Disclosure Report Cover

Amendment

☐ Yes 🖾 No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

	form to update	information.							
1. Committee In	formation		1700					TO No. of the second se	
a. Full Name								c. ID Number	
COMMITTEE '				Y-HYMAN	I FOR	DURHAM C	ITY		
b. Mailing Addre	ss (include City	y, State and Zip	Code)					d. Date Filed	
PMB 4711 HO	PE VALLEY R	LD						07/17/2023	
DURHAM, NC	27713							e. Phone Number	
Dominio, Ne	27715								
2. Report Year	3. Period Start	Date (mm/dd/y	y)	4. Period I	ad Dat	e (mm/dd/yy)	5. Treasur	er Full Name	
2023 01/01/2023				0	6/30/2	023	L'TANYA	DURANTE	
6. Type of Com	nittee (Check C	ne)		e of Report			type of rep	ort from one category)	
X Candidate Can			Munic			State/County		Referendum	
Joint Fundrais				Organization		Organizatio	onal	Organizational	
Referendum		al Expense Fund		Thirty-five	· I	Quarterly		Pre-referendum	
7. Type of Fund		e, check one)		Pre-primary	- 1	First		Final	
Booster Fund	1"			Pre-election		Second	1	Supplemental Final	
Building Fund	. ,			Pre-runoff		Third			
The state of the s	lection Year Can			Semi-annual		Fourth Semi-annua		Special Special	
NC Public Car	npaign Financing	Fund	X	Mid Yea Year En	1	→ Mid Ye		10. Special Report Name	
			H	Final	u	Year E		16. Special Report Ivame	
Other:	4 6 44.	10	lH .	Special		Final	iiu		
8. Number of F	indraisers this	Report	_	эрестат		=			
	1					☐ Special			
3. Account Information 3. Account Information									
a. Financial Inst	itution Full Na	m e			a. Fina	ncial Instituti		ne	
TRUIST BANI	<					IN PERS	SON		
b. Purpose		c. Account Cod	le		b. Purpose		2007	c. Account Code	
COMMITTEE		1	908			JUL 17	7073		
CONTRIBUTI	ONS AND				_				
EXPENDITUR	RES	d. Period Begin	n Balar	nce		DURHAM	ROF	d. Period Begin Balance	
		\$		100.00				\$	
CERTIFICATION	ON								
I certify that	the Committee	or Fund is in co	mplian	ice with all a	ipplical	ble provisions	of Article	22A, 22B & 22D-22M of	
Chapter 163	of the NC Gener	ral Statutes and	l that n	o funds are	commi	ngled with pro	ohibited or	other non-disclosed	
funds. I furtl	ner certify that t	this report is co	mplete	e, true and c	orrect a	and that I hav	e been train	ed by the NC State Board	
				(01		0.	_		
LITAN	JVA D	URANTT	E (Vh	AUK	edu	anle	07/17/2023	
	rinted Name of S	Signer		Sign	ature of	Appointed Tre	asurer	Date	
FOR OFFICE I	SEONLY							II was No. of 1	
Date Receiv	ved:		_	Emplo	yee:		- <u>D</u>	elivery Method Normal Mail	
Date Postm	narked:			Emplo	yee:		_ F	Registered Mail Hand Delivered	
							F	Electronically Filed	
Date Scann	ed:		_	Emple	yee:				
Date Data l	Entered: _		_	Emplo	yee:			Signer has not received mandatory training	
Plages No	Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,								
I lease NU	assistant treasurer, custodian of books information, or account information.								
		nd the Statemer							

Amendment ☐ Yes 【 No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Re	port	3. ID	Number
COMMITTEE TO ELECT DR MONIQUE	2023 Mid Ye	ear Semi-Annual		
HOLSEY-HYMAN FOR DURHAM CITY COUNCIL Start of Election Cycle: January 1. 2022		Total this	\neg	Total this
Start of Election Cycles ballating 1,		Reporting Perio	\rightarrow	Election Cycle
4) Cash on Hand at Start		\$ 100.	00	\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 619.	08	\$ 619.08
6) Contributions from Individuals	(CRO-1210)	\$ 6,609.	06	\$ 6,709.06
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00	\$ 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00	\$ 0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00	\$ 0.00
1) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	c,11d and 11e)	\$ 7,228.	14	\$ 7,328.14
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 4,677.	94	\$ 4,677.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00	\$ 0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 105.	44	\$ 105.44
5) Loan Repayments	(CRO-1420)	\$ 0.	00	\$ 0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00	\$ 0.00
7) In-Kind Contributions	(CRO-1510)	\$ 2,404.	06	\$ 2,404.06
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 7,187.	44	\$ 7,187.44
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 140.	70	\$ 140.70
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	-	
21) Outstanding Loans (incl. ones from other campaigns)		\$ 0.		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	- 8	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.	-	
24) Account Transfers Within the Committee SON	(CRO-1720)	\$ 0.	100	
25) Administrative Support JUL 1-7 2023	(CRO-1710)	\$ 0.	\rightarrow	\$ 0.00
26) Forgiven Loans	(CRO-1440)		-	\$ 0.00
27) 48-Hour Notice Reports Sum DURHAM BOE	(CRO-2220)		\rightarrow	\$ 0.00
28) Contributions to be Refunded NC State Boa	(CRO-1215)	\$ 0.	00	\$ 0.00 August 2008

Aggregated Contributions from Individuals Page 1 of 1 Yes

X No

. Ca	mmittee	Full Name (and l	t NC Contributions Fund if applicable)			2. ID N	lumber	
OM	1MITTE	E TO ELECT DI	R MONIQUE HOLS	EY-HYMAN FOR DU	RHAM CITY			
IO	INCIL							
		or Information	77 - C D 4	d. In-Kind Description	e. Date (mm/dd/	/vvvv)	f. Amount	
_		b. Account Code	c. Form of Payment	d. In-King Description				
_	dd emove	1908	Credit Card		03/02/202	3	\$	25.00
	.dd emove	1908	Money Order		03/13/202	.3	\$	50.00
	.dd .emove	1908	Credit Card		03/12/202	.3	\$	50.00
A	.dd .emove	1908	Credit Card		03/12/202	23	\$	25.00
A	dd	1908	Credit Card		03/19/202	23	\$	19.08
A	dd	1908	Credit Card		02/23/202	23	\$	50.00
A	dd	1908	Credit Card		03/06/202	23	\$	25.00
	dd	1908	Credit Card		02/22/202	23	\$	20.00
	Add .	1908	Credit Card		03/05/202	23	\$	25.00
1	Add	1908	Credit Card		03/09/202	23	\$	25.00
	Add	1908	Credit Card		03/12/202	23	\$	25.00
	Add	1908	Credit Card		03/12/202	23	\$	50.00
	Add	1908	Credit Card		03/09/202	23	\$	50.00
	Add Remove	1908	Credit Card		02/23/202	23	\$	50.00
	Add Remove	1908	Credit Card		02/28/202	23	\$	25.0
	Add Remove	1908	Credit Card		02/11/20	23	\$	25.0
	Add Remove	1908	Credit Card		03/07/20	23	\$	25.0
	Add Remove	1908	Credit Card		03/24/20	23	\$	25.0
	Add Remove	1908	Credit Card		03/06/20	23	\$	30.0
_		nly this Page				\$		\$619.0
5. 3	Total o	f ALL CRO-1	205 Pages Detailed Summary Page	GTQ 1100)		\$		\$619.0

IN PERSON

JUL 1.7 2023

Cont	ributions fro	om Individuals	over \$50 or co		$\frac{1}{1}$ of $\frac{7}{1}$			No
		and Fund if applicable		15.6745		2. 1	D Number	1112121
COMM	IITTEE TO ELEC	T DR MONIQUE H		AN FOR DU	RHAM CITY			
COUN				Add Re	emove			
	ibutor Informatio			b. Job Title/P		d. Comments		
	de city, state, & zi			EDUCATIO	N			
<u> </u>	ANDERSON							
	TARDUST DR			c. Employer's	Name/Specific Field			
DURH	AM, NC 27712			NCCU		_ F	lection Sum t	n Date
						H	CCHOII SHIRE	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1908	Credit Card			03/12/2023		\$	100.00
							\$	
							\$	
3. Cont	ributor Informatio	on		Add R	emove	L		
10074	Name, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
(in-clu	de city, state, & zi	p)		ATTORNEY	1			
TANYA BRANCH c. Employer's Name/Speci						-		
45 LAI		NII 00000		QPWB				
NORT	H BRUNSWICK,	NJ 08902					lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (m m/dd/yyyy)	k. Amount	
	1908	Credit Card			03/11/2023		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🗆 R	emove		والسالة	
	Name, Mailing Ado			b. Job Title/I	Profession	d, C	Comments	
(incl	ude city, state, & z	ip)	ean -	COMMUNI	TY RELATIONS			
	SHEENA BURNS		3014	a Employer	s Name/Specific Field			
	GREAT BEND DI		0007	DPS	s wanterspecific ricid	+		
DUKH	IAM, NC 27704	JUL 1.7	ZUZJ	DES		e. I	Dection Sum	to Date
		DURHA	M BOE			\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	·)	k. Amount	
	1908	Credit Card			03/09/2023		\$	200.00
							\$	
							\$	

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)

400.00

6,609.06

\$

\$

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Con	tribi	itions	irom	Individuals	•

					Amendme	ent
Contributions from Individuals	Pg _	2	of		☐ Yes	No No
Use this form to report individual contributions over \$50 or contribution	ıs und	er \$50	if for	n CRO 120	5 is not use	ed

1. Com	nittee Full Name	(and Fund if applicable	e)			2.1	D Number
COMM		CT DR MONIQUE H	OLSEY-HYM	AN FOR DU	JRHAM CITY		
	ributor Informati	on		Add 🔲 I	Remove	WHY	
	ame, Mailing Add			b. Job Title/	Profession	d. Comments	
(inclu	de city, state, & z	ip)		SENIOR C	OLLECTION MGR		
RODN	EY BURTON						
	JTCHESS LN			c. Employer's Name/Specific Field			
WOOD	BRIDGE, NJ 07	7095		ROCKEFE	ELLER GROUP, INC.	0 E	Tection Sum to Date
						C. E	acction Sum to Date
,						\$	150.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1908	Credit Card			02/24/2023		\$ 150.00
							\$
							\$
	ributor Informati				Remove		
	lame, Mailing Add			b. Job Title/	Profession	d. C	Comments
	de city, state, & z	ip)		HEALTHC	ARE		
KOYA DAVIS 11023 AI BURY DR c. Employer's Name/Specific Field				1			
11025 ALBORT BR					1		
HOUSTON, TX 77096 KELSEY-SEYBO			SEYBOLD CLINIC	e. E	Tection Sum to Date		
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1908	Credit Card			02/24/2023		\$ 100.00
							\$
							\$
3. Cont	ributor Informati	on		Add 🔲 1	Remove	J-	
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/	Profession	d. C	Comments
	de city, state, & z	ip) IN PE	RSON	ORTHOPA	EDIC SURGEON		
	DELLAERO /ISH CT	g ii 1	7 2023	c. Employer	's Name/Specific Field	1	
DURH	AM, NC 27705	JUL 1	1 2020	EMERGE	ORTHO	_	
		DUD!	AM BOE			e. E	Dection Sum to Date
		DURH	AIVI DOL			\$	500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1908	Credit Card			03/22/2023		\$ 500.00
							\$
							\$
4. Total only this Page							750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							6,609.06
(A 1145	me mas ve on the	o of remain outmary !	" Se CHO-1100)			1	

Amendment **Contributions from Individuals** 3 of ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT DR MONIQUE HOLSEY-HYMAN FOR DURHAM CITY COUNCIL ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT **DEREK GREENFIELD** c. Employer's Name/Specific Field 11 S MAIN ST WEST HARTFORD, CT 06107 SELF-EMPLOYED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card 1908 02/25/2023 100.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ASSISTANT PROFESSOR OF MONIOUE HOLSEY-HYMAN SOCIAL WORK c. Employer's Name/Specific Field 6514 LOGANBURY DR DURHAM, NC 27713 NC CENTRAL UNIVERSITY e. Election Sum to Date 3,204.06 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1908 MAILBOX RENTAL 01/01/2023 154.00 In-Kind WEBSITE 1908 01/23/2023 600.00 \$ In-Kind CAMPAIGN LUNCH 1908 02/04/2023 \$ 58.00 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments IN PERSON (include city, state, & zip) ASSISTANT PROFESSOR OF MONIQUE HOLSEY-HYMAN SOCIAL WORK c. Employer's Name/Specific Field IUL 1 7 2023 6514 LOGANBURY DR DURHAM, NC 27713 NC CENTRAL UNIVERSITY e. Election Sum to Date DURHAM BOE 3,204.06 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 1908 02/21/2023 \$ 500.00 In-Kind 1908 DONATION CARDS 03/01/2023 \$ 86.00 In-Kind ÷ . 1908 **BANNER** \$ 03/01/2023 321.75 4. Total only this Page 1.819.75 \$

5. Total of ALL CRO-1210 Pages

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

\$

\mathbf{C}_{i}	ontributions	from	Individua	le
(miribililons	irom	HIIQIVIQUE	115

Amendment No No

Contributions from Individuals

Pg 4 of 7 Ves

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

		(and Fund if applicable				2. II) Number	
		CT DR MONIQUE H	OLSEY-HYM.	AN FOR DUR	HAM CITY			
COUN				4.1.1 T B				
	ibutor Informatio			Add Ren	nove	d C	omments	
	ame, Mailing Add de city, state, & zi						om m c n ts	
				ASSISTANT PROFESSOR OF SOCIAL WORK				
	QUE HOLSEY-H OGANBURY DF			c. Employer's Name/Specific Field				
	AM, NC 27713	•		NC CENTRA	L UNIVERSITY			
Boran	11.1, 110 27710					e, E	lection Su	m to Date
						\$		3,204.06
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	
	1908	In-Kind	EVENT SUPP	LIES	03/04/2023		\$	84.31
	1908	In-Kind	EVENT SUPP	LIES	03/05/2023		\$	200.00
	1908	In-Kind	VENUE RENT	ΓAL	03/06/2023		\$	400.00
3. Contributor Information								
	lame, Mailing Ado			b. Job Title/Pro		d. C	comments	
(inclu	de city, state, & z	ip)		The second secon	PROFESSOR OF			
6514 LOGANBURY DR				SOCIAL WO	RK Name/Specific Field	1		
				c. Employer's Name/Specific Field NC CENTRAL UNIVERSITY				
			NC CENTRA	L UNIVERSITY	e. E	lection Su	m to Date	
				l.		6		2 204 06
						\$		3,204.06
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	1908	In-Kind	EVENT CATE	ERING	03/08/2023		\$	500.00
	1908	Electric Funds Tran			03/16/2023		\$	200.00
							\$	
	ributer Informati			Add Re	move			
a. Full l	Name, Mailing Ad	dress & Phone IN P	FRSON	b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & z	rip)		TRAVEL EN	TERPRISER			
	TRINA JOSEPH	11.11	1 77 202Z	a Employaria	Name/Specific Field	-		
	234TH ST		1 7 2023			1		
ROSE	DALE, NY 1142		LIANADOE	SELF-EMPL	OYED	e. I	Dection Su	m to Date
		DUR	HAM BOE			\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amoun	t
	1908	Credit Card			03/11/2023		\$	100.00
							\$	
							\$	
4. To	tal only this Pa	ige				\$		1,484.31
5. To	tal of ALL CR	O-1210 Pages	Page CRO-1100			\$		6,609.06
(1 mts	tine musi ve on une	o of Deminen Summary	1100)	1 0 0 1		7		April 2007

C_0	ntribu	tions	from	Indivi	alanh

				Amendme	ent
Pg	5_	of	7	☐ Yes	No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	nittee Full Name	(and Fund if applicable	e)	A STATE OF		2. I	D Number			
COMM		CT DR MONIQUE H	OLSEY-HYM	AN FOR DUR	RHAM CITY					
	ributor Informatio	on		Add Re	move					
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. Comments				
(inclu	de city, state, & zi	ip)		PROFESSOR						
DORR	ANCE KENNED	Y		The state of New York of the Internal						
	X 88041			c. Employer's Name/Specific Field						
FAYET	TTEVILLE, NC	28304		FAYETTEVILLE STATE		A F	Dection Sum to Date			
				UNIV						
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount			
	1908	Credit Card			03/06/2023		\$ 100.00			
							\$			
							\$			
3. Cont	3. Contributor Information									
	lame, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments			
(inclu	de city, state, & z	ip)		NOT EMPLO	YED					
SHARON LEARY				c. Employer's Name/Specific Field						
50 BATTERY PL					ł					
APT 2T NEW YORK, NY 10280		NOT EMPLO	JYED	e. E	Dection Sum to Date					
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (m m/dd/yyyy)		k. Amount			
	1908	Credit Card			03/13/2023		\$ 100.00			
							\$			
							\$			
3. Cont	ributor Informati	on the same and the		Add 🗆 Re	move		Aug (Legal Intelligence			
	Name, Mailing Add	dress & Phone IN F	ERSON	b. Job Title/Pr	ofession	d, C	Comments			
	ide city, state, & z	ip)		ATTORNEY						
	N RANKIN	JUI.	1 7 2023	c. Employer's	Name/Specific Field	1				
	IORTH AVE ROCHELLE, NY			QUEENS DI		1				
l'YEW 1	COCILELE, IVI		HAM BOE	ATTORNEY		e. I	Election Sum to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount			
	1908	Credit Card			03/23/2023		\$ 100.00			
							\$			
							\$			
4. Tot	al only this Pa	ge				\$	300.00			
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)							6,609.06			
(This	line must be on line	\$,							

				Amendment					
ı	Pg	6	of	7		Yes	X	No	
				OF 0 1001					

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

. Comm	ittee Full Name	and Fund if applicable)			2. ID Number			
COMM	ITTEE TO ELEC	CT DR MONIQUE HO	DLSEY-HYMA	AN FOR DUR	HAM CITY				
	ibutor Informatio	n e e e e e e e e e e e e e e e e e e e		Add Ren					
	ame, Mailing Add			b. Job Title/Profession			d. Comments		
(inclu	de city, state, & zi			NOT EMPLO	YED				
	CLIN SHAW BLE AVE			c. Employer's N	lame/Specific Field				
	X, NY 10473			NOT EMPLO					
	,					e. E	ection Su	m to Date	
						\$		505.00	
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amoun	t	
	1908	Credit Card			03/08/2023		\$	505.00	
							\$		
							\$		
	ributor Informati			Fait	move	bil		ALL BY	
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/Pro		d. C	Comments		
	de city, state, & z	ip)		NOT EMPLO	YED			/	
	E SHAW			c. Employer's Name/Specific Field					
	NOBLE AVE	13		NOT EMPLOYED					
NEW YORK, NY 10473					. =	e. E	dection Su	ım to Date	
						\$		1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (m m/dd/yyyy))	k. Amour	nt	
	1908	Credit Card			03/13/2023		\$	1,000.00	
							\$		
							\$		
3. Cont	ributer Informati	on		Add 🔲 Re	move				
	Name, Mailing Ad	dress & Phone	יבפסטיי	b. Job Title/Pr		d. 0	Comment	s	
(incl	ude city, state, & z	zip) IN F	PERSON	LEARNING	MANAGER				
	WHITEHURST-			c Employante	Name/Specific Field	+			
	CULBERSON DE	₹ JU	L 1-7 2023	BANK OF A					
PLAN	O, TX 75025			DAIN OF A	MILIMOA	e. I	Election S	um to Date	
		DUF	RHAM BOE			\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (m m/dd/yyyy	7)	k. Amou	nt	
	1908	Credit Card			03/11/2023		\$	100.00	
							\$		
							\$		
4. To	tal only this Pa	age				\$		1,605.00	
5. To	tal of ALL CR	RO-1210 Pages	Page CDA 1100			\$	1	6,609.06	
(This	tine must be on lin	e 6 of Detailed Summary	rage CKU-1100						

		om Individuals		0	$\frac{7}{}$ of $\frac{7}{}$		☐ Yes	No No	
Use this form to	report in	dividual contributions	over \$50 or co	ntributions un	der \$50 if form CRO 1				
1. Committee Fu	ill Name	(and Fund if applicabl	e)			2. ID Number			
COMMITTEE '									
COUNCIL						_			
3. Contributor I	n for mati	on		Add Res	move				
a. Full Name, Ma	iling Add	lress & Phone		b. Job Title/Pro	ofession	d. C	Comments		
(include city, s	state, & zi	ip)		REALTOR					
KIMBERLY W	ILLIAM	S							
708 PEBBLES				c. Employer's Name/Specific Field					
DURHAM, NC 27703				SELF-EMPLOYED			e. Election Sum to Date		
							e. Election Sum to Date		
						\$		250.00	
f. Prior g. Accou	nt Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount		
	908	Credit Card			02/23/2023		\$	250.00	
							\$		
			\$						
4. Total only	this Pa	ge				\$		250.00	

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

CRO-1210

NC State Board of Elections

April 2007

5. Total of ALL CRO-1210 Pages

IN PERSON

\$

6,609.06

Amendment

JUL 1 7 2023

10	•	1			4	
-11	10	hii	Irce	m	ents	

				Amendment				
Pg	_1_	of	4		Yes	X	No	

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

	oordinated party ext I Name (and Fund if		-				2	. ID Nun	ber
COMMITTEE THE	O ELECT DR MO	VIOUE HOLSEV	-HYM	IAN FOR DUE	RHA'	M CITY			
COUNCIL									
. Type of Disbur	sement (Please u	se separate CRO	-1310	forms for each	type	of Disbur.	semen	(.)	
Operating Expe		butions to Candidate	s/Polit	ical Committees		Coo	dinated	l Party Ex	penditures
. Payee Informa				Add 🔲	Rem	ove		and the plant	
	iling Address & Pho	ne	141	b. Coordinated	Cor	nmittee Na	m e	l, Comme	nts
nclude city, stat									
ACTBLUE, LLO									
O. BOX 4411				c. Level Regist	e re d				
	MA 02144-0031			☐ Federal		County:	-		
OMER VIELE,				☐ State		Municip:	ality: 4	e. Election	Sum to Date
								\$	61.92
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Req	uired Re	markš
1908	Draft	K		3/31/2023	\$	50.36	PRO	CESSING	FEES
1708	Dian	12		3,31,2020	_				
				4.44	\$				
l. Payee Inform	ation			Add 🗆		nove	-14		
. Full Name, Ma	iling Address & Pho	ne		b. Coordinate	d Co	mmittee Na	m e	d. Comm	ents
include city, sta							- 1		
L'TANYA DUR	ANTE					. (0			
3309 ORISKON		c. Level Regis	terec	County:					
DURHAM, NC		State		_		e Flectio	n Sum to Date		
				State	-	- Withhelp	anty.	c. Decero	
								\$	1,765.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1908	Check	Е	(3/12/2023	\$	200.00			
1908	Check	E	(3/31/2023	\$	625.00			
				Add 🗆	Rer	nove			
4. Payee Inform	ailing Address & Ph	ALDERSON		b. Coordinate			am e	d. Comm	ents
a. run Name, M. (include city, sta		HIVE LINGUI	4						
L'TANYA DUI									
3309 ORISKO		JUL 1-7 2023		c. Level Regis	tere	d (Specify)			
DURHAM, NC	27703			Federal					
Dordin IIII, 110	27702	DURHAM BO	E	☐ State		☐ Munici	oality:	e. Electio	on Sum to Date
								\$	1,765.00
		I. B C. d.	1	(/ 4 4 /]; A	mount	k Re	quired R	emarks
	g. Form of Payment	h. Purpose Code	_	te (mm/dd/yyyy)		625.00		42	
1908	Check	E	-	05/01/2023	\$		+-		
1908	Check	Е		06/01/2023	\$	315.00	L_		
5. Total only th	is Page				Ш			\$	1,815.36
6. Total of ALL	CRO-1310 Pages								
(This line goes	in line 13a of Detailed	Summary Page CR	<i>9-1100</i>	if Operating Exp	enses)	_	\$	4,677.94
(This line goes	in line 13b of Detailed	Summary Page CR	9-1100	if Contrib to Can	dida	tes/Political (Comm))		
	in line 13c of Detailed		110000	THE PARTY OF THE P	2. cy 1	penunuico	1.34	8,1112116	
	odes (List detailed					D - Ta	Anot	her Cano	lidate
A* - Media	B* - Printi			Fundraising Political Party					Office Expenses
E - Salaries	F* - Equip			Office Expens	AS				al Expense Fun
I - Postage	J - Penalti	es	17	Office expens	Ų3	Q -1	Jonati	511 15 LVE	,p=o • . u
O* Other									

Disbursements	

				Amendment						
Pg	2	of	4	☐ Yes	X No					

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

1. Committee Fu	ll Name (and Fund i	fapplicable)						2. ID Nun	nber
COMMITTEE	TO ELECT DR MO	NIOUE HOLSEY	'-HYM	IAN FOR DUI	RHA	M CITY			
COUNCIL									
3. Type of Disbu		ise separate CRO			typ				
Operating Exp		ibutions to Candidate	es/Politi	cal Committees		Coo	rdinate	ed Party Ex	penditures
4. Payee Informa				W. H.	Ren		14	20.	
	iling Address & Pho	one		b. Coordinate	Co	mmittee Na	m e	d. Comm	ents
(include city, stat									
ANTOINETTA						(0 10)			
2251 BURLING	251 BURLINGTON RD					(Specify)			
ROXBORO, NO		Federal State		County:	ality:	e Electio	n Sum to Date		
				State	_	- Witarresp	unity.		
								\$	2,293.28
f Account Code	g. Form of Payment	h. Purpose Code	i, Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1908	Check	E		3/12/2023	\$	300.00			
					-		DEIN	4D. MILI	ZACE
1908	Check	0	0.	3/17/2023	\$	78.60	FEB	ив: MILI	EAGE
7 24 11 3 610 15	S			Add IT	Dan	nove	I ED.	040	
4. Payee Inform				Add			m e	d. Comm	ents
	ailing Address & Ph	one		b. Coordinate	u Co	minitude iva	THI C	u. comm	C 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(include city, sta									
ANTOINETTA				c. Level Regis	tere	d (Specify)			
2251 BURLING		Federal		County:					
ROXBORO, NC 27574				☐ State		☐ Municip	ality:	e. Electio	n Sum to Date
								\$	2,293.28
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. A	mount	k. Re	quired Re	marks
1908	Check	Е	0	3/31/2023	\$	750.00			
1908	Check	0	0	5/01/2023	\$	182.76	REI	MB:	
1700	Circu				_		MIL	EAGE/M	EETING
4. Payee Inform	ation			Add 🔲	Rei	move			
a. Full Name, M	ailing Address & Ph	ondN PERSO	NC	b. Coordinate	d Co	mmittee N	ame	d. Com m	ents
(include city, sta		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
ANTOINETTA		11.11.17.20	27					1	
2251 BURLING		JUL 1 7 20	23	c. Level Regis	tere	The same of the sa		4	
ROXBORO, N		DUDUANA	OF	Federal		County		. Plantis	a Cum to Doto
		DURHAM E	SUE	State		☐ Municip	oanty.	e. Election	on Sum to Date
				1				\$	2,293.28
C Assaurt Code	g. Form of Payment	h. Purpose Code	i Dat	e (mm/dd/vvvv)	li. A	Amount	k. Re	equired R	emarks
	Check	E	_	05/01/2023	\$	625.00		•	
1908			+		+		-		
1908	Check	Е	(06/01/2023	\$	315.00			
5. Total only th	is Page				le i			\$	2,251.36
	CRO-1310 Pages	All Filters and	HI H			B LULE	Wil		
Table 1971 Committee of the Committee of		Summary Page CRO	0-1100	if Operating Exp	enses	:)		\$	4,677.94
(This line goes	(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,								4,077.94
(This line goes	in line 13c of Detailed	Summary Page CRO)-1100 i	if Coordinated Po	arty l	Expenditures,)		
	odes (List detaile								
A* - Media	B* - Printi			Fundraising		D - To	Ano	ther Cand	idate
12 1/20-000				olitical Party					Office Expenses
I - Postage	J - Penalt			Office Expense	es			_	al Expense Fund
O* Other						_			
	re detailed explanat	ion in required re	marks	field(k)					1.63

n	ie	hi	ırs	en	16	nts
	1.3					

				Amendment				
Pg	3	of	4	☐ Yes	No.			

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

Committee Ful	I Name (and Fund	familicable)					03 7	2. ID Nu	nber	
COMMITTEE T	O ELECT DR MC	NIOUE HOLSEN	'-HYM	IAN FOR DUI	RHAM	CITY		. ,		
COMMITTEE I	O ELECT DR MC	MIQUE HOLDE								
3. Type of Disbur	sement (Please	use separate CRO	-1310	forms for each	type	of Disbur	<u>semer</u>	<u>rt.)</u>		
Operating Expe		ributions to Candidate				Coo	rdinate	d Party Ex	penditu	ires
4. Payee Informa				Add \square	Remo					
	ling Address & Ph	one		b. Coordinated	Com	mittee Na	m e	d. Comm	e n ts	
include city, state	e, & zip)									
SPECTACULAR	R MAGAZINE			Y I D		Consider)				
2634 DURHAM	-CHAPEL HILL B	LVD		c. Level Regist		County:				
#214								e. Electio	n Sum	to Date
DURHAM, NC	27707									
								\$		317.97
f, Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks	
1908	Debit Card	A	l .	3/13/2023	\$	317.97	ADV	ERTISE	MENT	•
					\$					
	and the second						920	- 11		
4. Payee Informa				Add D. b. Coordinate	Remo	01725	m e	d. Com m	ente	
	iling Address & Ph	one		b. Coordinate	u Com	mittee Ni	ine	u. Comm	Cirts	
(include city, stat	e, & zip)			1						
STAPLES	ND.			c. Level Regis	tered (Specify)				
500 STAPLES I FRAMINGHAM				Federal County:						
FRAMINGHAM	I, WIA 01702			☐ State] Municip	ality:	e. Electic	n Sum	to Date
								\$		64.49
f Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks	
1908	Debit Card	K		3/12/2023	\$	64.49	ENV	ELOPES	3	
1700	Dook out				\$					
	*			Add	Remo	N/A				
4. Payee Informa	ation illing Address & Pl	IN PER	SOF	b. Coordinate			am e	d. Com n	ents	
(include city, stat		lone and								
STRIPE	ic, a 21 ₉	JUL 1.7	2023							
	OINT BLVD SOU		1010	c. Level Regis						
SAN FRANCIS		DURHAN	A BO	Federal	L	County		300 (1		4- D-4-
	•	DUNDAN	VI DO	State		Munici	pality:	e. Electi	on Sum	to Date
								\$		97.77
g	. Frum of Down on	h. Purpose Code	li Dat	e (m m /dd/vyyy	i. Am	ount	k. Re	quired R	emarks	s
	g. Form of Paymen Draft	K K	_)3/31/2023	\$	78.76	+	CESSIN		
1908	Drait		+ -	114043	+	70.70	1			
					\$					
5. Total only thi	s Page				136		31/13	\$		461.22
	CRO-1310 Pages		173							
(This line goes i	n line 13a of Detailea	Summary Page CRO	0-1100	if Operating Exp	enses)			\$		4,677.94
(This line 20es i	n line 13b of Detailed	Summary Page CRO	2-1100	if Contrib to Can	didates	/Political	Comm)	*		.,
(This line goes i	n line 13c of Detailed	Summary Page CRO	0-1100	if Coordinated P	arty Ex	penditures)			
7. Purpose Co	odes (List detaile	d expenditure cod	e in (h.) above)			- 51			
A* - Media	B* - Print			Fundraising				ther Cand		
E - Salaries	F* - Equip	-		olitical Party				_		Expenses
I - Postage	J - Penalt		K* -	Office Expens	es	Q* - I	Donati	on to Leg	gal Exp	ense Fun
O* Other				A 1 2 2 C						
* Codes requir	e detailed explanat	ion in required re	marks	neld (k)						

Disbursem	ients				Pg .	4 of	4	_ L Ye	s XI No
	report expenditures coordinated party e		ee for o	perating expen	ises, c	contribution	ons to	candidate	/political
	ull Name (and Fund					0.000		2. ID Nun	aber
	TO ELECT DR MC	NIQUE HOLSE							
3. Type of Dis bu	The state of the s	use separate CRO			type	WE TO THE REAL PROPERTY.			
■ Operating Exp	penses	ributions to Candidat	es/Polit	ical Committees		☐ Coc	ordinat	ed Party Ex	penditures
4. Payee Inform					Rem				
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Con	mittee Na	am e	d. Comments	
(include city, sta	te, & zip)								
THE HALL FII 817 N MANGU				c. Level Regis	tered				
DURHAM, NC	27701			Federal County:					
				State		Municip	pality:	e. Dection	Sum to Date
								\$	150.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Rei	narks
1908	Debit Card	0	0.	3/15/2023	\$	150.00	CON	DNSULTANT	
					\$				
5. Total only thi	s Page				HO.			\$	150.00
6. Total of ALL	CRO-1310 Pages		L.						
(This line goes i	in line 13a of Detailed 2	, ,				(n		\$	4,677.94
	in line 13b of Detailed S in line 13c of Detailed S								
7. Purpose Co	odes (List detailed				ų.		His	A Trans	
A* - Media	B* - Printir	0		Fundraising D - To Another Candidate					
E - Salaries F* - Equipment G - Po			litical Party		H* - H	olding	, Public O	ffice Expenses	

K* - Office Expenses

NC State Board of Elections

I - Postage

O* Other

CRO-1310

J - Penalties

* Codes require detailed explanation in required remarks field (k)

IN PERSON

Q* - Donation to Legal Expense Fund

December 2009

Amendment

JUL 1 7 2023

	Ame ndme nt				
Page of	☐ Yes 🗓	No			

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number			
	TEE TO ELECT	DR MONIQUE HOI	LSEY-HYMAN	FOR DURHAM					
3. Payee Int	tuludahan katus	and the same of the				837.6	PANE F		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/	уууу)	f. Ame	unt	g. Required Remarks	
Add Remove	1908	Draft	K	02/28/202	3	\$	11.56	PROCESSING FEE	
☐ Add ☐ Remove	1908	Draft	K	02/22/202	3	\$	32.95	CAMPAIGN CHECKS	
Add Remove	1908	Check	0	03/17/202	3	\$	41.92	REIMB: MILEAGE FEB2023	
Add Remove	1908	Draft	К	02/28/202	3	\$	19.01	PROCESSING FEES	
4. Total o	nly this Page					\$		105.44	
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)	Unit I		\$		105.44	
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)	SEVE				
Mas ha						- To Another Candidate			
E - Salaı	ries F*	- Equipment	G - Political	G - Political Party H*			* - Holding Public Office Expenses		
	I - Postage J - Penalties K* - Office Expenses Q* - Donations to Legal Expense I O* - Other						Legal Expense Fund		
* Codes	require detai	led explanation i	n required rer	narks field (g)				

CRO-1315 NC State Board of Elections December 2009

IN PERSON

JUL 1 7 2023

In.	-Kind	Con	tribi	itions

				Amenan	nent
Pg	1	of	1	☐ Yes	▼ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number					
COMMITTEE TO ELECT DR MONIQUE HOLSEY- CITY COUNCIL	R DURHAM						
3. Contributor Information							
a. Full Name, Mailing Address & Phone	b. Type of Con		c. Com	ments			
(include city, state, & zip)	☑ Individual						
MONIQUE HOLSEY-HYMAN 6514 LOGANBURY DR DURHAM, NC 27713	Candidate Party PAC						
	Referendum		d. Elect	tion Sum to Date			
	Other Recei		\$	3,204.06			
e. Description		f. Date (mm/dd.	/уууу)	g. Fair Market Amount			
MAILBOX RENTAL		01/01/202	23	\$ 154.00			
WEBSITE		01/23/202	23	\$ 600.00			
CAMPAIGN LUNCH		02/04/202	23	\$ 58.00			
3. Contributor Information	Add 🔲 Rer	move	/1 <u>- 1</u> 1				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	m e n ts			
(include city, state, & zip)	☑ Individual						
MONIQUE HOLSEY-HYMAN 6514 LOGANBURY DR	Candidate Party PAC						
DURHAM, NC 27713	Referendum		d. Elect	d. Election Sum to Date			
	Other Recei		\$ 3,204.06				
e. Description		f. Date (m m/dd	/yyyy)	g. Fair Market Amount			
DONATION CARDS		03/01/202		\$ 86.00			
BANNER		03/01/2023		\$ 321.75			
EVENT SUPPLIES		03/04/2023		\$ 84.31			
3. Contributor Information	Add Rer	move					
a. Full Name, Mailing Address & Phon IN PERSON	b. Type of Con		c. Com	m en ts			
(include city, state, & zip)	■ Individual						
MONIQUE HOLSEY-HYMAN JUL 1 7 2023 6514 LOGANBURY DR	Candidate Party						
DURHAM, NC 27713 DURHAM BO	PAC Referendum		d. Election Sum to Date				
	Other Recei		\$	3,204.06			
e. Description		f. Date (mm/dd	/vvvv)	g. Fair Market Amount			
EVENT SUPPLIES							
		03/05/202	23	\$ 200.00			
VENUE RENTAL		03/06/202	23	\$ 400.00			
EVENT CATERING		03/08/202	23	\$ 500.00			
4. Total only this Page	مطنع وارجا		\$	2,404.06			
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	0-1100)		\$	2,404.06			