Disclosure Report Cover Use this form for general report and committee in Do not use this form to update information	nformatio	on, must be	signed a	ınd su	bmitted along with	Amendment ⊠ Yes □ No h other detailed forms.
1. Committee Information						
a. Full Name						c. ID Number
Committee to Elect Jillian Johnson						
b. Mailing Address (include City, State and Zip Code)				29.1		d. Date Filed
902 Arnette Ave Durham, NC 27701						03/21/2016
2, 1.0 2.701						e. Phone Number
						919.485.9329
2. Report Year 3. Period Start Date (mm/d	(d/yy)	4. Period F	End Dat	e	5. Treasurer I	Full Name
2015 09/23/2015		10/19	9/2015		Melissa Norto	n
6. Type of Committee (Check One)	9. Type	of Report	(cl	neck o	nly one type of rep	port from one category)
Candidate Campaign Party	Municipa	al		State/	County	Referendum
PAC Referendum		Organizational			Organizational	Organizational
Independent Joint Fundraiser Expenditure Joint Fundraiser Legal Expense Fund		Thirty-five day			Quarterly	Pre-referendum
7. Type of Fund (if applicable, check one)		Pre-primary		П	First	Final
"Booster Fund"	× i	Pre-election			Second	Supplemental Final
Building Fund		Pre-runoff			Third	Annual
	_ :	Semi-annual			Fourth	Special
		Mid Year			Semi-annual	
Other:	ᄖ	Year End		님	Mid Year	10. Special Report Name
8. Number of Fundraisers this Report		Final Special		\vdash	Year End Final	
o. Number of runuraisers this Report		эрссіаі			Special	
11. Account Information	- 4-5- No.		11 4-	201154	Information	
a. Financial Institution Full Name					stitution Full Name	

CERTIFICATION

c. Account Code

d. Period Begin Balance

18,692.29

1

BB&T b. Purpose

DURHAM BOE

IN PERSON

MAR 2 2 2016

b. Purpose

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

illian Johnson Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: Signer has not received mandatory training Date Data Entered: Employee:

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

c. Account Code

d. Period Begin Balance

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	Type of Report		The state of the s	3. ID N	ımber
Committee to Elect Jillian Johnson Stort of Floation Cycles January 1	2015		Total this		Total this
	2015		Reporting Period		Election Cycle
4) Cash on Hand at Start	The Part of the Pa	\$	18,692.29	\$	
RECEIPTS	ACTOR 1804	0	074.00		2.100.20
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	874.00	\$	3,199.38
6) Contributions from Individuals	(CRO-1210)	\$	6,045.00	\$	34,546.93
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		0			
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11	d and 11e)	\$	6,919.00	\$	37,746.31
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	8,246.68	\$	19,273.34
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	125.58	\$	333.63
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)	\$	8,372.26	\$	20,507.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$	17,239.03	\$	17,239.03
ADDITIONAL INFORMATION	A PROPERTY OF			1000	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans					
	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$		\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

Aggregated Contributions from Individuals

Page

 $\underline{1}$ of $\underline{2}$

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

	ommittee Full N		d if applicable)		2. II	Number
Con	nmittee to Elect J	illian Johnson	~		7	
3. C	ontributor Infor	mation				
a. An	nend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add Remove		credit card		09/22/2015	\$ 25
	Add		credit card		09/22/2015	\$ 25
-	Remove		credit card		09/22/2013	\$ 23
\dashv	Add Remove	-	credit card		09/23/2015	\$ 25
	Add		andit and		00/24/2015	A 10
	Remove		credit card		09/24/2015	\$ 18
	Add		credit card		00/24/2015	Φ 20
	Remove		credit card		09/24/2015	\$ 20
	Add		credit card		09/24/2015	\$ 10
Ц_	Remove		orean cara		07/24/2013	Φ 10
H	Add	-	credit card		09/27/2015	\$ 25
H	Remove Add	+				
Ħ	Remove		credit card		10/07/2015	\$ 10
Ħ	Add					
	Remove		credit card		10/07/2015	\$ 10
	Add		andit and		10/07/2015	Φ 10
	Remove		credit card		10/07/2015	\$ 10
	Add		credit card		10/07/2015	\$ 25
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	Add		1'1		10/00/2015	0.04
	Remove		credit card		10/08/2015	\$ 36
	Add		credit card		10/10/2015	\$ 25
<u> </u>	Remove		ordan dara		10/10/2013	\$ 23
	Add	-	credit card		10/13/2015	\$ 10
 	Remove Add					
H	Remove	-	credit card		10/13/2015	\$ 25
Ħ	Add					
Ħ	Remove	7	credit card		10/13/2015	\$ 25
	Add				10/10/2017	
	Remove		credit card		10/13/2015	\$ 10
	Add		credit card		10/12/2015	0 25
	Remove		cicuit calu		10/13/2015	\$ 25
H	Add		credit card	-	10/13/2015	\$ 25
H	Remove		,			
H	Remove		credit card		10/13/2015	\$ 10
4. T	otal only this	Page			\$	444.00
					\$	777.00
	otal of ALL (\$	874.00
(Th	is line must be on lin	e 5 of Detailed Su	mmary Page CRO-1100)			

Aggregated Contributions from Individuals

1. Committee Full Name (and Fund if applicable)

Page

of

Amendment

Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

Con		Jillian Johnson	на паррисание)			Number
3. C	ontributor Info	ormation				
a. An		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add		andit and			f. 25
	Remove		credit card		09/22/2015	\$ 25
	Add		credit card		09/22/2015	\$ 15
<u> </u>	Remove				07/22/2013	Ψ 13
 	Add Remove		credit card		09/23/2015	\$ 25
+	Add					
H	Remove	-	credit card		09/24/2015	\$ 25
H	Add					
Ħ	Remove		credit card		09/24/2015	\$ 25
	Add					
	Remove		credit card		09/24/2015	\$ 25
	Add		credit card		09/27/2015	\$ 25
	Remove		credit card		09/27/2013	\$ 23
	Add		credit card		10/07/2015	\$ 10
<u>H</u>	Remove		7774177414		10/07/2013	Ψ 10
	Add	_	credit card		10/07/2015	\$ 25
H	Remove Add					
+	Remove	-	credit card		10/07/2015	\$ 25
H	Add					
	Remove	_	credit card		10/07/2015	\$ 15
Ħ	Add					
	Remove		cash		10/07/2015	\$ 20
	Add		anah		10/07/2015	Φ 20
	Remove		cash		10/07/2015	\$ 20
	Add		check		10/08/2015	\$ 50
	Remove		Check		10/06/2013	\$ 50
<u>H</u>	Add		check		09/26/2015	\$ 50
+	Remove					-
H	Add Remove		check		10/01/2015	\$ 50
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4 T		a Daga				
	otal only thi				\$	430.00
		CRO-1205 P			\$	874.00
(Th	is line must be on l	line 5 of Detailed Su	mmary Page CRO-1100)		5	374.00

		m Individuals ividual contributions	over \$50	or contribution	Pg ons unde	_1 of		Yes of used	No No
		(and Fund if applica				Mark Market	2. ID Nui		
Committ	ee to Elect Jillian	Johnson							
3. Contr	ibutor Informati	on		Add	Ren	nove			NAME OF THE OWNER, OWNE
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Pr	ofession		d. Commen	its	
	city, state, & zip)			nonprofit e	xecutive	;			
Jacob Ha									
	lorama Rd NW			c. Employer's	Name/Sp	ecific Field			
wasning	ton DC, 20009			Guide Star			a Floation	Sum to Date	
							\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	
		creditcard				9/23/2	2015	\$	55.00
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								\$	*
3. Contr	ibutor Informatio	on		Add	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/Pi	ofession		d. Commen	its	
	city, state, & zip)			GM					
Chris He 139 Beus				c. Employer's	Nama/Cn	saida Field			
	NC 27312			Videri Cho			-		
l itsooro,	110 27312			Viden eno	coluce 1	actory	e. Election	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description		: Data (mm/dd/s			
1.11101	g. Account Code		1. 111-1	And Description		j. Date (mm/dd/y		k. Amount	
		creditcard	-			9/24/2	2015	\$	250.00
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								\$	
	ibutor Informatio			Add		nove			
	ne, Mailing Address	& Phone		b. Job Title/Pi	ofession		d. Commen	ts	
Lynn For	city, state, & zip)	Autobiological Company		attorney					
115 E Ma				c. Employer's	Name/Sp	ecific Field			
Durham,	NC 27701			self.					
							e. Election !	Sum to Date	
			1				\$	110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount	THE PARTY
		creditcard				9/25/2	2015	\$	110.00
								\$	
								\$	
	l only this Pag						\$		415.00
5. Total	of ALL CRO	1210 Pages					\$		6,045.00

Amendment

		m Individuals	over \$5		Pg <u>2</u> nder \$50 if form	of <u>9</u> CRO 1205 is	Amendmen Yes not used	t No
		(and Fund if applica				2. ID No		
Commit	tee to Elect Jillian	Johnson						
3. Conti	ributor Informatio	on		Add 🗌 F	Remove			
	me, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	ents	
Rachel H	e city, state, & zip)			resident				
	ount Pleasant St N	W		c. Employer's Name	/Specific Field			
Washing	gton DC, 20010			Georgetown Hos				
						e. Election	Sum to Date	
						\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/de	d/yyyy)	k. Amount	
		creditcard			9/27	7/2015	\$	55.00
							\$	
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3. Contr	ibutor Informatio	on		Add 🔲 R	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	e city, state, & zip)			Clinical Law Pro	ofessor			
	McAllaster Club Blvd			c. Employer's Name	Specific Field			
	NC 27714			Duke University				
						e. Election	Sum to Date	
						\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/de	l/yyyy)	k. Amount	LITER S
		creditcard			9/27	//2015	\$	55.00
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3. Contr	ibutor Informatio	on		Add R	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	ents	
Anita Ea	city, state, & zip)			attorney				
6 Superi				c. Employer's Name	Specific Field			
	NC 27714			SCSJ	Specime Field			
						e. Election	Sum to Date	
						\$	110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/do	l/yyyy)	k. Amount	Harris Age
		creditcard			9/28	/2015	\$	110.00

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	\$
4. Total only this Page	\$ 220.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 6,045.00

		m Individuals ividual contributions	over \$5		oder \$50 if form C		Amendmen Yes	
		(and Fund if applica				2. ID No		THE REAL PROPERTY.
	ee to Elect Jillian	**				3,25,1		
3. Contr	ibutor Informati	on	П	Add □ R	emove			A POLICE
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
(include	city, state, & zip)			retired MPA				
Susan Ya	aggy							
3518 Rid	lge Road			c. Employer's Name/	Specific Field			
Durham,	NC 27705			Duke University	Medical Center			
				(retired)		e. Election	Sum to Date	
						\$	110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount	
		creditcard			10/04/	2015	\$	110.00
							\$	
							\$	
	ibutor Informatio			Add R	emove	015474		
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	ents	
	city, state, & zip)			procurement				
Stacie Na								
1306 Sta				c. Employer's Name/S				
Durnam,	NC 27704			NVIDIA Corpora	ition	- F1 - 41	S D .	
						e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		creditcard			10/07/2	2015	\$	250.00
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3. Contr	ibutor Informatio	on		Add R	emove			123 120
a. Full Nan	ne, Mailing Address &	& Phone	AT I	b. Job Title/Professio	n	d. Comme	nts	
	city, state, & zip)			program director				
Bridgette								
	pepper Lane			c. Employer's Name/S				
Raleigh,	NC 27610			NC Center for No	on-Profits			
						e. Election	Sum to Date	
						\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		creditcard			10/07/2	2015	\$	55.00
							\$	
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4. Total	only this Page	e				\$		415.00

5. Total of ALL CRO-1210 Pages

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6,045.00

		m Individuals ividual contributions	over \$5	0 or contribution	Pg s unde	4 of r \$50 if form CF			□ No
1. Comn	nittee Full Name	(and Fund if applica	ble)		ST IS		2. ID Nu	mber	
Committ	ee to Elect Jillian	Johnson					,		
3. Contr	ibutor Informati	on		Add	Rem	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Prof	ession		d. Comme	nts	
	city, state, & zip)			Housing Dire	ctor				
Lorisa Se					100				
2410 Par	PI NC 27705			c. Employer's Na Reinvestment					
Durnam,	NC 27703			Reinvestmen	Partn	ers	a Flaction	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	
		creditcard				10/10/2	2015	\$	100.00
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	ibutor Informatio			Add	Rem	ove			200
	ne, Mailing Address	& Phone		b. Job Title/Prof			d. Commer	nts	
	city, state, & zip)		احالاك	retired psycho	ologist				
Stephen I 42 Grove					15				
NY, NY				c. Employer's Na	ame/Spe	cific Field	-		
1,1,1,1	10014			retired			e. Election	Sum to Date	19-17-17-1
							\$	210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/y	vvv)	k. Amount	
		creditcard		Para		10/12/2		\$	110.00
$\vdash =$		crediteard	-			10/12/2	.015	3	110.00
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	city, state, & zip)			instructor					
Ben Cool	chway Dr			F. I. I. N.	10	10 71 11	-		
	NC 27705			c. Employer's Na	me/Spe	cific Field	-		
Darmann,	110 27703			Duke			e. Election	Sum to Date	
							\$	110.00	
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		creditcard				10/07/2		\$	110.00
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5. Total	of ALL CRO	-1210 Pages							

6,045.00

\$

Amendment

		m Individuals ividual contributions	over \$5			of 9 CRO 1205 is		□ N
		(and Fund if applica				2. ID N		
Commit	tee to Elect Jillian	Johnson						-
3. Conti	ributor Informatio	on		Add R	emove		- St. 10 10 10 10 10 10 10 10 10 10 10 10 10	900
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	1
	e city, state, & zip)			resident physician	n			
William						_		
23 Rossi				c. Employer's Name/				
Somervi	lle, MA 21433			Greater Lawrence	e family	e Flectio	n Sum to Date	
				practice				
						\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
		creditcard			10/13	3/2015	\$	55.00
							\$	
							\$	
3. Conti	ributor Informatio	on		Add R	emove		Part of the last o	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	
(include	e city, state, & zip)			attorney				
Jasmina								
	Fourth St			c. Employer's Name/				
Tuscon,	AZ 85705			Florence Immigra		THE STATE	- C 1 - D1	
				Refugee Rights P	roject	e. Electio	n Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
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		فدا لاماد					\$	
3. Conti	ributor Informatio	on		Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comm	ents	
	e city, state, & zip)		14-51	HR Specialist				
	Tornabech							
	Illerdale Ave			c. Employer's Name/				
wenater	nee, WA 98801			Confluence Hear	ın	e Flection	n Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	i Doto/mm/dd	(2222)	55.00	
	g. Account Code	creditcard	1, 111-1	Kind Description	j. Date (mm/dd	3/2015	k. Amount	55.00
		orcuiteatu			10/13	1/2013		55.00
							\$	
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CRO-1210

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)

NC State Board of Elections

April 2007

6,045.00

135.00

\$

		m Individuals lividual contributions	over \$5	0 or contr	ributio	Pg		of 9	Amendmen Yes	
		(and Fund if applica		o or conti	Toution	is und	a \$50 ii ioiiii C	2. ID N		
	ee to Elect Jillian								umber	
3. Contr	ibutor Informati	ion		Add	П	Ren	nove	Marine Spirit		
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Pro			d. Comm	ents	-
(include	city, state, & zip)				nt phys					
Amy Gil	lian		-		1 ,					
50 Bever	ly Dr			c. Empl	oyer's N	ame/Sp	ecific Field			
Durham,	NC 27707			Greate	er Lawı	ence f	amily			
				practio	ce			e. Election	n Sum to Date	
								\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption	ME	j. Date (mm/dd/	/yyyy)	k. Amount	
		creditcard					10/13	/2015	\$	55.00
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		9							\$	
	ibutor Informati			Add		Ren	nove			
	ne, Mailing Address	& Phone		b. Job T		ession		d. Comme	ents	
	city, state, & zip)			consul	tant					
Robert L	wards Mail Rd			. FI	1.37	16	10 71 11			
	NC 27612			BREE		ame/Spe	ecific Field			
rancigii,	110 27012			DREE				e Flection	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/	уууу)	k. Amount	
		creditcard					10/15	/2015	\$	200.00
									\$	1
									\$	
	butor Informati			Add		Rem	nove			
	ne, Mailing Address	& Phone		b. Job T		ession		d. Comme	nts	
Tony Ma	city, state, & zip)			transla	tor					
	ton ST NW			P 1		10				
	on, DC 20009			researce			ecific Field			
w asiningt	on, DC 20009			researc	n squa	re		a Flortion	C 4- D-4-	
								e. Election	Sum to Date	
								\$	55.00	
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		creditcard					10/17/	2015	\$	55.00
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									\$	Y
4. Total	only this Pag	e			744	278		\$		310.00

5. Total of ALL CRO-1210 Pages

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

6,045.00

		m Individuals ividual contributions of	over \$5	0 or contributions	Pg <u>7</u> under \$50 if form	of 9 CRO 1205 is	not used	es N
		(and Fund if applica				2. ID No		WILLIAM TO
Commit	tee to Elect Jillian	Johnson						
3. Conti	ributor Informati	on		Add	Remove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profess	sion	d. Commo	ents	
(include	e city, state, & zip)			educator				
Georgin	a Drew							
2906 Ste	eamboat Is NW			c. Employer's Nam	ne/Specific Field			
Olympia	a, WA 98502			University of A	delaide			
						e. Election	Sum to Date	
						\$	55.00	
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	e city, state, & zip)			attorney				
Charles								
	elcome Dr			c. Employer's Nam				
Durham,	, NC 27705			Bentley Law O	ffices, PA			
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/d	d/yyyy)	k. Amount	
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	me, Mailing Address	& Phone		b. Job Title/Profess	sion	d. Comme	nts	
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5. Total of ALL CRO-1210 Pages

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6,045.00

		m Individuals ividual contributions of	over \$50	or contrib	Pg	8 er \$50 if form	of 9	∑ Yes	s No
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	ee to Elect Jillian .						2.10114	moer	
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	city, state, & zip)			student					
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a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	le/Profession	8-21-1-1	d. Commer	nts	
	city, state, & zip)			retired					
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Durham,	NC 27713			DPS			- Flankin	C 4- D-4	
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C Daire	- 116-1	L. F. CD	· · ·	71 10 1					
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PO Box				c Employ	er's Name/Sp	ecific Field			
	NC 27715			State of		ecinc Field			
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		check				10/0	07/2015	\$	250.00
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Contributions from Individuals

Amendment

		m Individuals ividual contributions of	over \$5	0 or contr		Pg nder \$4	9 of 50 if form CR	0 1205 is no		☐ No
		(and Fund if applica			TO de l'Olis d	naci po	o ii ioiiii eic	2. ID Nur		
	ee to Elect Jillian									
3. Contr	ibutor Informatio	on		Add	□ F	Remove	e	0 mm. 20	13 19 19	100 0000
	ne, Mailing Address	& Phone		b. Job T	itle/Professi	on		d. Commen	ts	
	city, state, & zip)			directo	or					
Elena Ev 601 Swar				e Emple	oyer's Name	/Enosifi	a Field	-		
	NC 27701				ern Vision			1		
								e. Election S	Sum to Date	s Video -
			Ġ.					\$	105.00	
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	city, state, & zip)			Restau	ranteur					
Burhan G				e Emple	yer's Name	/Specific	Field			
	NC 27705				nployed	Speeme	riciu			
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Contributions from Individuals

Amendment

					Amen	dment	
Disbursements	Pg	1	of	4			No
Use this form to report expenditures from the committee for; operating	expenses,	contrib	utions to	candio	date/politi	ical	
committees and coordinated party expenditures					1		

	Full Name (and Fur Elect Jillian Johnson	на п аррисавіе)			2. ID Number
3. Type of Dish		ase use separate (CRO-1310 forms for e	ach type of Dishurse	ement.)
Operating 1	- American		ndidates/Political Committee		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Commi	ttee Name	d. Comments
(include city, state					Mailer printing
Universal Print		<i>y</i> :			& postage
2410 HWY 54	E		c. Level Registered (Sp	ecify)	
Durham, NC 2	7713		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ \$2.624.97
		1			\$ \$3,624.87
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1	creditcard	В	09/25/2015	\$684.73	mailer printing
				444	
1	creditcard	B/I	10/2/2015	\$2,940.14	mailer printing
4. Payee Inform	nation		A 4 4		& postage
			Add b Coordinated Commi	Remove	A Common t
include city, state,	ing Address & Phone		b. Coordinated Commi	nee Name	d. Comments
NGP VAN, Inc			The state of		predictive dialer
48 Grove St, 20			c. Level Registered (Sp	ecify)	ulaier
Somerville, MA			Federal	County:	
Somer vine, ivii	1 02144		State	Municipality:	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
			L.: Tile b		\$ \$504.00
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1	creditcard)	10/01/2015	\$224.00	dialer
1			10/10/2015	*****	predictive
1	creditcard	0	10/18/2015	\$280.00	dialer
1. Payee Inform	nation		Add	Remove	
. Full Name, Mail	ing Address & Phone		b. Coordinated Commi	tee Name	d. Comments
include city, state,	& zip)				
Sijal Nasralla					
1513 Echo Rd			c. Level Registered (Spe		
Durham, NC 27	7707		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 2,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i Data (111		
. Account Code	g. Form of Payment	iii I ui pose Code	i. Date (mm/dd/yyyy	j. Amount	k. Required Remarks
1	check	Е	10/04/2015	\$1,000.00	
				\$	
. Total only th	is Page		THE PARTY OF THE	NAME OF TAXABLE PARTY.	\$ \$5,128.87
	CRO-1310 Pages	Andrew State Cong.			Ψ Ψ5,120.07
	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		0.0046.60
(This line goes in			0 if Contrib to Candidates/		\$ 8,246.68
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			4 1 1	A STREET WATER TO STREET	
(This line goes in 7. Purpose Cod	es (List detailed ex				
(This line goes in 7. Purpose Cod A* - Media	es (List detailed ex B* - Printing	C* - Fund	Iraising		her Candidate
(This line goes in 7. Purpose Cod	es (List detailed ex	C* - Fund G - Politic	Iraising	H* - Holdin	her Candidate g Public Office Expenses on to Legal Expense Fund

Disbursem Use this form to committees and	nents o report expenditures d coordinated party ex	from the committ	tee for; operatir	Pg ng expenses	$\frac{2}{2}$ of s, contributions to	4 candida	Amendment Ves te/political] No
1. Committee I	Full Name (and Fun	d if applicable)	I STATE OF THE STA				2. ID Number	
3. Type of Dish Operating	Expenses	Contributions to Ca	ndidates/Political (1 Party Expenditures	
4. Payee Inform			Add b. Coordinated		Remove			
(include city, state Melissa Norton 1102 Wall St Durham, NC 2	n		c. Level Registe			u. co.	mments	
			State		Municipality:		,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	/dd/yyyy)	j. Amount	k. Req	quired Remarks	
1	check	Е	10/04/201	15	\$1,000.00			
					\$			
4. Payee Inform	mation		Add		Remove	-		34800
a. Full Name, Mail (include city, state, NAACP Durha	nm Branch		b. Coordinated			d. Con band ticke	*	

NAACP Durha	* * * * * * * * * * * * * * * * * * * *				banquet
315 E Chapel HII St, 206 Durham, NC 27701			c. Level Registered (Specify	lickets	
			State	County: Municipality:	e. Election Sum to Date
					\$ 128.58
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard) 10/01/201		10/01/2015	\$128.58	banquet tickets
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	d. Comments	
Fedex Office 610 9 th St.	, & zip)		c. Level Registered (Specify)	campaign materials
Durham, NC 2	7705		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 164.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	credit card	О	09/23/2015	\$41.23	campaign materials
				\$	
5. Total only th	is Page		NA THE STATE OF THE STATE OF		\$ 1,169.81
(This line goes in	L CRO-1310 Pages In line 13a of Detailed Sun In line 13b of Detailed Sun		f) if Operating Expenses)	ical Comm)	\$ 8,246.68

A* - Media

E - Salaries
I - Postage
O* - Other

C* - Fundraising

G - Political Party

K* - Office Expenses

(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)

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

B* - Printing

J - Penalties

F* - Equipment

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D' I				Ame	ndment	
Disbursements	Pg	3	of 4	\boxtimes	Yes	No
	- 6	_	- <u>-</u>			

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

	full Name (and Fun	d if applicable)			2. ID Number
3. Type of Disb	ursement (Plan	ase use senarate l	CRO-1310 forms for each	h tung of Dishuma	mant)
Operating E			indidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	coordinated 1 arty Experientiales
-	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,					print &
INDY Week					online ads
201 W. Main S	st., Suite 101		c. Level Registered (Specify	v)	- Chimic das
Durham, NC 27			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 948.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	creditcard	A	10/10/2015	\$0.49.00	print &
1	creditcard	A	10/19/2015	\$948.00	online ads
				\$	
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	ing Address & Phone		b. Coordinated Committee		d. Comments
(include city, state,			and committee	········	G. Comments
(merade eng), state,	a zip)				
			c. Level Registered (Specify	v)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
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4. Payee Inform	ation		Add	Remove	
. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state,	& zip)				
			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
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	- F 6D	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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5. Total only thi 5. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media E - Salaries	is Page CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum es (List detailed exp	nmary Page CRO-110 nmary Page CRO-110 nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Poli 0 if Coordinated Party Expend (h.) above) draising	sitical Comm) litures) D - To Anoti	\$ 8,246.68 her Candidate
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Disbursem Use this form to committees and		from the committee	Pg tee for; operating expenses	4 of s, contributions t	Amendment Market Yes No to candidate/political
	Full Name (and Fun				2. ID Number
	Elect Jillian Johnson	и п пррисиоте)			2. ID Number
3. Type of Dish	ursement (Plea	ise use separate (CRO-1310 forms for each	type of Dishurs	ement)
Operating I			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee !		d. Comments
(include city, state,	& zip)				contribution
Concerned Citi	zens of Durham				GOTV
2022 W Club E	Blvd		c. Level Registered (Specify)		
Durham, NC 27	7705		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	0	10/12/2015	\$1,000	contribution GOTV
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)		b. Coordinated Committee N	Name	d. Comments
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
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4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments

(include city, state	e, & zip)				
			c. Level Registered (Specify)		
			Federal State	County: Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee N	Name	d. Comments
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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	les (List detailed ex			area in the second	
A* - Media	B* - Printing	C* - Fund		D - To Anot	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donati	on to Legal Expense Fund
	1.1.1.1.1.1.1		1 6 11 (1)	STREET, SQUARE, SQUARE	THE RESERVE OF THE PARTY OF THE PARTY.
* Codes requir	re detailed explanat	ion in required re	emarks field (k)		

Aggregated Non-Media Expenditures

Page _ l _ of _ l

Amendment

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 Committee to Elect Jillian Johnson 3. Payee Information a. Amend b. Account Code c. Form of Payment d. Purpose Code e. Date (mm/dd/yyyy) f. Amount g. Required Remarks Add \$ 20.59 10/01/2015 credit card Remove fallbook Add 10/07/2015 \$ 29.00 nation builder creditions Remove Add \$ 10.00 creditions 10/05/2015 Remove 0 goigle apps Add \$ 33.43 0 credit cars 009/30/2015 denouracy engine Remove Add \$ 4.32 10/05/2015 0 ☐ Remove Credit-core Add \$ 5.08 0 10/07/2015 Credit cord ☐ Remove Add \$ 23.56 creditions 10/14/2015 ☐ Remove Add \$ ☐ Remove Add \$ ☐ Remove Add \$ Remove Add \$ Remove Add \$ ☐ Remove 4. Total only this Page \$ 125.58 5. Total of ALL CRO-1315 Pages 125.58 (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above)

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 Q* - Donations to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (g)