applica		o or conta	Toutions	diddi \$50 ii ioiii C	2. ID Nu		
committe	e To Elect Jessica	a Carda-Auten						JCASDR	
3. Contr	ibutor Informati	on		Add		Remove			1
a. Full Nar	ne, Mailing Address	& Phone		b. Job T	itle/Profe	ession	d. Comme	nts	
(include	city, state, & zip)			Biolog	gist		contribu	tion	
Fernando	Bretos								
718 Eva						me/Specific Field			
Durham,	NC 27701			The O	cean Fo	undation			
							e. Election	Sum to Date	
							\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/dd/	уууу)	k. Amount	
		card pymt				12/04/	2023	\$	2023
								\$	
								\$	
3. Contri	ibutor Informati	on		Add		Remove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job T	itle/Profe	ssion	d. Comme	nts	
(include	city, state, & zip)	IN PERSON							
				c. Emple	over's Na	me/Specific Field			
ł		FEB 1 3 2024		ov Zampi	901 2114				
		DUDUALDOF					e. Election	Sum to Date	
		DURHAM BOE					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/dd/	уууу)	k. Amount	
								\$	
								\$	
								\$	
3. Contr	ibutor Informati	on		Add		Remove		AU-III	
1	ne, Mailing Address	& Phone		b. Job T	itle/Profe	ession	d. Comme	nts	
(include	city, state, & zip)								
				. Family	D.T.	(0	-		
-				c. Empi	oyer's Na	me/Specific Field			
							e Election	Sum to Date	
								Sum to Suite	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Descr	intion	j. Date (mm/dd/	\$	k. Amount	
	B. saccount Cour	20 2 Orat Of 1 dymont	1. 111-1	MING LYESCI	-Peron	1. Nate (mm/div)	13331		
								\$	
								\$	
		i						\$	
	l only this Pag						\$		20.00
5. Tota	of ALL CRO	0-1210 Pages					\$		5090.00

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

Amendment

Use this f	orm to report indi	ividual contributions	over \$50	or contribu	itions unde	er \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name ((and Fund if applica	ble)				2. ID Nun	nber	
committe	e To Elect Jessica	Carda-Auten						JCASDR	
3. Contri	butor Informati	o n		Add [Ren	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title	/Profession		d. Commen	ts	
	city, state, & zip)			Physician	1		contribution		
Michelle	_						_		
3300 Han	•			c. Employer		ecific Field			
Kaleigh, I	NC 27607			Amelia A	restnetics		e. Election S	Sum to Doto	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	on	j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt				11/28/20	023	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on .		Add [Ren	nove			
	e, Mailing Address			b. Job Title/	Profession		d. Comment	is	
(include	city, state, & zip)			Professor			contributi	on	
				1			contribution		
Joseph Bl									
910 Sedge	erieia St NC 27705			c. Employer Duke Uni		ecific Field			
Durnani,	NC 21103			Duke Oili	iversity		e. Election S	lum to Date	
				į.			\$	100.00	
CD		I D on i	1			1		T	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	on	j. Date (mm/dd/yy		k. Amount	
Ш		card pymt	,			11/29/2	023	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add [Ren	nove			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/	/Profession		d. Comment	ts	
	city, state, & zip)			Retired			contributi	on	
Richard A									
4412 Oak				c. Employer	r's Name/Sp	ecific Field			
Chapei H	ill, NC 27514			NA			e. Election S	um to Data	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i In-R	A BEERS	ON	j. Date (mm/dd/yy		k. Amount	
	g. rate out.		14 111 11	and Description	011				500.00
		card pymt		FEB 137	2024	12/04/20	J23 	\$	500.00
					DOF			\$	
			1	DURHAM	BUE			\$	
4. Total only this Page							\$	Tri -	700.00
5. Total of ALL CRO-1210 Pages									
		Datailed Cummany Page 1	'DA 1100	2)			\$		

Amendment

Yes

Use this f	form to report indi	ividual contributions of	ver \$50	or contributions und	der \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name ((and Fund if applica	ble)			2. ID Nur	nber	
committe	e To Elect Jessica	Carda-Auten					JCASDR	
3. Contri	butor Informatio	on		Add Re	move	-		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Teacher		contribut	ion	
Jennifer I								
2119 Sun	imit St NC 27707			c. Employer's Name/S	pecific Field			
Durnam,	NC 27707			DPS		e Election S	Sum to Date	
						\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		card pymt			12/04/2	023	\$	35.00
		Y					\$	
							\$	
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)	18.1		Educator		contributi	on	
(include city, state, & zip) N PERSON Beth Cranford						Contribution		
2010 Notion Ave				c. Employer's Name/S	necific Field	-		
1		FEB 1 3 2024		State of NC	pecific I retu			
	Durham, NC 27707					e. Election S	Sum to Date	
		DURHAM BOI	Name Mark	,		\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt			12/04/2	023	\$	20.00
							\$	
							\$	
	butor Informatio			T	move			
l .	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen		
	eity, state, & zip) es Coldren			Campaign Staffer		contributi	on	
	e Omstead Rd			c. Employer's Name/S	necific Field	-		
	NC 27705			Self-Employed	preme i iciu			
						e. Election S	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt			11/24/2	023	\$	20.00
							\$	
			}				\$	
4. Total	only this Page	e			\$		75.00	
5. Total of ALL CRO-1210 Pages								
(This line	must be on line 6 of	Datailed Cummary Page C	DO 1100),		ψ		

Amendment

Yes

Contri	butions fron	1 Individuals	\$ 50	an aantrii	Pg	of er \$50 if form CR	O 1205 is no	Yes tused	No No
Jse this fo	orm to report indiv	vidual contributions of	ver \$50 c	or comm	outions und	Or \$50 II TOXIII T	2. ID Nun	aber	
	ittee Full Name (a e To Elect Jessica	and Fund if applicab	ne)					JCASDR	
			ή	Add	☐ Re	move			
	butor Informatio				tle/Profession		d. Commen	ts	
	ne, Mailing Address &	t Phone	+	Retired			contribut	ion	
(include Debbie W	city, state, & zip)			Account.					
	thington Rd		Ī	c. Emplo	yer's Name/S	pecific Field			
	d, OH 44120			NA			**** (* /	Sum to Date	
	,						e. Election s	50.00	
	Assemb Codo	h. Form of Payment	i. In-K	ind Descr	iption	j. Date (mm/dd/y		k. Amount	
f. Prior	g. Account Code		H IB A		•	12/05/	2023	\$	50.00
		card pymt				12,00,		\$	
								\$	
2 Contr	ibutor Information	on		Add	☐ Re	emove			
	me, Mailing Address			b. Job T	itle/Professio	11	d. Comme	nts	
	e city, state, & zip)	IN PERSO	NC	Physic	cian		contribu	tion	
Suzette '	Van-Lare				1 NT	Cassific Field			
	chemy Way	FEB 1 3 20	24		loyer's Name/s Employed	Specific Field			
Elkridge	e, MD 21075	B.1.B.1.	_	Sen-L	Simployed		e. Election	Sum to Date	yde.
		DURHAM B	OE				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Desc	ription	j. Date (mm/dd	/уууу)	k. Amount	
	5	card pymt				12/05	5/2023	\$	50.00
								\$	
								\$	
3. Cont	ributor Informat	ion		Add		Remove			
	ame, Mailing Address			b. Job	Title/Professi	on	d. Comm		
(includ	le city, state, & zip)			Retai	il		contribu	ution	
	th Levene			- T	Lovania Nama	/Specific Field			
	rolina Cir				ropologie	/Specific Field			
Durhan	n NC 27707			7,11111	nopologie		e. Electio	n Sum to Date	
							\$	50.00	
f Dut	g. Account Code	h. Form of Payment	j. In-	-Kind Des	eription	j. Date (mm/d	d/yyyy)	k. Amount	
f. Prior	g. Account Code	card pymt				12/0	5/2023	\$	50.0
								\$	
								\$	
4 To	tal only this Pa	ıge					\$		150.0
5. To	tal of ALL CR	O-1210 Pages					\$		
(This	line must be on line 6	of Detailed Summary Pag	e CRO-11	(00)					April 20

Amendment

				or contributions und	ler \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nun	nber	
committe	e To Elect Jessica	Carda-Auten					JCASDR	
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nan	ie, Mailing Address é	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired		contribution		
Marie Fri								
16 Lincol				c. Employer's Name/Sp	pecific Field			
Buffalo, l	NY 14222			NA				
						e. Election S	Sum to Date	
						\$	700.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt			12/06/2	.023	\$	500.00
					12/10/2	2023	\$	200.00
							\$	
3. Contri	butor Informatio	n		Add Rei	move			
a. Full Nam	ıe, Mailing Address ó	& Phone		b. Job Title/Profession		d. Comment	ts	
(include	city, state, & zip)	INIBEDOO		Consultant		contributi	on	
IN LEUSON			N			Controllon		
Laura Runnels 949 Woodbourne Ave				. F				
		FEB 1 3 2024		c. Employer's Name/Sp Self-Employed	pecific Field	-		
riusburgi	Pittsburgh, PA 15226			Sen-Employed		e. Election S	Sum to Date	
		DURHAM BO	E			\$	100.00	
6 Daire	- 1	L. T CD.	1	7 1D 10				
f. Prior	g. Account Code	h. Form of Payment	ı. In-F	Kind Description	j. Date (mm/dd/yy		k. Amount	
		card pymt			12/06/2	.023	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	move			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			General Manager		contributi	on	
-	tereson-Cross							
7200 Mel	•			c. Employer's Name/Sp		_		
La Messa	, CA 91942			The Container Sto	ore	e. Election S	Sum to Date	
							oum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		card pymt					\$	
							\$	
					<u> </u>		\$	
4. Total	only this Page	e				\$		820.00
5. Total	of ALL CRO	-1210 Pages				· ·		
(This line	must he on line 6 of	Detailed Summary Page (RO-1100))		\$		

Amendment

Yes

Use this f	form to report indi	vidual contributions o	ver \$50	or contributi	ions unde	er \$50 if form CR	O 1205 is no	ot used
1. Comm	ittee Full Name (and Fund if applical	ble)				2. ID Nun	nber
committe	e To Elect Jessica	Carda-Auten						JCASDR
3. Contri	butor Informatio	on .		Add	Ren	nove		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Commen	ts
(include	city, state, & zip)			Accountan	t		contributi	on
	nstantinos							
200 N Sh	* *			c. Employer's				
Richmon	d, VA 23221			Thermo Fi	sher Scie	entitic	e. Election S	June 4- D-4
			•				e. Election S	oum to Date
							\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	1	j. Date (mm/dd/yy	yy)	k. Amount
		card pymt				12/06/20	023	\$ 50.00
								\$
								\$
3. Contri	butor Informatio	n		Add 🗌	Ren	nove		
a. Full Nan	ie, Mailing Address é	& Phone		b. Job Title/P	rofession		d. Comment	ts
(include	city, state, & zip)	fact exponential to the		Grants Adı	ministato	r	contributi	on
Lisa Pearce IN PERSON							Contributi	Oli
1027 Provincial Circle				c. Employer's Name/Specific Field				
	int, SC 29464	FEB 1 3 202	4	Charlston				
1120 1 10000	and, 50 27 70 7			Charbton	inniu 5	doloty	e. Election S	um to Date
		DURHAM BO	DE				\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description j. Date (mm/dd/y			уу)	k. Amount
		card pymt				12/06/2	023	\$ 100.00
								\$
								\$
3. Contri	butor Informatio	n		Add 🔲	Ren	nove	.,	
	ie, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comment	
	city, state, & zip)			Manager			contributi	on
Dana Bur 374 Wesl				c. Employer's	Manua/Cua	oife Field		
	ill, NC 27516			Duke	Hame/Spe	ecinc Field		
Chaperin	11,110 27510			Buke			e. Election S	Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i In-k	and Description		j. Date (mm/dd/yy	\$	35.00 k. Amount
	g. The count cour		1. 10 1	ind Description				
		card pymt	-			12/06/20	J23	\$ 35.00
			-					\$
								\$
	only this Page						\$	185.00
	of ALL CRO						\$	
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)			Ψ	

Amendment

Yes

Use this f	orm to report indi	vidual contributions of	ver \$50	or contributions und	er \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Nun	nber	
committe	e To Elect Jessica	Carda-Auten					JCASDR	
3. Contri	butor Informatio	on		Add Re	move			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Physician		contributi	ion	
Evan Ash								
	ckadee Rd			c. Employer's Name/Sp	pecific Field			
Durham,	NC 27705			UNC Chapel Hill		- 101 - 42 6	1 D 4	
						e. Election S	sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
		card pymt			12/07/2	023	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rei	nove			
	e, Mailing Address &	A CONTRACTOR OF THE CONTRACTOR		b. Job Title/Profession		d. Comment		
	city, state, & zip)	N PERS	ON	Project Manager		contributi	on	
Pier Fowler 3801 Saint Marks Rd								
3801 Saint Marks Rd Durham NC 27707 FEB 1 3 2024			124	c. Employer's Name/Sp	pecific Field			
Durham, NC 27707			•	GB		e. Election S	Sum to Date	
		DURHAM E	3OE					
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
		card pymt			12/06/2	023	\$	20.00
							\$	
							\$	
3. Contri	butor Informatio	on.		Add Rei	move			
	ie, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen		
	city, state, & zip)			Professor		contributi	on	
Hayden K 2500 Colu				c. Employer's Name/Sp	resific Field			
	, CA 94304			Stanford University		-		
1 410 1 1100	, 011 > 100 1				,	e. Election S	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt			12/06/2	023	\$	20.00
			1				\$	
							\$	
4. Total	only this Page	e	ST T	*		\$		140.00
	of ALL CRO	-1210 Pages Detailed Summary Page O	'RO_1100			\$		

Amendment

Yes

Contri	butions fron	n Individuals		Pg		of	Amendment Yes No
Jse this fo	orm to report indiv	vidual contributions or	ver \$50	or contributions un	der \$50 if form C	2. ID Nut	ot used
. Commi	ttee Full Name (and Fund if applicab	le)			2. 117 TVUI	
Committe	e to elect Jessica (Carda-Auten					JCASDR
. Contri	butor Informatio	n		2100	emove	110	An.
. Full Nam	e, Mailing Address &	& Phone		b. Job Title/Professio		d. Commen	
	city, state, & zip)			Chief of Partnersh	nips	Contribut	1011
latthew !				c. Employer's Name/S	Specific Field	-	
505 Blou				Durham, Public			
ourham,	NC 27705			Durnam, 1		e. Election	Sum to Date
						\$	500.00
. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/de	i/yyyy)	k. Amount
	B	card pymt			12/0	8/2023	\$ 500.00
							\$
<u> </u>			-				\$
				Add R	emove		
	ibutor Informatio			b. Job Title/Profession		d. Comme	nts
	ne, Mailing Address		1.4	Physician		contribu	tion
Lo Hao	city, state, & zip)	IN PERSO	1/1				
10 Fairw	av Dr			c. Employer's Name.			
	rough, MA 0153	2 FEB 1 3 2024		UMASS Memor	ial DEPA		
101111	,,					e. Election	Sum to Date
		DURHAM BO	DE			\$	1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/c	ld/yyyy)	k. Amount
		card pymt			12/0	08/2023	\$ 1000.00
							\$
							\$
3. Conti	ributor Informat	ion		Add 🔲 1	Remove		
	me, Mailing Address			b. Job Title/Profess	ion	d. Commo	
(includ	e city, state, & zip)			Dietitian		contribu	ition
Lincoln					10 te. 101.1.1		
933 Frai				c. Employer's Name	e/Specific Field		
Winston	Salem, NC 2710)1		NOOM INC		e. Electio	n 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
I. PHOF	g. Account Code	card pymt			12/	07/2023	\$
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							\$
			1			\$	1550.0
	al only this Pa					Ψ	10000
5. Tot	al of ALL CR	O-1210 Pages				\$	

Amendment **Contributions from Individuals** Yes Pg of 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 **JCASDR** Committee to elect Jessica Carda-Auten 3. Contributor Information П Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Student contribution Elena Maina c. Employer's Name/Specific Field 508 Windcrest Rd Non Profit Education Durham, NC 27713 e. Election Sum to Date \$ 50.00 g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior h. Form of Payment 12/10/2023 \$ 50.00 card pymt \$ \$ Remove П Add 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Public Health Researcher contribution (include city, state, & zip) IN PERSON Colleen Blue 8112 Kit Ln c. Employer's Name/Specific Field FEB 1 3 2024 VA Chapel Hill, NC 275516 e. Election Sum to Date **DURHAM BOE** 75.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code 12/09/2023 \$ 75.00 card pymt \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments Social Worker contribution (include city, state, & zip) Steve Bradley-Bull c. Employer's Name/Specific Field 2013 Woodrow St **UNC Chapel Hill** Durham, NC 27705 e. Election Sum to Date

	card pymt	12/08/2	023	\$ 100.00
				\$
				\$
4. Total only	this Page		\$	225.00
	LL CRO-1210 Pages on line 6 of Detailed Summary Page CRO-1100)		\$	
an a said	210.0	D 1 CEL C		1 2000

i. In-Kind Description

h. Form of Payment

f. Prior

g. Account Code

j. Date (mm/dd/yyyy)

\$

100.00

k. Amount

		m Individuals ividual contributions o	over \$50	0 or conti	ribution	Pg is under	of \$50 if form CR	O 1205 is n	Amendmen Yes ot used	t No
1. Comm	ittee Full Name	(and Fund if applica	błe)					2. ID Nu	mber	
Committe	e to elect Jessica	Carda-Auten							JCASDR	
3. Contri	butor Information	on		Add		Rem	ove	1		
a. Full Nan	ne, Mailing Address	& Phone ,		b. Job T	itle/Prof	ession		d. Commer	nts	
(include	city, state, & zip)			Executive				contribut	tion	
Brantley !	•									
334 Black						ame/Spe	cific Field			
Durham,	NC 27701			Giving	g docs.			a Floridan	C 4. D.4.	
								e. Liection	Sum to Date	
	· ·	7.						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt					12/10/2	023	\$	50.00
							1		\$	
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3. Contri	butor Informatio	on		Add		Rem	ove			
1	e, Mailing Address	& Phone			itle/Prof	ession		d. Commen	its	
	city, state, & zip)	IN PERSO	N	Execu	tive			contribut	ion	
Bethany l				- Karat		/C				
334 Black	NC 27701	FEB 1 3 2024			oyer's Na g docs.	ame/Spe	cific Field			
Durnain,	NC 27701	7 -7		Giving	g does.			e. Election	Sum to Date	
		DURHAM BO	E					\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Lind Descr	ription		j. Date (mm/dd/yy	ууу)	k. Amount	
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	butor Informatio			Add		Rem	ove			
	ne, Mailing Address	& Phone			itle/Prof			d. Commen		
	city, state, & zip)			Social	Worke	r		contribut	ion	
	rmody Kahn mitage Ct			c Emple	marte No	ma/Sna	cific Field			
	NC 27707				ign Col			_		
,				110000	-8 40-			e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. Ia-F	Kind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt					12/10/2	023	\$	100.00
									\$	
									\$	
	only this Pag							\$		250.00
5. Total	of ALL CRO	-1210 Pages						\$		

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		m Individuals vidual contributions o	ver \$5	p _i O or contributions un			- Ye	
		and Fund if applicat		o or contributions un	der 350 ir form en	2. ID Nu		
	ee to elect Jessica		,,,,			4. ID ; NO.	JCASDR	
3. Contri	ibutor Informatio	on .	П	Add Re	emove			
	ne, Mailing Address &			b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Nurse Practioner		contribut		
Wendy B	urd							
1018 Star	light Dr			c. Employer's Name/S	Specific Field			
Durham,	NC 27707			Carolina Outreach	1			
						e. Election	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		card pymt			12/13/2	2023	\$	20.00
							\$	
					1		\$	
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Commer	nts		
	city, state, & zip)	IN PERSO	N	retired	contribut	ion		
Randy Ca								
421 Hillo		FEB 1 3 2024		c. Employer's Name/S	Specific Field			
Highpoin	t, NC 27262			NA				
		DURHAM BO	F			e. Election	Sum to Date	
			_			\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		card pymt			12/11/2	2023	\$	500.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commer	ıts	
(include	city, state, & zip)			Director		contribut	tion	
Dara Silv	er							
2114 War				c. Employer's Name/S	Specific Field			
Durham,	NC 27707			NC Arts Council				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. İn-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		card pymt			12/10/2	023	\$	100.00
							\$	
							\$	
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5. Total of ALL CRO-1210 Pages

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\$

		m Individuals	over \$50	Pg O or contributions und			Amendment Yes ot used	i No	
1. Committee Full Name (and Fund if applicable)							2. ID Number		
Committe	ee to elect Jessica	Carda-Auten					JCASDR		
3. Contr	ibutor Informati	on		Add Re	move			7227	
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ıts		
(include	city, state, & zip)			Unemployed		contribut	ion		
Susie De	-								
2711 Aug				c. Employer's Name/S	pecific Field				
Durham,	NC 27707			NA					
						e. Election	Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		card pymt			12/31/2	023	\$	50.00	
							\$		
							\$		
3. Contri	ibutor Informati	on		Add Re	move		**		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts		
(include	city, state, & zip)	& Phone IN PERS	ON	Registered Nurse		contribut	ion		
Rachel T		_							
	e Circle Dr	FEB 1 3 20	24	c. Employer's Name/S					
Fallbrook	k, CA 92028	.		Sharp Mary Hospi	tal				
		DURHAM B	0E			e. Election S	Sum to Date		
	,					\$	35.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
		card pymt			12/18/2	023	\$	35.00	
							\$		
							\$		
3. Contri	butor Informati	on		Add Re	move				
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Social Worker		contribut	ion		
Ashley Po									
	ghtwood Ave NC 27705			c. Employer's Name/Sp	pecific Field				
Duillaili,	NC 27703			Student		e Flection S	Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i In.k	Lind Description	j. Date (mm/dd/yy		k. Amount		
	gerateount cour		1. 441-1	unu ocseripaon				100.00	
		card pymt			12/13/2	023	\$	100.00	
		1					\$		
							\$		
	only this Pag					\$		185.00	
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					Amen	dment	
Contributions from Individuals	Pg		of			Yes	No
Use this form to report individual contributions over \$50 or contr	ibutions under	\$50 if form	CRC	1205 is not	used		
1. Committee Full Name (and Fund if applicable)				2. ID Num	ber		
			- 1				

1. Commi	ttee Full Name (and Fund if applical	le)					2. ID Num	ber	
	e to elect Jessica (JCASDR	
3. Contril		Add Remove			ove					
a. Full Name, Mailing Address & Phone				b. Job T	itle/Prof	ession		d. Comments		
(include city, state, & zip)				Manag	ger			contributio	n	
Rajeev Rajendran										- 1
309 Bolin Creek						ime/Spec	cific Field			
Caroboro, NC 27510				Red H	at		ļ			
								e. Election Su	m to Date	
								\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yyy	y)	k. Amount	
		card pymt					12/10/20)23	\$	20.00
								2	\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job T	itle/Pro	ession		d. Comments		
(include	city, state, & zip)	IN PERSON	J	Organ	izer			contributio	n	
Briana Br	ough	MI LITOU								
2220 Whi	itley Dr	0 0001					cific Field			
Durham, NC 27707 FEB 1 3 2024				Progress NC Action						
			_				e. Election Sum to Date			
		DURHAM BO	E					\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt					12/10/20	023	\$	50.00
									\$	
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a. Full Nan	ne, Mailing Address	& Phone		b. Job 7	Title/Pro	fession		d. Comment		
	city, state, & zip)			Attorn	ney			contribution	on	
Narendra										
2212 Wh							ecific Field			
Durham,	NC 27707			Patter	son Ha	rkavy I	LLP	e. Election Sum to Date		
1								e. Election 5	nm to Date	
							4	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. Ia-I	Kind Desci	ription		j. Date (mm/dd/yy	уу)	k. Amount	
		card pymt					12/10/2	023	\$	100.00
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		1							\$	
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	of ALL CRO		OD 0. 110	0)				\$		
(This lin	e must be on line 6 of	Detailed Summary Page	CRO-1100	"						

					Amendment
Disburseme	ents		Pg	of	Yes No
		from the committe	e for; operating expenses,		
	coordinated party ex		tor, operating expenses,	voin io actorio to vari	arato, pontrour
1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number
Committee to el	ect Jessica Carda-A	uten			JCASDR
3. Type of Disbu	ursement (Plea	se use separate Cl	RO-1310 forms for each t	pe of Disbursemen	t.)
Operating E	xpenses	Contributions to Can	didates/Political Committees	Coord	inated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		l. Comments
(include city, state,	& zip)				office expense
Amzn Mktp					l l
410 Terry Ave N			c. Level Registered (Specify)		l l
Seattle, WA 98	109		Federal	County:	
			State 🖂	Municipality: e	. Election Sum to Date
				\$	69.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount k	x. Required Remarks
K	debit card	K	12/19/2023	\$69.99	
				\$	
4. Payee Inform	ation		Add	Remove	- Pm
a. Full Name, Maili	ng Address & Phone & zin)	DOON	b. Coordinated Committee Na	ıme d	l. Comments
(include city, state,	& zip) IN PE	:H2OM			office expense
Squarespace Inc					ľ
	FEB	1 3 2024	c. Level Registered (Specify)		
			Federal	County:	
	DUBH	IAM BOE	State 🖂	Municipality: e	. Election Sum to Date
	DOIL	0 (IV. 2 -		\$	5 7.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K	12/12/2023	\$7.20	office expense
				0	

4. Payee Inform	nation		Ad	d	П	Remove	A
-	ing Address & Phone		-	Coordinated Comm	ittee N		d. Comments
(include city, state,	· ·				-	·	office expense
Amzn Mktp	ск дру		1				- Carrier out and a second
410 Terry Ave 1	N		e I	evel Registered (S	necify)		
Seattle, WA 98				Federal		County:	_
Scalle, WA 90	1109				\square	•	a Election Sum to Date
				State		Municipality:	e. Election Sum to Date
							\$ 69.99
f. Account Code	g. Form of Payment	h. Purpose Code	i	i. Date (mm/dd/yyyy) j. Amount			k. Required Remarks
K	debit card	K		12/19/2023		\$69.99	
						\$	
4. Payee Inform	nation		Ad	d	П	Remove	- PM
a. Full Name. Maili	ing Address & Phone		7	Coordinated Comm	ittee N		d. Comments
(include city, state,	ing Address & Phone & zip)	ERSON					office expense
Squarespace Inc			1				office expense
oquarespace in		1 9 202/	c I	evel Registered (S	nacify)		
	FER	1 3 2024	C. L	Federal	pecity)	County:	
						-	e. Election Sum to Date
	DURH	HAM BOE		State	\boxtimes	Municipality:	e. Election Sum to Date
	_						\$ 7.20
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yy	yy)	j. Amount	k. Required Remarks
K	debit card	K		12/12/2023		\$7.20	office expense
						\$	
4. Payee Inforn	nation		Ad	d		Remove	
	ing Address & Phone		-	Coordinated Comm	ittee N		d. Comments
(include city, state,	T						
(microuse city, state,	& Zipj		+				
			0 I	evel Registered (S	nacifu)		
				Federal	рсспу	County:	
						-	FILES COLLABOR
				State	\boxtimes	Municipality:	e. Election Sum to Date
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	CRO-1310 Pages						Ψ (1.17
TOTAL TIME OF THE PARTY OF THE		nmary Pago CRA 11.	na is o	narating Evnancael			
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	i une 130 of Detailed Sun i line 13c of Detailed Sun						
					усниш		
A* - Media	les (List detailed ex B* - Printing	C* - Fur				D To Anot	her Candidate
E - Salaries	F* - Equipment						ner Candidate ng Public Office Expenses
I - Postage	J - Penalties	K* - Off					ion to Legal Expense Fund
O* - Other		011				£ 20000	
	e detailed explanat	ion in required (emar	ks field (k)			

	ordinated party exp	enditures.				andidate/political
nmittees and co	ordinated party ox	if applicable)				2. ID Number
Committee Ful	I Name (and Fund					JCASDR
ommittee to elec	ct Jessica Carda-Au	so uso sonarate Cl	RO-1310 forms for e	ich typ	e of Disbursem	ent.)
Type of Disbui		Contributions to Can-	didates/Political Committe	es	Coe	ordinated Party Expenditures
Operating Exp		*	Add		Remove	
Payee Informa	tion		b. Coordinated Commi	ttee Nan	ne	d. Comments
	g Address & Phone					fund raiser
clude city, state, &						
ourty Bull Brewi			e. Level Registered (Sp	ecify)		
06 Broadway St			Federal		County:	
ourham, NC 27	701		State		Municipality:	e. Election Sum to Date
						\$ 463.00
		h. Purpose Code	i. Date (mm/dd/yyy	v)	j. Amount	k. Required Remarks
Account Code	g. Form of Payment	H. I'm pose Couc		,,	****	fund raiser
1	debit card	Н	12/12/2023		\$463.00	
					\$	
			4.13		Remove	
. Payee Inform	ation		Add	ittee No		d. Comments
. Full Name, Maili	ng Address & Phone		b. Coordinated Comm	HEECE 148	int	office expense
include city, state,		V PERSON				ornee emperate
Accent Imaging			16			
8121 Brownleig	gh Dr	FEB 1 3 2024	c. Level Registered (S	pecny)	County:	-
Raleigh, NC 27		I LD [3 7074	Federal		Municipality:	e. Election Sum to Date
0 /		t america di s	State		Withhelpanty.	
	D	URHAM BOE				\$ 165.70
			1		j. Amount	k. Required Remarks
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/y)	уу)	J. Autount	office expense
**	debit card	K	12/12/2023		\$165.70	office onposits
K	debit card	11				
					\$	
			1 10		Remove	
4. Payee Infort	nation		Add b. Coordinated Com	mittaa N		d. Comments
a. Full Name, Mai	ling Address & Phone		b. Coordinated Com	mittee v	tame	office expense
(include city, state						Office suppose
Accent Imagin	g			G		
			c. Level Registered	Specify)	County:	
8121 Brownlei			Federal	片	Municipality:	e. Election Sum to Date
	276177				municipanty.	
Raleigh, NC 2	276177		State			
	276177		State			\$ 182.27
		1 n 0.1			i. Amount	\$ 182.27 k. Required Remarks
	g. Form of Paymer	h. Purpose Code			j. Amount	k. Required Remarks
Raleigh, NC 2	g. Form of Paymer				j. Amount \$182.27	
Raleigh, NC 2		h. Purpose Code	i. Date (mm/dd/y		\$182.27	k. Required Remarks
Raleigh, NC 2	g. Form of Paymer		i. Date (mm/dd/y		1	k. Required Remarks
Raleigh, NC 2 f. Account Code K	g. Form of Paymer debit card		i. Date (mm/dd/y		\$182.27	k. Required Remarks office expense
f. Account Code K 5. Total only	g. Form of Paymer debit card this Page	K	i. Date (mm/dd/y		\$182.27	k. Required Remarks office expense
f. Account Code K 5. Total only to	g. Form of Paymer debit card this Page	K	i. Date (mm/dd/y	гууу)	\$182.27	k. Required Remarks office expense \$ 810.97
f. Account Code K 5. Total only to	g. Form of Paymer debit card this Page L CRO-1310 Pag	es Summary Page CRO-	i. Date (mm/dd/y 12/12/2023	es)	\$182.27	k. Required Remarks office expense
f. Account Code K 5. Total only to 6. Total of AI (This line goes)	g. Form of Paymer debit card this Page LL CRO-1310 Pag in line 13a of Detailed	es Summary Page CRO- Summary Page CRO-	i. Date (mm/dd/y 12/12/2023 1100 if Operating Expens	es)	\$182.27 \$	k. Required Remarks office expense \$ 810.97
f. Account Code K 5. Total only to 6. Total of Al (This line goes (This line goes)	g. Form of Paymen debit card this Page LL CRO-1310 Page in line 13a of Detailed in line 13c of Detailed in line 13c of Detailed	es Summary Page CRO- Summary Page CRO- Summary Page CRO-	i. Date (mm/dd/y 12/12/2023 12/12/2023 1100 if Operating Expens 1100 if Contrib to Candid	es)	\$182.27 \$	k. Required Remarks office expense \$ 810.97
f. Account Code K 5. Total only to 6. Total of Al (This line goes (This line goes)	g. Form of Paymer debit card this Page LL CRO-1310 Page in line 13a of Detailed in line 13c of Detailed in line 13c of Detailed odes (List detailed	es Summary Page CRO- Summary Page CRO- Summary Page CRO- Il expenditure code	i. Date (mm/dd/y 12/12/2023 1100 if Operating Expens 1100 if Contrib to Candid 1100 if Coordinated Party in (h.) above)	es)	\$182.27 \$ itical Comm) litures)	k. Required Remarks office expense \$ 810.97
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f. Account Code K 5. Total only to 6. Total of Al (This line goes (This line goes)	g. Form of Paymer debit card this Page LL CRO-1310 Pag in line 13a of Detailed in line 13c of Detailed in line 13c of Detailed Odes (List detailed B* - Printing F* - Equipm	es Summary Page CRO- Summary Page CRO- Summary Page CRO- Il expenditure code g C* - Foreign G - Po	i. Date (mm/dd/y 12/12/2023 1100 if Operating Expens 1100 if Contrib to Candid 1100 if Coordinated Party in (h.) above) Fundraising phitical Party	es)	\$182.27 \$ itical Comm) litures) D - To A H* - Hol	k. Required Remarks office expense \$ 810.97 \$ unother Candidate ding Public Office Expenses
Raleigh, NC 2 R. Account Code K 5. Total only to 6. Total of AI (This line goes (This line goes (This line goes 7. Purpose Code A* - Media	g. Form of Paymer debit card this Page LL CRO-1310 Page in line 13a of Detailed in line 13c of Detailed in line 13c of Detailed odes (List detailed D* - Printing	es Summary Page CRO- Summary Page CRO- Summary Page CRO- Il expenditure code g C* - Foreign G - Po	i. Date (mm/dd/y 12/12/2023 1100 if Operating Expens 1100 if Contrib to Candid 1100 if Coordinated Party in (h.) above)	es)	\$182.27 \$ itical Comm) litures) D - To A H* - Hol	k. Required Remarks office expense \$ 810.97 \$ unother Candidate

Amendment Yes

Disbursem	ients		Pg	of	Amendment Yes No
		from the committee	ee for; operating expense		
	coordinated party ex		71 01		
1. Committee I	Full Name (and Fun	d if applicable)			2. ID Number
	essica Carda-Auten				JCASDR
3. Type of Dish			RO-1310 forms for each		
Operating l		Contributions to Can	didates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments merch fees
Paragon Solution					merch rees
T diagon boiding			c. Level Registered (Specif	v)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 5.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K	12/04/2023	\$5.77	merch fees
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phond	PERSON	b. Coordinated Committee	Name	d. Comments
(include city, state,	, & zip)	. 2.10014			filing fee
Durham Count	y Government	FEB 1 3 2024			
	,	LD 1.3 2024	c. Level Registered (Specify		
	DI	JRHAM BOE	Federal _	County:	
	00	AN BOE	State 🗵	Municipality:	e. Election Sum to Date
	~~~				\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
H	check #99	Н	12/05/2023	\$200.00	filing fee
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	, & zip)				Launch Party
Randy's Pizza					
1720 Guess Rd Durham NC	l		c. Level Registered (Specify	)	
Dunam NC			c. Level Registered (Specify	")	
			Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 400.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
C	Debit Card			\$400.00	Launch Party
	1			\$	
5. Total only th	nis Page				\$ 605.77

7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing

J - Penalties

E - Salaries F* - Equipment I - Postage

6. Total of ALL CRO-1310 Pages

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

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

> C* - Fundraising G - Political Party K* - Office Expenses

D - To Another Candidate

\$

H* - Holding Public Office Expenses O* - Donation to Legal Expense Fund

In-Kind Contributions Use this form to report non-monetary Use CRO-1215 if In-Kind Contribution		goods or service		e comn	Amendment Yes No nittee or fund.	
1. Committee Full Name (and Fund	if applicable)			2. ID	Number	
Committee to elect Jessic Carda-Aute	en				JCASDR	
3. Contributor Information a. Full Name, Mailing Address & Phone	Add	Remove b. Type of C	ontributor	e. Con	nments	
(include city, state, & zip) Lillian Taylor		Indiv	ridual In-Kind lidate			
		Referendum Other Receipt Source		d. Election Sum to Date \$ 126.00		
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
NC Democratic Party		1	11/30/2023	3	\$ 126.00	
					\$	
					\$	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	□ Add □ IN PERSON	b. Type of C	ontributor vidual	c. Con	nments	
	FEB 1 3 2024	Cand				
	DURHAM BOE	Refe	rendum er Receipt Source	d. Election Sum to Date		
. m 1 . d		-	C.D. (. ( /3.1/		TO S BAT I A A	

e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ 3. Contributor Information Add Remove b. Type of Contributor a. Full Name, Mailing Address & Phone c. Comments (include city, state, & zip) Individual Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source \$ e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$ \$ \$ 126.00 4. Total only this Page \$ 5. Total of ALL CRO-1510 Pages \$ 126.00 (This line must be on line 17 of Detailed Summary Page CRO-1100) CRO-1510 NC State Board of Elections December 2007