Disclosure Re	port Cover				Yes No						
	neral report and committee i	nformation, must be	signed and subr	mitted along with other	er detailed forms.						
Do not use this form to update information  1. Committee Information											
1. Committee Information	1. Committee Information										
a. Full Name					c. ID Number						
Committee to elect J	oy Harrell				JHSDR						
	ude City, State and Zip Code)				d. Date Filed						
2809 Geer St Durham, NC 27704					02/19/2024						
					e. Phone Number						
					919-358-9554						
2. Report Year	3. Period Start Date (mm/d	dd/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full N	lame						
2023	12/01/2023	02/	12024 2-17	Samuel D Rogers							
6. Type of Committ	ee (Check One)	9. Type of Report	(check onl	ly one type of report fi	rom one category)						
Candidate Campa	ign Party	Municipal	State/Co	ounty	Referendum						
PAC	Referendum	Organizational		Organizational	Organizational						
Independent Expenditure	Joint Fundraiser	Thirty-five day	γ	Quarterly	Pre-referendum						
Legal Expense Fu  7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final						
"Booster Fund"	(у аррисате, спеск опе)	Pre-election		Second	Supplemental Final						
Building Fund		Pre-runoff	IH	Third	Annual						
		Semi-annual		Fourth	Special						
		Mid Year	r S	Semi-annual							
Other:		Year End		Mid Year	10. Special Report Name						
		Final		Year End	* *						
8. Number of Funda	raisers this Report	Special	F	Final							
	0		S	Special							
11. Account Inform	ation		11. Account I	nformation							
a. Financial Institution F	'ull Name		a. Financial Insti	tution Full Name							
Truist Bank											
b. Purpose	c. Account Code		b. Purpose		c. Account Code						
Campaign	565	51									
	d. Period Begin Balance	à			d. Period Begin Balance						
	\$ 600.00				\$						
CERTIFICATION											
the NC General Statu	ites and that no funds are co correct and that I have been	mmingled with prob trained by the NC	ibited or other n	non-disclosed funds. I clections.  Rosers  02	& 22D-22M of Chapter 163 of further certify that this report  2/19/2024  Date						
FOR OFFICE USE O											
Date Received:	2/19/24	Employee:	180	<u>4</u> P	Pelivery Method Normal Mail						
Date Postmarked	d:	INERERSC	N		Registered Mail Hand Delivered						
Date Scanned:		this of the	4		Electronically Filed Signer has not received						
Date Data Entere	ed:	Employee. DURHAM B	OE		mandatory training						
Please Note: Thi		nend committee informat			s, treasurer, assistant treasurer,						
	- motoun										

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.

	2. Type of Report		3. ID Number		
Committee to elect Joy Harrell	1 <sup>ST</sup> Quarter Plus			JHSDR	
Start of Election Cycle: January 1,	2024		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	600.00	\$	600.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	5974.00	\$	5974.00
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				O O William	
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizatio	ns <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, 11c	, 11d and 11e)	\$	5974.00	\$	5974.00
EXPENDITURES					
13) Disbursements				Will B	
13a) Operating Expenditures	(CRO-1310)	\$	2842.87	\$	2842.87
13b) Contributions to Candidates/Political Committee	ees (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)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	2842.87	\$	2842.87
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$	3731.13	\$	3731.13
ADDITIONAL INFORMATION				-18	
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)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	
•	, i				
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

		m Individuals	<b>.</b>		eg of		Amendmen Yes	
		ividual contributions		0 or contributions ur	nder \$50 if form CR			
1. Comn	ittee kun Name	(and Fund if applica	ble)			2. ID Nun	iber	
Committ	ee to elect Joy Ha	rrell					JHSDR	
	ibutor Informati			Add 🗌 R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	)A	d. Comment		
	city, state, & zip)			attorney		Contribut	ion	
	rain-Guiterrez					-		
49 N 8 <sup>th</sup>	-			c. Employer's Name/		-		
Brooklyn	n, NY 11249			MGrail & Bensin	iger LLP	a Flortion C	n.a. 4a D.4a	
						e. Election S	um to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Visa			02/13/2	2024	\$	150.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comment	s	
	city, state, & zip)			retired		contribution	on	
Eddie Da								
405 Stinl				c. Employer's Name/	Specific Field	_		
Durnam,	NC 27713			NA		e. Election S	um to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Check 8972			01/19/2	2024	\$	25.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add  R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comment	s	
(include	city, state, & zip)					contribution	on	
Debit In								
				c. Employer's Name/	Specific Field			
						e. Election S	um to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	ууу)	k. Amount	
		debit			01/31/2	024	\$	25.00
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

200.00

5974.00

\$

\$

\$

IN PERSON

FEB 1 9 2024

		m Individuals	Φ.5.	Pg			Yes	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									
			biej			2. H) Nui			
	ee To Elect Joy Ha						JHSDR		
	ibutor Informatio			Add 🔲 Rei	move				
	me, Mailing Address &	& Phone		b. Job Title/Profession	ı	d. Commen			
	city, state, & zip)			Retired		Contribu	tion		
Joe Harre 5 Corning				F lover le Name/S		-			
	g Court NC 27705			c. Employer's Name/Sp N/A	рестис в тепа	_			
1/4446444	NC 21103			IV/A		e. Election	Sum to Date		
						<b>.</b> 50.00			
		4				\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
		Visa			01/17/2	2024	\$	50.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on		Add Rer	move		-		
	ne, Mailing Address &		<u> </u>	b. Job Title/Profession		d. Commen	te		
	city, state, & zip)			Marketing			ontribution		
Desiree S	mith								
	8614 Eastern Morning Run			c. Employer's Name/Sp	pecific Field				
Laurel MD 20723			Pfizer						
						e. Election S	Sum to Date		
	4					\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount		
		Visa			01/17/2	:024	\$	100.00	
							\$		
							\$		
3. Contri	ibutor Informatio	on		Add Rer	move				
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Retired		Contribut	ion		
John Mur	-			T 1 . 1 . 1 . 10	was a g			*	
	Illantrae Drive MD 20735			c. Employer's Name/Sp N/A	pecific Field	-			
Ciliton iv	110 20755			IN/A		e. Election S	Sum to Note		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount		
		Visa			01/17/2		\$	100.00	
			1				\$		
							\$		
4 Total	l only this Page	0		200		\$		250.00	
				IN I	PERSON	<b>D</b>		250.00	
	l of ALL CRO- e must be on line 6 of 1	-1210 Pages Detailed Summary Page C	'RO_1100	))	D + 0 0004	\$			

**Contributions from Individuals** 

Amendment

Contr	ibutions fro	m Individuals			Pg	of		Yes	. No
Use this	form to report ind	ividual contributions of	over \$5	0 or contributio	ns unde	er \$50 if form CF	O 1205 is r	not used	
1. Comm	ittee Full Name	(and Fund if applical	ble)				2. ID Nu	mber	
Committe	ee To Elect Joy H	arrell						JHSDR	
	ibutor Informatio			Add 🗌	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Pr	ofession		d. Comme		
Joseph H	city, state, & zip)			Manger		Contribu	ition		
	Ginger Cout			c. Employer's I	Vame/Sp	ecific Field	1		
	ille NC 28787			Pathful					
							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/y	ууу)	k. Amount	
		Visa				01/17/2	2024	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	) Dù		Add	Ren	nove		-	
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Pro	fession		d. Commer	ıts	
	city, state, & zip)			Retired			Contribu	tion	
	Cathy Crump 12 Salem Hill Road					c. Trails			
	ill NC 28787			c. Employer's !	чашелор	ecinc Field	1		
				1 1/12			e. Election	Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
		Visa				01/19/2	024	\$	25.00
								\$	
								\$	
	butor Informatio			Add 🗌	Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Pro	ofession		d. Commer		
Malrey M	city, state, & zip)			Retired			Contribu	tion	
216 Virgi	•			c. Employer's P	lame/Spe	ecific Field			
_	NC 28806			N/A					
							e. Election	Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/y	уу)	k. Amount	
		Visa				01/19/2	024	\$	25.00
								\$	
								\$	
4. Total	only this Pag	e			INF	PERSON	\$		100.00
	of ALL CRO	O			114		\$		
(This line		Detailed Summary Page C	RO-1100	NC State Board o		9 1 9 2024			A '1 0000
CRU-121	v			MC State Roard o	Lection	18			April 2007

		m Individuals		Pg			Yes	☐ No
		ividual contributions		0 or contributions und	der \$50 if form Cl			
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber	
Committe	ee To Elect Joy H	arrell					JHSDR	
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Therapist		Contribu	ution	
Jessie La								
	ndale Ave			c. Employer's Name/S	pecific Field			
Durnam,	NC 27704			Self Employed		e Flection	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Visa			01/31/	2024	\$	50.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	move			
	ne, Mailing Address		ابط	b. Job Title/Profession		d. Comme	nts	
(include	city, state, & zip)			CEO		Contribu	ıtion	
Bruce Sie	egel							
	nson Ave			c. Employer's Name/S				
Bethesda	, MD 20817			American Essentia	al Hospitals			
						e. Election	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		Visa			01/20/	2024	\$	1000.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Retired		contribu	tion	
Lizzie Ha						4		
	Chapel Road			c. Employer's Name/S	pecific Field	_		
Durnam,	NC 27707			NA		e Flection	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
		Visa			01/02/2	2024	\$	100.00
							\$	
							\$	
4. Tota	l only this Pag	e		11/1	PERSON	\$		1150.00
-	of ALL CRO			r. E Strike St				
		Detailed Summers Page (	TPA 110	, FE	B 1 9 2024	\$		

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

		m Individuals	over \$5		Pg of		Amendment  Yes No
		(and Fund if applica		o or contributions th	nder \$50 it form Cr	2. ID Nu	
			Diej			4. 10 110	
Committ	ee To Elect Joy H	arrell					JHSDR
3. Contr	ibutor Informati	on		Add 🗌 F	Remove		
a. Fuil Nar	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	nts
(include	city, state, & zip)			Retired		Contribu	ıtion
Ray Harr							
	st Chapel Road			c. Employer's Name	Specific Field		
Asheville	e NC 28803			N/A		1731 At	<u> </u>
						e. Election	Sum to Date
						\$	200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
		Visa			01/20/2	2024	\$ 200.00
							\$
							\$
3. Contr	ibutor Informati	on		Add 🔲 R	Remove		
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	Dī	d. Comme	nts
	city, state, & zip)			Retired		Contribu	ıtion
Tatiana N							
	Weaver Place			c. Employer's Name	Specific Field		
Aurora C	O 80016			N/A		-	
						e. Election	Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
		Visa			01/20/2	2024	\$ 100.00
							\$
							\$
3. Contr	ibutor Informati	on		Add 🔲 R	Remove		
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	nts
	city, state, & zip)			Artis		Contribu	ıtion
Antonio .							
	tion Road			c. Employer's Name.	Specific Field		
Durham 1	NC 27703			Self Employed			
						e. Election	Sum to Date
	ıp					\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
		Visa			01/23/2	2024	\$ 50.00
							\$
				IN PE	RSON		\$
4. Tota	I only this Pag	e		11.4		\$	350.00

5. Total of ALL CRO-1210 Pages

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

FEB 1 9 2024

\$

		n Individuals			Pg	of		Yes	☐ No	
		vidual contributions of		or contrib	outions unde	r \$50 if form CR				
1. Comm	ittee Full Name (	and Fund if applica	ble)				2. ID Nun	nber		
Committe	ee To Elect Joy Ha	urrell						JHSDR		
3. Contri	butor Informatio	on ·		Add	Rem	iove	,			
	ie, Mailing Address &	& Phone			le/Profession		d. Commen			
	city, state, & zip)			Tearche	er		Contribut	ion		
Seana Car	meron thside Drive			a Francou	er's Name/Spe	oifia Field				
	FL 33040				e County De		_			
Key West	.1 L 33040			Wienere	c County De	opt of EB	e. Election Sum to Date			
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
		Visa				01/24/20	024	\$	50.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	ove				
a. Full Nan	e, Mailing Address &	& Phone		b. Job Titi	le/Profession		d. Comment	d. Comments		
	city, state, & zip)			Architec	ct		Contribut	Contribution		
	Janeen Harrell									
	4537 Drexel Blvd Chicago II, 60653				er's Name/Spe	ecific Field				
Chicago IL 60653			Janeen 1	П		e. Election S	um to Date			
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
		Visa				01/25/29	024	\$	50.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	iove				
	ie, Mailing Address &	& Phone			le/Profession		d. Comment			
	city, state, & zip)			Driver			Contribut	ion		
Austen Pa 404 Bonh				c Employ	er's Name/Spe	cific Field				
Durham 1				Fedex	ci s rame/ope	CINC PICIG				
Burnum 1	10 21112			1 odox			e. Election S	ium to Date		
							\$	25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/yy	уу)	k. Amount		
		Visa				01/23/20	024	\$	25.00	
								\$		
								\$		
4. Total	only this Page	е			IN PER	SON	\$		125.00	
5. Total	of ALL CRO	-1210 Pages					\$			
(Thin lim	a water ha on line 6 of	Detailed Summer Dage (	ממנו ממי	1	FFR 10	2004	Φ			

**Contributions from Individuals** 

		n Individuals vidual contributions o	over \$50	or contributi	Pg ons unde	of \$50 if form CR		Amendmen  Yes  ot used	lt No
		and Fund if applica					2. ID Nun		
Committe	e To Elect Joy Ha	arrell						JHSDR	
3. Contri	butor Informatio	on		Add 🗌	Rem	iove			
a. Full Nam	e, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comment	ts	
	city, state, & zip)			President			Contribut	ion	
Tracey W	-								
	pen Ridge Lane			c. Employer's			-		
Concordn	n, NC 28027			Indigo Inno	ovation C	roup	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/yy	ууу)	k. Amount	
		Visa				01/25/2	024	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add	Rem	ove			
	e, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comment		
	city, state, & zip)			Retired			Contribut	ion	
Ajamu Di				- Elle	NT16	e. F:.LJ	-		
2316 Keit	n Dr NC 27610			c. Employer's	гчаше/эре	cinc rieid	-		
Kaleigii, i	NC 27010			INA			e. Election S	um to Date	
			10				\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description		j. Date (mm/dd/y	ууу)	k. Amount	
		Visa				01/25/2	024	\$	75.00
						\(\frac{1}{2}\)		\$	
								\$	
	butor Informatio			Add [	Rem	iove			
	e, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comment		
Kyle Harr	city, state, & zip)			Attorney			Contribut	ion	
226 Kings				c. Employer's	Name/Sne	cific Field			
	CT 06825			Self-Emplo		CINC X ICIG			
,				,	J		e. Election S	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	I	j. Date (mm/dd/yy	ууу)	k. Amount	
		Visa				01/25/2	024	\$	50.00
								\$	
								\$	
4. Total	only this Pag	e					\$		225.00
5. Total	of ALL CRO	-1210 Pages		IN	PERS	SON			
		Detailed Summary Page C	RO-1100		* **** T (	2014	\$		

		n Individuals vidual contributions o	ver \$50	Pg ) or contributions und		O 1205 is no	Amendment Yes ot used	t No
1. Comm	ittee Full Name (	and Fund if applical	ole)			2. ID Nun	nber	
Committe	e To Elect Joy Ha	arrell					JHSDR	
3. Contri	butor Informatio	on		Add Rei	nove			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	ts	
	city, state, & zip)			Director of Music		Contribut	ion	
Jesse Hud								
1036 Ken				c. Employer's Name/Sp	ecific Field	_		
Durnam,	NC 27707			Citywell UMC		e. Election S	ium to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Visa			01/26/2	024	\$	25.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rei	nove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment		
	city, state, & zip)			Educatoe		Contribut	ion	
Timothy 1 7123 Stra	•			c. Employer's Name/Sp	racific Field			
	ineid Ct ie, NC 27302			NCCU	secine Field	1		
Melbourn	10, 110 27502			Necc		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y)	уу)	k. Amount	
		Visa			01/26/2	024	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rei	move			
	re, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment		
	city, state, & zip)			Retired		Contribut	ion	
Sally Fran 4307 Pin				a Templomada Nama (Ca				
	Oak Dr NC 27707			c. Employer's Name/Sp NA	ecinc rieid	-		
Durnam,	NC 27707			IVA		e. Election S	ium to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		Visa			01/27/2	024	\$	200.00
					li di		\$	
							\$	
4. Total	only this Pag	e		IN PER	SON	\$		275.00
5. Total	of ALL CRO	-1210 Pages		BALED	0014	\$		
(This line	must be on line 6 of	Detailed Summary Page (	RO-1100	))		Ф		

		m Individuals ividual contributions of	over \$50	Pg ) or contributions unde		O 1205 is no	Amendment  Yes  ot used	l No
1. Comm	ittee Full Name (	(and Fund if applical	ble)			2. ID Nun	ıber	
Committe	e To Elect Joy H	arrell					JHSDR	
3. Contri	butor Informatio	on		Add Ren	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Social Worker		Contribut	ion	
Stephanie								
	ird Mountain Rd			c. Employer's Name/Sp	ecific Field			
Asneville	, NC 28804			Buncombe County		e. Election S	um to Data	
							um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		Visa			01/27/2	024	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Ren	nove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment		
	city, state, & zip)			CFO		Contribut	ion	
Keith Co				a Employeda Nama/Em	acidia Diala			
9801 Gal	NC 27543			c. Employer's Name/Sp International Housi				
Danama,	110 27545			micriational House	ng .	e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-N	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		Visa			01/28/2	024	\$	100.00
							\$	
							\$	
	butor Informatio			Add Ren	nove			
	e, Mailing Address	& Phone		b. Job Title/Profession		d. Comment		
	city, state, & zip)			Professor		Contribut	ion	
Robert Tr	akewood Ave			c. Employer's Name/Sp	anifia Field			
	NC 27707			NCCU NCCU	ecinc ricid			
Duinain,	110 21101			NCCO		e. Election S	um to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
		Visa			01/28/2	024	\$	250.00
		ľ	Y-				\$	
							\$	
4. Total	only this Pag	e		IN PERS	SON	\$		400.00
5. Total	of ALL CRO	-1210 Pages				•		
		Detailed Summary Page C	RO-1100	FFR 1 9	202A	\$		

		m Individuals	over \$50	Pg O or contributions und			Amendmen Yes ot used	t No
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber	
Committe	ee To Elect Joy H	arrell					JHSDR	
3. Contri	butor Informati	on		Add Ren	move	10		
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Assistant		Contribut	tion	
Zawadi V								
2016 Raj				c. Employer's Name/Sp	ecific Field			
Durham,	NC 27703			MCP				
						e. Election S	Sum to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y)	/vv)	k. Amount	
П		Visa		•	01/29/2		\$	20.00
		V ISU			0172572			20.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rer	nove			
	ie, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Registered Nurse		Contribut	ion	
Shameya								
3 Onyx C				c. Employer's Name/Sp	ecific Field			
Durnam,	NC 27703			Aya Healthcare		a Flanting 6	4- D-4-	
						e. Election S	oum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
		Visa			01/29/2	024	\$	25.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rer	nove			
a. Full Nan	e, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			Retired		Contribut	ion	
A Morrel				7		1		
	Weavere Pl			c. Employer's Name/Sp	ecific Field			
Aurora, C	CO 80016			NA				
						e. Election S		
f. Prior	z Assaunt Cada	h Form of Down and	: T., Y	Zind December 2	1.0.4 (77)	\$	25.00	
1. 1101	g. Account Code	h. Form of Payment	1. 10-19	Kind Description	j. Date (mm/dd/yy		k. Amount	
		Visa			01/30/2	024	\$	25.00
		1			W		\$	
							\$	
	only this Pag			IN PERSO	)N	\$		70.00
5. Total	of ALL CRO	-1210 Pages				\$		
(This line	must he on line K of	Detailed Summary Page (	RO_1100	EED				

		m Individuals	over \$5(	P <sub>i</sub> O or contributions un		O 1205 is no	Amendmen Yes ot used	t No
		(and Fund if applical				2. ID Nun		
Committe	ee To Elect Joy H	arrell					JHSDR	
3. Contri	ibutor Informatio	on ·		Add Re	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	
	city, state, & zip)			Retired		Contribut	tion	
Steven U								
1011 Min				c. Employer's Name/S	Specific Field	1		
Durham,	NC 27701			NA				
						e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/vv)	k. Amount	
		Visa			01/30/2		\$	50.00
		V IDE	-		O II S O I Z			
Ш							\$	
							\$	
3. Contri	butor Informatio	O <b>n</b>		Add 🗍 Re	emove			
a. Full Nam	ne, Mailing Address	& Phone		b. Job Title/Profession	12	d. Commen	ts	-
	city, state, & zip)			Coordinator		Contribut	ion	
Ann Rebe								
	Sugar Rd			c. Employer's Name/S	specific Field	_		
Durham,	NC 27707			People's Alliance				
						e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		Visa			01/30/2	.024	\$	50.00
							\$	
							\$	
	butor Informatio			Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	<u> </u>	d. Comment		
	eity, state, & zip)			Retired		Contribut	ion	
Ingeborg				. T	Y - 1/2 - 2/3 - 2/3	-		
	odberry Rd NC 27707			c. Employer's Name/S	pecine Field	-		
Duillaill,	NC 27707			INA		e. Election S	Sum to Data	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
		Visa			01/30/20		\$	100.00
							\$	
							\$	
4. Total	only this Pag	e				\$		200.00
	of ALL CRO			101 -				
		Detailed Summary Page C	RO-1100	IN PER	SON	\$		

Contri	ibutions fro	m Individuals			Pg	of		Yes	No
		ividual contributions of		) or contrib	outions unde	er \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (	(and Fund if applicat	ble)				2. ID Nun	nber	
Committe	ee To Elect Joy Ha	arrell						JHSDR	
	ibutor Informatio			Add	Rem Rem	iove			
	ne, Mailing Address &	& Phone			le/Profession		d. Commen		
	city, state, & zip)			Retired			Contribut	ion	
123 Tiere	ss Beerman			c Employ	er's Name/Spe	ocific Field			
Cary, NC				NA NA	ст з глание/оре	CIRC FIEIG	-		
,,,	2,010			1112			e. Election S	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Descript	tion	j. Date (mm/dd/yy	уу)	k. Amount	
		Visa				01/31/20	024	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add [	Rem	iove			
	ne, Mailing Address &	& Phone			e/Profession		d. Comment		
	city, state, & zip)			Retired			Contribut	ion	
Lorisa Se 2410 Par				a E-maloru	anta Mama (Cua	aife Field			
	NC 27705			NA	er's Name/Spe	cinc Fleid			
Durnum,	NC 27703			IVA			e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descript	tion	j. Date (mm/dd/yy	yy)	k. Amount	
		Visa				01/31/20	024	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add [	Rem	iove			
	ie, Mailing Address &	& Phone			e/Profession		d. Comment		
	city, state, & zip)			Driver			Contribut	ion	
Leslie Co 1116 Que				c Employe	er's Name/Spe	cific Field			
-	NC 27591			Self-Em		CIPIC PICKS			
				1	1 -3		e. Election S	um to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descript	tion	j. Date (mm/dd/yy	уу)	k. Amount	
		Visa				01/31/20	024	\$	25.00
								\$	
								\$	
4. Total	only this Page	e		_===			\$		175.00
5. Total	of ALL CRO	-1210 Pages		IN P	ERSON		d)		
	must be an line 6 of		DA 1100				\$		

NC State Board of F1924 ons

Contri	ibutions fron	n Individuals				Pg	of	-	Ye Ye	s No
Use this f	orm to report indi	vidual contributions of	ver \$50	or contribu	utions	under \$	50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (	and Fund if applical	ole)		_			2. ID Nur	nber	
Committe	ee To Elect Joy Ha	ırrell						_	JHSDR	
	butor Informatio			Add [		Remov	e			
	ne, Mailing Address &	t Phone		b. Job Title	_			d. Commen		
(include Douglass	city, state, & zip)			Program	Direct	tor		Contribut	tion	
732 9 <sup>th</sup> St				c. Employe	r's Nam	ne/Specific	c Field			
	NC 27705			Duke	I IS I THERE	ac/Opecia	C I ICIU			
								e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descripti	ion	j.	Date (mm/dd/yy	yy)	k. Amount	
		Visa					01/31/20	)24	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add [		Remove	e			
	ie, Mailing Address &	2 Phone		b. Job Title		sion		d. Commen		
	city, state, & zip)			Consulta	.nt			Contribut	ion	
Anna Gra				Familian			. 177 . 1.4			
604 Prim	nive St NC 27701			c. Employe						
Duittain,	INC 27701			mucpend	ieni Cc	Ontracto	1	e. Election S	Sum to Date	
								\$	1000.00	
f. Prior	g. Account Code	b. Form of Payment	i. In-k	Lind Descripti	ion	j.	Date (mm/dd/yy	yy)	k. Amount	
		Visa					01/31/20	024	\$	1000.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add [		Remov	e			3
a. Full Nan	e, Mailing Address &	è Phone		b. Job Title	:/Profess	sion		d. Commen	ts	
	city, state, & zip)			Program	Manag	ger		contributi	ion	
	Gatewood eside Lofts Circle			c. Employe	wto Nom	as/Smanifi	a Miald			
Cary, NC				Democra			c ricia			
Cury, 110	27313			Domoord	wy Ive			e. Election S	Sum to Date	
								\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descripti	ion	j.	Date (mm/dd/yy	yy)	k. Amount	
		Visa					01/08/20	)24	\$	25.00
									\$	
									\$	
4. Total	only this Page	3		11	J PF	RSO	N	\$		1075.00
5. Total	of ALL CRO	-1210 Pages		11)	4 1 500			\$		
	must he on line 6 of	Detailed Summary Page C	RO_1100	23		1 Q 202A		Þ		1

		m Individuals	over \$5		Pg of		Amendment Yes N
-		(and Fund if applica		o or contributions u	ndor \$30 ir ioniir er	2. ID Nu	
	ee To Elect Joy H						JHSDR
3. Contr	ibutor Informati	on		Add 🔲 R	Remove		
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	nts
(include	city, state, & zip)			Accountant		Contribu	tion
Leta Loy							
	andrews Ct			c. Employer's Name	Specific Field		
Durham,	NC 27707			Self Employed		a Flastian	Cum to Data
							Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
		Visa			02/01/2	024	\$ 100.00
							\$
							\$
3. Contr	ibutor Informatio	on		Add 🔲 R	Remove		
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts
(include	city, state, & zip)			retired		Contribu	tion
Paula Ha							
810 Bran				c. Employer's Name	Specific Field	4	
Durham,	NC 27707			NA		o Florian	Sum to Date
							Sum to Date
						\$	140.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount
		Visa			02/01/2	2024	\$ 140.00
							\$
							\$
3. Contr	ibutor Informati	on		Add 🔲 R	Remove		
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	nts
· ·	city, state, & zip)			Administrator		contribu	tion
Darrell S						1	
	lmoral Dr			c. Employer's Name		_	
Cary, NO	27511			NC Museum of l	Natural Science	. T21 . 42	O
							Sum to Date
	4	-				\$	25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y		k. Amount
		Visa			02/09/2	2024	\$ 25.00
							\$
							\$
4. Tota	l only this Pag	e		IN PERSO	ON	\$	265.00

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

CRO-1210

5. Total of ALL CRO-1210 Pages

\$

FEB 1 9 2024

		m Individuals	over \$5(	Pg O or contributions und			Amendment Yes ot used	☐ No
1. Comm	ittee Full Name (	(and Fund if applica	ble)			2. ID Nur	nber	
The Com	mittee to Elect Jo	y Harrell					JHSDR	
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)			Security operations	S	Contribut	tion	
Glen Fryb	_							
	odberry Rd			c. Employer's Name/Sp				
Durham,	NC 27707			National acct ser co	ompany			
						e. Election S	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
		Visa			02/01/2		\$	25.00
							\$	
							+	
			<u> </u>				\$	
	butor Informatio				move			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen		
	city, state, & zip)			retired		Contribut	ion	
Christoph				F . 1 . 1 . 1 . 10	1.00 370 7.7			
41 Green				c. Employer's Name/Sp	pecific Field			
Dumain,	NC 27707			INA		e. Election S	Sum to Data	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		Visa			02/02/2	024	\$	25.00
							\$	
							\$	
3. Contri	butor Informatio	on,		Add Re	move			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Head of School		Contribut	ion	
Valine Ze	•							
5223 Part	-			c. Employer's Name/Sp		1		
Durham,	NC 27704			Empowered Mines		- E2		
						e. Election S		
f. Prior	- A	h Fame of Daniel	1 . r. r	7.10	1 . m. (	\$	24.00	
1. FFIOF	g. Account Code	h. Form of Payment	I. 10-N	Gind Description	j. Date (mm/dd/yy		k. Amount	24.00
		visa			02/02/2	024	\$	24.00
i_l			17				\$	
							\$	
	only this Pag			INI PARE	001	\$		74.00
	of ALL CRO	-1210 Pages Detailed Summary Page O	PA-1100	IN PER	20N	\$		

		m Individuals			Pg	of		Amendmen Yes	No No
		vidual contributions of		or contributions	under \$	550 if form CR			
1. Comm	ittee Full Name (	and Fund if applica	ble)				2. ID Nun	nber	
	e To Elect Joy Ha							JHSDR	
	butor Informatio			Add	Remov	ve			
	e, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comment		
Gloria Da	city, state, & zip)			Retired			Contribut	ion	
802 Mcke				c. Employer's Nan	me/Specif	îc Field			
	NC 27713			NA					
							e. Election S	um to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j	. Date (mm/dd/yy	уу)	k. Amount	
		Visa				02/04/20	024	\$	150.00
								\$	
								\$	
100000000	butor Informatio			Add 🗌	Remov	/e			
	ie, Mailing Address &	& Phone		b. Job Title/Profes	ssion		d. Comment		
	city, state, & zip)			Retired			Contribut	ion	
Ann Harr 312 Carlt				c. Employer's Nan	ma/Snacif	Sc Field			
	ill, NC 27516			NA NA	шегореси	de Field			
Chaperin	11,110 2,010						e. Election S	um to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description	j	. Date (mm/dd/yy	yy)	k. Amount	
		Visa				02/04/20		\$	25.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add 🗌	Remov	ve		10	
	e, Mailing Address	& Phone		b. Job Title/Profes	ssion		d. Comment		
	city, state, & zip)			Nurse			contributi	on	
Julius Han	rten nlock Hill Dr			c. Employer's Nan	na/Snacif	ie Field			
	NC 27703			UNC Cardiolo					
Durnum,	27703			Cive curdioid	ogy Citi		e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j	. Date (mm/dd/yy	yy)	k. Amount	
						02/04/20	)24	\$	100.00
								\$	
								\$	
4. Total	only this Pag	e		IN F	PERS	ON	\$		275.00
5. Total	of ALL CRO	-1210 Pages		11.72			¢.		
		Detailed Summary Page C	RO-1100	) 55	R 1.97	7074	\$		

Use this f	form to report indi	ividual contributions of	over \$50	or contribution	utions und	er \$50 if form CR	O 1205 is n	ot used	
1. Comm	ittee Full Name (	and Fund if applica	ble)				2. ID Nu	nber	
The Com	mittee to Elect Jo	y Harrell						JHSDR	
3. Contri	ibutor Informatio	on		Add [	Rei	nove			
	ne, Mailing Address	& Phone			Profession		d. Commen		
	city, state, & zip)			retire			Contribu	tion	
Chris Ma 127 3 <sup>rd</sup> A				. Eland	ada Massa a 60 a				
	d, SC 29936			NA	r's Name/Sp	ecinc Field	_		
ragolan	u, 50 27750			1421			e. Election	Sum to Date	
							\$	30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descripti	ion	j. Date (mm/dd/y)	ууу)	k. Amount	
		Visa				02/04/2	024	\$	30.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add [	Rer	nove			
	ne, Mailing Address d	& Phone		b. Job Title	/Profession		d. Commen		
	city, state, & zip)			Investor			Contribut	ion	
Sophia C 1019 Der				a Employe	ula Nama (Cu	and the Intellal			
	NC 27701			Self	r's Name/Sp	leeme Fleiu			
Durnain,	1(0 2//01			Ben			e. Election S	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descript	ion	j. Date (mm/dd/yy	уу)	k. Amount	
		Visa				02/05/2	024	\$	250.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add [	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title	/Profession		·d. Commen	ts	
	city, state, & zip)			PM			Contribu	tion	
Zawadi P	owell h Water's Edge Dr			a Employe	r's Name/Sp	onific Viold	-		
	NC 27703			Durham		ecnic Field	-		
	110 27705			Durnam	County		e. Election !	Sum to Date	
D dilidili,									
D WILLIAM,							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descripti	ion	j. Date (mm/dd/yy		100.00 k. Amount	
	g. Account Code	h. Form of Payment visa	i. In-A	Kind Descripti	ion	j. Date (mm/dd/yy	yy)		100.00
	g. Account Code		i. In-k	Kind Descripti	ion		yy)	k. Amount	100.00
	g. Account Code		i. In-k			02/07/2	yy)	k. Amount	100.00
f. Prior	g. Account Code	visa	i. In-A		ERSOI	02/07/2	yy)	k. Amount \$	100.00 380.00

**Contributions from Individuals** 

Amendment

Yes

Contr	ibutions fro	m Individuals				Pg	of		Yes	No
		ividual contributions		or contril	bution	s unde	\$50 if form CR	O 1205 is r	ot used	
1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber	
Committ	ee To Elect Joy H	arrell							JHSDR	
3. Contr	ibutor Informati	on		Add		Rem	ove			
	me, Mailing Address	& Phone		b. Job Tit	tle/Prof	fession		d. Comme		
	city, state, & zip)			NA				Contribu	ition	
Cash Box	Cash in- Debit			c. Employ	vanta M		aina Field	-		
	ter 6013102			NA NA	yer's IN	аше/эре	cinc Field	<u>+</u> ;		
Cost Con	101 0015102			1111				e. Election	Sum to Date	
								\$	60.00	
	1		,							
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion		j. Date (mm/dd/yy	ууу)	k. Amount	
		check 6718					02/06/2	024	\$	60.00
									\$	
									\$	
3. Contr.	ibutor Informatio	on		Add		Rem	ove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Tit	tle/Prof	ession		d. Commer	ıts	
	city, state, & zip)			NA				Contribu	tion	
Cash in I							-			
Cash Box	x 0068			c. Employ	yer's Na	ame/Spe	cific Field			
1				NA				1		
								e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-J	L Kind Descrip	otion		j. Date (mm/dd/yy	ууу)	k. Amount	
		debit					02/06/2		\$	100.00
									\$	
									\$	
3 Contr	ibutor Informatio	OB	-	Add	П	Rem	ove			
	me, Mailing Address			b. Job Tit	tle/Prof		040	d. Comme	nts	
	city, state, & zip)			Retired				contribut		
Gary A (										
696 Presi				c. Employ	yer's Na	ame/Spe	cific Field			
Brooklyr	n, NY 11215			NA				a Floation	Pour to Date	
									Sum to Date	
£ Duiou	- Assermt Code	h Form of Down and	1 : 1 . 1	71-1 D1-	42		: D-4-(133/	\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	1. M-1	Kind Descrip	ouon		j. Date (mm/dd/yy		k. Amount	
		check	-				01/28/2	024	\$	50.00
				18/1	DEF	3501	d		\$	
				.11.3	1 family	,	178		\$	
	l only this Pag			F	EB 1	9 2024		\$		210.00
5. Tota	l of ALL CRO	1210 Pages					. poso	\$		
(This lin	e must be on line 6 of	Detailed Summary Page C	CRO-1100	) DL	JRHA	M BC		4		

Contri	ibutions fron	n Individuals				Pg	of		Yes	No
		vidual contributions		or contr	ibution	s unde	r \$50 if form CR			
1. Comm	ittee Full Name (	and Fund if applica	ble)					2. ID Num	iber	
Committe	ee To Elect Joy Ha	nrrell							JHSDR	
	butor Informatio			Add		Rem	ove			
1	ie, Mailing Address &	& Phone			itle/Profe	ession		d. Comment		
	city, state, & zip)  Stephans			retired	l			Contributi	ion	
	glewood Dr			c. Emple	oyer's Na	me/Spe	cific Field			
	NC 27705			NA						
								e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
		check 137					02/04/2	024	\$	100.00
									\$	
									\$	
2 Cantul	butor Informatio	<u> </u>		Add		Rem			Ι Ψ	
	ne, Mailing Address &			7	itle/Profe		ove	d. Comment	•	
	city, state, & zip)	a i none		retired				Contributi		
Katherine										
5500 Wo	odberry Rd			c. Emple	oyer's Na	me/Spe	cific Field			
Durham	NC 27703			NA						
Durnam,	110 27703			1471				e. Election S	um to Date	
								\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	L Kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
		check 8961					02/04/2		\$	25.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	iove	-	-	
a. Full Nan	ie, Mailing Address &	& Phone		b. Job T	itle/Profe	ession		d. Comment	s	
	city, state, & zip)			retired				contribution	ons	
Janie Har	rell th View Rd			o Frank	awanta Ma	ma/Sne	cific Field			
	NC 27703			NA NA	Dyel S Na	шелэре	cinc rieid			
,								e. Election S	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
		check 735					01/25/20	024	\$	50.00
									\$	
				IN P	ERS	MC			\$	
4. Total	only this Pag	e		1104		2.0		\$		175.00
5. Total	of ALL CRO	-1210 Pages		FEB	1 9 20	24		\$		
(This lim	must he on line K of	Detailed Summary Page (	RO-1100					ф		

<b>Disbursem</b> Use this form to		from the committ	Protee for; operating expens			endment Yes itical	No
	coordinated party ex				*		
1. Committee F	full Name (and Fun	d if applicable)			2. ID	Number	
	Elect Joy Harrell					JHSDR	
3. Type of Disb			CRO-1310 forms for eac				
Operating I		Contributions to Ca	ndidates/Political Committees		oordinated Party I	Expenditures	
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments	1	
(include city, state, Capitol Promot					signs		
Capitoi Promot	IOHS		c. Level Registered (Speci	6\	-		
			Federal	County:	-		
			State	=	e. Election Su	um to Date	
					\$ 459.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required I	Remarks	
K	debit card	K	02/14/2024	\$459.00	signs		
				\$			
4. Payee Inforn	nation		Add	Remove	-		
-	ing Address & Phone		b. Coordinated Committe	e Name	d. Comments	)	
(include city, state,	& zip)						
			c. Level Registered (Speci				
			Federal State	County: Municipality:	e. Election Su	ım to Date	
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required I	Remarks	
				\$			
				\$			
4. Payee Inforn	ation		Add	Remove			
	ing Address & Phone		b. Coordinated Committe		d. Comments		
(include city, state,	0						
	***						
			c. Level Registered (Speci	fy)			
			Federal	County:			
			State	Municipality:	e. Election Su	m to Date	
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required I	Remarks	
				\$			
				\$			

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

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

A\* Media R\* Printing C\* Fundaciona

A\* - Media B\* - Printing
E - Salaries F\* - Equipment

6. Total of ALL CRO-1310 Pages

5. Total only this Page

C\* - Fundraising G - Political Party FEB 1 9 2024 D - To Another Candidate

\$

\$

459.00

2842.87

I - Postage J - Penalties K\* - Office Expenses
O\* - Other
\* Codes require detailed explanation in required remarks field (k)

(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)

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

1 Committee l	coordinated party ex Full Name (and Fun					2. ID Number
	Elect Joy Harrell	и и аррисавіс)				JHSDR
3. Type of Disk		ise use separate C	RO	-1310 forms for each t	vne of Disbursen	
Operating				ates/Political Committees		oordinated Party Expenditures
. Payee Infor			A	dd 🔲	Remove	
	ling Address & Phone		b.	Coordinated Committee Na	ame	d. Comments
include city, state	_					to order checks
Bus Prods Deli						
			c.	Level Registered (Specify)		
				Federal	County:	
				State 🖂	Municipality:	e. Election Sum to Date
					v	\$ 65.83
Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K		01/03/2024	\$65.83	to order checks
					\$	
I. Payee Inform	nation		A	dd 🔲	Remove	
. Full Name, Mai	ling Address & Phone		b.	Coordinated Committee Na	ame	d. Comments
include city, state						Business Cards
Accent Imagin	-					
Browinleigh D			c.	Level Registered (Specify)		
Raleigh, NC 2	7617		۱þ	Federal	County:	The design of the second
			L	] State 🗵	Municipality:	e. Election Sum to Date
			L			\$ 43.00
. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K		01/16/2024	\$43.00	Business cards
					\$	
l. Payee Inform	nation		T	dd 🔲	Remove	
,	ling Address & Phone		b.	Coordinated Committee Na	ame	d. Comments
include city, state	, & zip)		1			Office expense
Target Durham, NC 2	7707			Level Registered (Specify)		_
Duniani, NC 2	.7707			Federal Specify	County:	
			ᅡ	State	Municipality:	e. Election Sum to Date
			-		wanierpanty.	
						\$ 5.38
Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K		01/17/2024	\$5.38	office expense
					\$	
5. Total only th	nis Page				J	\$ 114.21
	L CRO-1310 Pages	7, 00 -7				
(This line goes is (This line goes is	n line 13a of Detailed Sun n line 13b of Detailed Sun	nmary Page CRO-110	0 if c	Operating Expenses) Contrib to Candidates/Politic Coordinated Party Expendity	•	\$ 114.21
	les (List detailed ex				1 W	
A* - Media	B* - Printing	C* - Fund	` '	sing	D - To Anoth	ner Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties		cal F	Party FEB 1 9 2024	H* - Holdin	g Public Office Expenses on to Legal Expense Fund

**Disbursements** 

Amendment

Yes

No

Disbursem	ents				Amendment
		from the committee	Pg ee for; operating expenses,	of contributions to	\Yes \
committees and	coordinated party ex	penditures.	or ior, operating expenses,	COMMISSIONS TO	· carratatto, political
	ull Name (and Fun				2. ID Number
	Elect Joy Harrell				JHSDR
3. Type of Disb		ise use separate C	RO-1310 forms for each t	vne of Dishurse	
Operating E			didates/Political Committees		Coordinated Party Expenditures
I. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,			or continued commission.		office expense
People's Alliand	A-1				office expense
907 Cleveland			c. Level Registered (Specify)		-
Durham, NC 2			Federal T	County:	-
Durmann, 14C 2	7707		State	Municipality:	e. Election Sum to Date
			State	within cipanty.	e. Election Sum to Date
			,		\$ 10.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K	01/19/2024	\$10.00	office expense
				\$	
4. Payee Inform	1ation		Add \	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
include city, state,	=				processing fee
Actblue					
P O Box 44114	6		c. Level Registered (Specify)		
Somerville, MA	A 02144-0031		Federal	County:	
•			State 🖂	Municipality:	e. Election Sum to Date
				1 7	\$ 45.66
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K	Jan/Feb	\$45.66	processing fee
	aton taxa	**	Juli 1 00	\$13.00	
				\$	
4. Payee Inform	ation		Add	Remove	
. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
include city, state,	& zip)				office expense
Capitol Promoti	ons				
			c. Level Registered (Specify)		
			Federal	County:	
			State 🔀	Municipality:	e. Election Sum to Date
					\$ 624.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
K	debit card	K	01/30/2024	\$624.00	office expense
				\$	
5. Total only th	is Page			J.	\$ 679.66
	CRO-1310 Pages				\$ 679.66
	line 13a of Detailed Sum	amary Page CRA_1101	if Onergting Evnences		
			) if Contrib to Candidates/Politic	eal Comm)	\$
			if Coordinated Party Expenditu		
	es (List detailed exp				
A* - Media	B* - Printing			D - To Anot	ther Candidate
E - Salaries	F* - Equipment	G - Politic	raising N PERSON		ng Public Office Expenses
- Postage	J - Penalties		e Expenses		ion to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (15) 9 2024

E - Salaries

I - Postage O\* - Other

Q\* - Donation to Legal Expense Fund

Disbursem		from the committee	Pg ee for; operating expenses	of	Amendment Yes No	
	coordinated party ex		ce for, operating expenses	, continuations to	realididate/political	
	ull Name (and Fun				2. ID Number	
	Elect Joy Harrell	а п аррисавто)			JHSDR	
3. Type of Disb		ise use senarate C	RO-1310 forms for each	tone of Dishurse		
Operating I			ididates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform			Add	Remove	2001 and 1 and 2 Application 6	
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments	
(include city, state, & zip)			b. Cool dinated Committee Name		Translation	
Embry Owens	ec zipj				Tuisation	
1314 Glendale	Ave		c. Level Registered (Specify)			
Durham, NC 27701			Federal County:		-	
Durnam, NC 27701			State	Municipality:	e. Election Sum to Date	
			State	Municipanty.	e. Election Sum to Date	
					\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
0	check 1001	0	01/31/2024	\$90.00	Translation	
				\$		
4. Payee Information			Add [	Remove		
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Name		d. Comments	
(include city, state,					endorsememt	
Durham Comm	ittee PAC					
			c. Level Registered (Specify)			
			Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 1000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
G	check 1002	G	01/31/2024	\$1000.00	endorsement	
				\$		
4. Payee Inforn	nation		Add	Remove		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N	Vame	d. Comments	
(include city, state, & zip)					contribution	
Durham Comm	ittee PAC				_	
			c. Level Registered (Specify)			
			Federal	County:		
			State 🖂	Municipality:	e. Election Sum to Date	
					\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
G	check 1004	G	02/11/2024	\$500.00	contribution	
				\$		
5. Total only th	is Page				\$ 1590.00	
	. 7					

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) 7. Purpose Codes (List detailed expenditure code in (h.) above) DERSON A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate F\* - Equipment E - Salaries G - Political Party H\* - Holding Public Office Expenses I - Postage J - Penalties K\* - Office Expenses FEB 1 9 2024 Q\* - Donation to Legal Expense Fund O\* - Other