D	isc	losure	Report	Cover
---	-----	--------	--------	-------

Amendment	
Yes	✓ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms Do not use this form to update information

1. Committee Information						
a. Full Name	INDER STATE	ATTEMATE PIN	c. ID Number			
Committee to Elect Matt Kopac			2CL55G			
b. Mailing Address (include City, State and Zi	Code)		d. Date Filed			
1510 Woodland Dr	7 0000)		01/31/2020			
Durham, NC 27701-1254						
			e. Phone Number			
			(919) 597-9680			
2. Report Year 3. Period Start Date (mm/dd			5. Treasurer Full Name			
2019 07/07/2019	12/3	31/2019	L'tanya Durante			
6. Type of Committee (Check one)	9. Type of Report (ch Municipal	eck only one type o	of report from one category) Referendum			
✓ Candidate Campaign Party	Organizational	Organizatio				
PAC Referendum	Thirty-five day	Quarterly	Pre-referendum			
Independent Expenditure Joint Fundraise		First				
Legal Expense Fund	Pre-election	Second	Final			
	Pre-runoff	Third	Supplemental Final			
7. Type of Fund (if applicable, check one)	Semi-annual	Fourth	Annual			
□"Booster Fund"	☐ Mid Year		Special			
Building Fund	Year End	Semi-annu	10. Special Report Name			
Other:			" "			
8. Number of Fundraisers this Report	Special	Final Special				
5		Special				
11. Account Information						
a. Financial Institution Full Name			IN PERSON			
Self-Help Credit Union						
b. Purpose		c. Account Code	JAN 3 1 2020			
Campaign contributions and disbursements		MK20	JAN 6 % YORK			
		d. Period Begin Ba	DURHAM BOB			
		\$ 0.00	DOTATION			
CERTIFICATION 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 undisclosed 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. Printed Name of Signer Signature of Appointed Treasurer Date						
FOR OFFICE USE ONLY	Λ.	() A	Delivery Method			
Date Received: 0 31 2020	Employee: W	MANUC	Normal Mail			
Date Postmarked:	Employee:		Registered Mail Hand Delivered			
Date Scanned:	Employee:		$\mathcal{I}^{\!$			
Date Data Entered:	Employee:		Electronically Filed			
			☐ Signer has not received mandatory training			
Please Note: This form cannot be used to a assistant treas	amend committee informa urer, custodian of books i					
You must amend the Statement of	Organization (CRO-2100	OA-E) to make comm	itee changes.			
CRO-1000	NC State Board of Electi	ions	August 2008			

Detailed Summary

Amendment	
Yes	✓ No

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

1. Committee Full Name (and Fund if applicable)	2. Type Of Report	3. ID Number		
Committee to Elect Matt Kopac		2019 Year End Semi- Annual	2CL55G Total this Election Cycle	
Start of Election Cycle: January 1,2017		Total this Reporting Period		
4) Cash on Hand at Start		\$0.00	\$0.00	
RECEIPTS		PORTAL STORES		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$4,080.76	\$4,106.76	
6) Contributions from Individuals	(CRO-1210)	\$33,651.41	\$33,651.41	
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00	
B) Contributions from Other Political Committees	(CRO-1230)	\$0.00	\$0.00	
9) Loan Proceeds	(CRO-1410)	\$500.00	\$500.00	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$25.00	\$25.00	
11) Other Receipt Sources	T-0 /ST 1 20 /	FERRENCE STREET		
11a) Interest on Bank Accounts	(CRO-1250)	\$3.03	\$3.03	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$0.00	\$0.00	
11c) Outside Sources of Income	(CRO-1250)	\$202.00	\$202.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$0.00	\$0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$0.00	\$0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1		\$38,462.20	\$38,488.20	
EXPENDITURES				
13) Disbursements			TENNIS AND LET HAVE	
13a) Operating Expenditures	(CRO-1310)	\$12,143.96	\$12,143.96	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$0.00	\$0.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$0.00	\$0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$189.87	\$189.87	
15) Loan Repayments	(CRO-1420)	\$500.00	\$500.00	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$0.00	\$0.00	
17) In-Kind Contributions	(CRO-1510)	\$376.17	\$402.17	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$13,210.00	\$13,236.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub line 18)	otract	\$25,252.20	\$25,252.20	
ADDITIONAL INFORMATION			ALENYAL FEBRUARY	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$0.00	SEARANT CLESTED VALL	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$0.00		
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$0.00		
25) Administrative Support	(CRO-1710)	\$0.00	\$0.00	
26) Forgiven Loans	(CRO-1440)	\$0.00	\$0.00	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$0.00	\$0.00	
28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00	
	te Board of Elections		August 2008	

		s from Individua		3 of 91	Amen	dment ∕es ☑ No			
	Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) 2. ID Number								
	o Elect Matt Kopac				L. ID Ruin	2CL55G			
3. Contribute	or Information				07 1 (2)				
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mr	n/dd/yyyy)	f. Amount			
Add Remove	MK20	Credit Card		11/14,	11/14/2019				
Add Remove	MK20	Check		11/19/	/2019	\$50.00			
Add Remove	MK20	Credit Card		10/20/	/2019	\$50.00			
Add Remove	MK20	Credit Card		12/31/	/2019	\$25.00			
Add Remove	MK20	Check		12/08	/2019	\$25.00			
Add Remove	MK20	Credit Card		11/14	/2019	\$10.00			
Add Remove	MK20	Check		09/11/	/2019	\$50.00			
Add Remove	MK20	Credit Card		11/15/	/2019	\$50.00			
Add Remove	MK20	Credit Card		11/13	/2019	\$25.00			
Add Remove	MK20	Credit Card		11/14	/2019	\$25.00			
Add Remove	MK20	Credit Card		11/03	/2019	\$50.00			
Add Remove	MK20	Credit Card		11/15/2019		\$5.00			
Add Remove	MK20	Credit Card		12/08/2019		\$50.00			
Add Remove	MK20	Check		11/28	/2019	\$50.00			
Add Remove	MK20	Credit Card		12/31/2019		\$50.00			
4. Total only	v this Page			SE N		# FOF 00			
A DE PARTIE AZ I						\$565.00			
5. Total of ALL CRO-1205 Pages \$4,080.76									

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals Page 4 of 91 Amendment Yes V No								
	used to report NC ull Name (and Fund if		Individuals of \$50 or le	ess	2. ID Numb			
	o Elect Matt Kopac				Z. ID NUME	2CL55G		
	or Information							
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (m	m/dd/yyyy)	f. Amount		
Add Remove	MK20	Credit Card			12/21/2019 \$			
Add Remove	MK20	Credit Card		10/22	<u>2</u> /2019	\$50.00		
Add Remove	MK20	Credit Card		11/15	5/2019	\$25.00		
Add Remove	MK20	Credit Card		10/18	3/2019	\$25.00		
Add Remove	MK20	Credit Card		11/13	3/2019	\$10.00		
Add Remove	MK20	Credit Card		11/12	2/2019	\$10.00		
Add Remove	MK20	Credit Card		12/05	5/2019	\$50.00		
Add Remove	MK20	Credit Card		12/18	3/2019	\$20.00		
Add Remove	MK20	Credit Card		10/20)/2019	\$50.00		
Add Remove	MK20	Cash		12/08	3/2019	\$20.00		
Add Remove	MK20	Credit Card		11/15	5/2019	\$25.00		
Add Remove	MK20	Credit Card		09/06	5/2019	\$20.00		
Add Remove	MK20	Credit Card		10/09	9/2019	\$5.00		
Add Remove	MK20	In-Kind	Copy check contributions	11/08	5/2019	\$0.26		
Add Remove	MK20	In-Kind	Stamps	12/09/2019		\$5.50		
4. Total onl	y this Page	mes to introduction				\$340.76		
5. Total of	5. Total of ALL CRO-1205 Pages This line must be on line 5 of Detailed Summary Page CRO-1100) \$4,080.76							

			Individuals of \$50 or I			
	Full Name (and Fund if to Elect Matt Kopac			2. ID Numb	2CL55G	
Committee	to Elect Matt Ropat	,			202334	
	tor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Add Remove	MK20	Credit Card		11/23/2019	\$50.00	
Add Remove	MK20	Credit Card		11/09/2019	\$50.00	
Add Remove	MK20	Credit Card		11/14/2019	\$50.00	
Add Remove	MK20	Credit Card		12/03/2019	\$10.00	
Add Remove	MK20	Credit Card		11/11/2019	\$50.00	
Add Remove	MK20	Check		11/05/2019	\$50.00	
Add Remove	MK20	Check		12/08/2019	\$50.00	
Add Remove	MK20	Credit Card		11/15/2019	\$10.00	
Add Remove	MK20	Credit Card		11/07/2019	\$15.00	
Add Remove	MK20	Credit Card		12/28/2019	\$50.00	
Add Remove	MK20	Credit Card		12/04/2019	\$25.00	
Add Remove	MK20	Credit Card		12/08/2019	\$50.00	
Add Remove	MK20	Credit Card		11/22/2019	\$50.00	
Add	MK20	Credit Card		10/14/2019	\$50.00	

4. Total only this Page	\$585.00
5. Total of ALL CRO-1205 Pages	\$4,080.76
(This line must be on line 5 of Detailed Summary Page CRO-1100)	

11/02/2019

\$25.00

Credit Card

Add

Remove

MK20

Aggregated Contributions from Individuals			of	01	Amendmer		
Optional form used to report NC Contributions From Individuals of \$				91	Yes	✓ No	
d Committee Cull Name (and Found if and in a limite)		_		I a	100 Alexandras		_

	full Name (and Fund If		Individuals of \$50 or I	ess	2. ID Numb	per
Committee	to Elect Matt Kopad					2CL55G
3. Contribut	or Information	e Sternie de Caracterio			and the	Colorial Science
a. Amend	b. Account Code					f. Amount
Add Remove	MK20	Credit Card		11/15	/2019	\$50.00
Add Remove	MK20	Credit Card		12/23	/2019	\$50.00
Add Remove	MK20	Credit Card		12/02	/2019	\$25.00
Add Remove	MK20	Credit Card		11/15	/2019	\$25.00
Add Remove	MK20	Credit Card		10/20	/2019	\$25.00
Add Remove	MK20	Credit Card		12/26	5/2019	\$25.00
Add Remove	MK20	Credit Card		11/15	5/2019	\$50.00
Add Remove	MK20	Credit Card		10/17	7/2019	\$50.00
Add Remove	MK20	Credit Card		12/22	2/2019	\$25.00
Add Remove	MK20	Credit Card		12/22	2/2019	\$25.00
Add Remove	MK20	Credit Card		10/18	3/2019	\$25.00
Add Remove	MK20	Credit Card		11/19)/2019	\$20.00
Add Remove	MK20	Credit Card		12/04/2019		\$50.00
Add Remove	MK20	Credit Card		11/11/2019		\$25.00
Add Remove	MK20	Credit Card		12/31	/2019	\$50.00
4. Total on	ly this Page					\$520.00
	ALL CRO-1205 t be on line 5 of Detailed	Pages Summary Page CRO-11	00)			\$4,080.76

		s from Individua	· -	7 of <u>91</u>	Amen	dment /es 🗸 No			
	Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) [2. ID Number]								
	o Elect Matt Kopac					2CL55G			
3. Contribute	or Information					71-4, 18179,			
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mn	n/dd/yyyy)	f. Amount			
Add Remove	MK20	Credit Card		11/15/	2019	\$25.00			
Add Remove	MK20	Credit Card		11/13/	2019	\$10.00			
Add Remove	MK20	Credit Card		11/08	/2019	\$50.00			
Add Remove	MK20	Credit Card		12/07	/2019	\$50.00			
Add Remove	MK20	Credit Card		10/19/	/2019	\$25.00			
Add Remove	MK20	Credit Card		11/01	/2019	\$50.00			
Add Remove	MK20	Credit Card		11/16	/2019	\$50.00			
Add Remove	MK20	Credit Card		11/13	/2019	\$25.00			
Add Remove	MK20	Credit Card		12/31	/2019	\$50.00			
Add Remove	MK20	Credit Card		12/03	/2019	\$10.00			
Add Remove	MK20	Credit Card		11/21	/2019	\$25.00			
Add Remove	MK20	Check		11/10	/2019	\$50.00			
Add Remove	MK20	Credit Card		12/31/2019		\$50.00			
Add Remove	MK20	Credit Card		12/31	/2019	\$50.00			
Add Remove	MK20	Check		09/11/2019		\$50.00			
4. Total only	y this Page					\$570.00			
	ALL CRO-1205 I be on line 5 of Detailed	Pages Summary Page CRO-110	00)			\$4,080.76			

		s from Individua	_	8 of <u>91</u>	1 —	dment ∕es ☑ No
			Individuals of \$50 or I	ess	lo ID Nove	
	to Elect Matt Kopac				2. ID Numi	2CL55G
Committee	to Electiviati Nopac			_		202000
3. Contribut	or Information					
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mi	n/dd/yyyy)	f. Amount
Add Remove	MK20	Check		12/08	/2019	\$50.00
Add Remove	MK20	Credit Card		11/11	/2019	\$25.00
Add Remove	MK20	Credit Card		12/05	/2019	\$25.00
Add Remove	MK20	Credit Card		11/15	/2019	\$50.00
Add Remove	MK20	Credit Card		11/15	/2019	\$50.00
Add Remove	MK20	Credit Card		12/13	/2019	\$10.00
Add Remove	MK20	Credit Card		11/11/2019		\$36.00
Add Remove	MK20	Credit Card		11/13/2019		\$50.00
Add Remove	MK20	Check		11/23	/2019	\$50.00
Add Remove	MK20	Credit Card		11/12	/2019	\$50.00
Add Remove	MK20	Credit Card		10/14	/2019	\$50.00
Add Remove	MK20	Credit Card		10/17	/2019	\$20.00
Add Remove	MK20	Credit Card		11/07	/2019	\$50.00
Add Remove	MK20	Credit Card		10/18	/2019	\$50.00
Add Remove	MK20	Credit Card		12/28	/2019	\$25.00
4. Total onl	y this Page			D B		\$591.00
	ALL CRO-1205 be on line 5 of Detailed	Pages Summary Page CRO-110	00)			\$4,080.76

		s from Individua Contributions From	Page _ Individuals of \$50 or l		Amen	
	ull Name (and Fund if				2. ID Numb	per
	to Elect Matt Kopad	;				2CL55G
	or Information				MARK.	
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mn	n/dd/yyyy)	f. Amount
Add Remove	MK20	Credit Card		12/30/	2019	\$50.00
Add Remove	MK20	Credit Card		09/11/	2019	\$50.00
Add Remove	MK20	Credit Card		10/10/	2019	\$50.00
Add Remove	MK20	Credit Card		10/18/	2019	\$10.00
Add Remove	MK20	Credit Card		11/08/	2019	\$50.00
Add Remove	MK20	Credit Card		12/31/	2019	\$50.00
Add Remove	MK20	Credit Card		12/20/	2019	\$50.00
Add Remove	MK20	Credit Card		11/14/	2019	\$50.00
Add Remove	MK20	Credit Card		12/21/	2019	\$50.00
Add Remove	MK20	Check		10/29/	2019	\$50.00
Add Remove	MK20	Credit Card		12/05/	2019	\$25.00
Add Remove	MK20	Credit Card		10/18/	2019	\$50.00
Add Remove	MK20	Credit Card		12/07/	2019	\$50.00
Add Remove	MK20	Credit Card		11/16/	2019	\$50.00
Add Remove	MK20	Credit Card		11/13/	2019	\$10.00
4. Total onl	v this Page	Red of the ball of the form		die kanel		ФВАЕ 00
		David		110 N 1000		\$645.00
	ALL CRO-1205 be on line 5 of Detailed	Pages Summary Page CRO-110	00)			\$4,080.76

Aggregate	ed Contribution	s from Individua	als Page _	10 of 91	1	dment Yes 🗸 No
Optional forn	n used to report NC	Contributions From	Individuals of \$50 or I	ess	l	abouted Well-sale, it allowed and addition only defined and district condition, it also s
1. Committee f	Full Name (and Fund if	applicable)		The year s	2. ID Numi	ber
Committee	to Elect Matt Kopad					2CL55G
3. Contribut	tor Information	SENETIES BU	to Il fact (the said	g telling	t. in.b.	and in the same
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mn	n/dd/yyyy)	f. Amount
Add Remove	MK20	Credit Card		11/15/	/2019	\$5.00
Add Remove	MK20	Credit Card		12/31/	/2019	\$49.00
Add Remove	MK20	Credit Card		11/15/	/2019	\$50.00
Add Remove	MK20	Credit Card		10/25/	/2019	\$10.00
Add	MK20	Credit Card		11/14/	/2019	\$5.00

12/03/2019

12/18/2019

11/04/2019

10/17/2019

10/10/2019

\$25.00

\$20.00

\$25.00

\$25.00

\$50.00

Remove
Add

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Add

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MK20

MK20

MK20

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MK20

Credit Card

Credit Card

Credit Card

Credit Card

Check

4. Total only this Page	\$264.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$4,080.76

CRC-1205 NC State Board of Elections April 2007

			0 or c	Page <u>11</u> of <u>9</u> contributions under \$50 if form CR		Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)			14	2. ID Nu	ımber
Committee	e to Elect Matt Kopac					2CL550	
3. Contri	ibutor Information		Add	Remove	H.		
a. Full Na	me, Mailing Address	& Phone	b. v	lob Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Ene	ergy			
Ben Abrar	n						
703 Foster St Durham, NC 27701-2110 (919) 606-2141			c. E	mployer's Name/Specific Field			
				lan Management Partners			
` ′			,	· ·	e,	Election Sum	to Date
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j	j. Date	k. Amount
	MK20	Check			1	12/08/2019	\$1,000.00
3. Contri	ibutor Information		Add	Remove			Atela (1
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comments		
(includ	e city, state, & zip)		Ow	ner/CEO			
Jesse Acc	esta						
3364 Wat	ermarke Pl	-	c. Employer's Name/Specific Field				
Irvine, CA (972) 369	92612-5618	İ		Jahnda Group LLC			
(372) 003	-0200		The darkida droup LLO		e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j	j. Date	k. Amount
	MK20	Credit Card			1	12/31/2019	\$250.00
3. Contri	ibutor Information		Add	Remove			Her Sugar
	me, Mailing Address	& Phone	b	lob Title/Profession	d.	Comments	
	e city, state, & zip)		Sou	utheast Director			
Donald Addu 1306 Scout Dr Durham, NC 27707-2366							
			c. Employer's Name/Specific Field				
(919) 436-0997		Citi	zens Climate Education Corp	e.	Election Sum	to Date	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	Ti	j. Date	k. Amount
	MK20	Credit Card				10/18/2019	\$100.00

4. Total only this page	\$1,350.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contributions from Individuals

Page 12 of 91

Amendment

☐ Yes ✓ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO

1. Commi	ttee Full Name (and F	und if applicable)			Ul	2. ID N	umber	
Committee	e to Elect Matt Kopac		_		_	2CL550		
3. Contr	ibutor Information		Add	Remove		C. A. Serie		
a. Full Na	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profession Director of Sustainability			d. Comments		
Paula Alexander 3804 Churchill Cir Durham, NC 27707-5003 (919) 599-1962			c. Employer's Name/Specific Field Burt's Bees		е	e. Election Sum to Date \$250.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	MK20	Check				12/18/2019	\$250.00	
3. Contr	ibutor Information		Add	Remove		Lasti		
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(include city, state, & zip) Farad Ali PO Box 2271 Durham, NC 27702-2271 (919) 201-2617			c. Employer's Name/Specific Field NMSDC					
			1		e. Election Sum to Date			
							\$200.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card				12/30/2019	\$200.00	
3. Contr	ibutor Information		Add	Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) H. Musa Ali 610 Brighton Rd			Fi	Job Title/Profession nance	d	Comments		
Durham, NC 27707-4627			Employer's Name/Specific Field CHC					
					e. Election Sum to Date \$200.00			
f. Prior	g. Account Code	h. Form of Payment	i	i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card			┪	10/21/2019	\$200.00	

4. Total only this page	\$650.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>13</u> of 0 or contributions under \$50 if form 0		Amendn	nent ☑No
1. Commi	ttee Full Name (and F	und if applicable)			2. ID N	umber
Committee	e to Elect Matt Kopac				2CL550	3
3. Contr	ibutor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Cor	mments	
(includ	e city, state, & zip)		Retailer			
Carol And	erson					
922 Demerius St Durham, NC 27701-1506 (919) 683-5641			c. Employer's Name/Specific Field			
		Vaguely Reminiscent		e. Election Sum to Date		
						\$150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Da	ate	k. Amount
	MK20	Check		09/1	11/2019	\$150.00
3. Contr	ibutor Information		Add Remove		will in	STATES!
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Cor	mments	
(includ	e city, state, & zip)		Attorney			
John Arm	iger		1			
910 70th	Ďr E		c. Employer's Name/Specific Field	d		
Sarasota, (071) 711	FL 34243-1213 -1549		Self Employed	٦		
(671) 711 1848		Son Employee	e. Ele	ction Sur	n to Date	
						\$500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Da	ate	k. Amount
	MK20	Credit Card		11/0	02/2019	\$500.00
3. Contr	ibutor Information		Add Remove	ans	B 187	

a. Full Name, Mailing Address & Phone

g. Account Code

(include city, state, & zip)

Fielding Arnold 2507 Green St Durham, NC 27705-4037 (617) 939-4676

MK20

f. Prior

4. Total only this page	\$749.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

b. Job Title/Profession

c. Employer's Name/Specific Field

i. In-Kind Description

Coach and Facilitator

Third Mast

h. Form of Payment

Credit Card

d. Comments

j. Date

12/18/2019

e. Election Sum to Date

\$99.00

\$99.00

k. Amount

			Page <u>14</u> of <u>9</u> 0 or contributions under \$50 if form CR		ent V No
1. Commi	ttee Full Name (and F	und if applicable)		2. ID No	umber
Committee	to Elect Matt Kopac			2CL550	G .
3. Contri	butor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	e city, state, & zip)		Manager		
Keith Artin	1				
12 Prentiss Pl Durham, NC 27707-3974			c. Employer's Name/Specific Field		
(919) 260-			TROSA		
				e. Election Sun	
					\$99.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/09/2019	\$99.00
3. Contri	butor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	e city, state, & zip)		Retired		
William Da	avid Austin				
130 Hunt	St		c. Employer's Name/Specific Field		
Apt 407 Durham. N	NC 27701-2481		Retired		
(919) 433				e. Election Sun	n to Date
					\$125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/19/2019	\$125.00
3. Contri	butor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	e city, state, & zip)		Retired		
Daniel Ba	ren				
5215 Tah	oe Dr		c. Employer's Name/Specific Field		
Durham, 1 (919) 225	NC 27713-8677		Retired		
(313) 223	-999Z		Tomos	e. Election Sun	n to Date
l					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/18/2019	\$100.00

4. Total only this page	\$324.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			or o	Page <u>15</u> of <u>9</u> contributions under \$50 if form CR	_	Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
Committee	to Elect Matt Kopac					2CL55G	
3. Contri	ibutor Information		Add	Remove	2.15		
a. Fuli Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. C	omments	
(includ	e city, state, & zip)		Une	employed			
Edith Cec	ilia Barja Chamas						
1005 Mine		İ	c. E	Employer's Name/Specific Field			
Durham, NC 27701-2002 (919) 641-9987			Une	employed			220742520111
				e. E	lection Sum		
							\$100.00
			i. In-Kind Description	j.	Date	k. Amount	
MK20 Check					10	0/10/2019	\$100.00
3. Contri	ibutor Information		Add	Remove	4		
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d. C	omments	
(includ	e city, state, & zip)		Epi	demiologist			
Joseph Ba	arker						
360 UNIT		ļ	c. E	Employer's Name/Specific Field			
Dpo, AE C	99831-0360		DH	HS/CDC			
					e. E	lection Sum	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	-	i. In-Kind Description	j.	Date	k. Amount
	MK20	Credit Card			10	0/14/2019	\$100.00
3. Contri	ibutor Information		Add	Remove		DESCRIPTION OF THE PARTY OF THE	
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. C	omments	
(includ	e city, state, & zip)		No	nprofit			
Tucker Ba	artlett						
705 Cobb St			c. I	Employer's Name/Specific Field			
Durham, NC 27707-1335 (919) 423-0755		Sel	f-Help				
		1		e. Election Sum to Date			
					<u> </u>		\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j.	Date	k. Amount
	MK20	Check			10	0/10/2019	\$100.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 16 of 9 contributions under \$50 if form CF		Amendm Yes	nent ✓ No
1. Commi	ittee Full Name (and F	und if applicable)	(4)			2. ID N	umber
Committe	e to Elect Matt Kopac					2CL550	3
3. Contr	ibutor Information		Add	Remove			
(includ Sean Bas 1130 N W	/alnut Ave Heights, IL 60004-4631		Ar	Job Title/Profession nalyst Employer's Name/Specific Field ne Hurvis Group	d.	Comments	
(000) 242	-0140		,	io ridivis diodp	e.	Election Sun	n to Date \$1,000.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				10/17/2019	\$1,000.00
3. Contr	ibutor Information		Add	Remove			
Laura Ber 1015 Glor	ria Ave	& Phone	No	Job Title/Profession on-profit Services Manager Employer's Name/Specific Field	d.	Comments	
Durham, NC 27701-2011		Self-Help Credit Union			e, Election Sum to Date		
					E.	Election Sun	\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	T	j. Date	k. Amount

Add

Remove

b. Job Title/Profession

c. Employer's Name/Specific Field Lincoln Community Health Center

i. In-Kind Description

Family Doctor

09/11/2019

d. Comments

j. Date

12/08/2019

e. Election Sum to Date

\$100.00

\$100.00

\$100.00

k. Amount

MK20

3. Contributor Information

(include city, state, & zip)

1305 Georgia Ave Durham, NC 27705-3155

MK20

Holly Biola

f. Prior

a. Full Name, Mailing Address & Phone

g. Account Code

Check

h. Form of Payment

Check

4. Total only this page	\$1,200.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>17</u> of <u>9</u> O or contributions under \$50 if form CF		Amendn	nent ✔ No
1. Commi	ttee Full Name (and I	Fund if applicable)	Parada Santa Santa da Santa	2. ID N	umber	
Committee	e to Elect Matt Kopac				2CL55	G
3. Contr	ibutor Information		Add Remove			WAYES IN
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Cor	nments	
(includ	e city, state, & zip)		Manager			
David Ble	din					
David Bledin 12 Warren St New York, NY 10007-2238 (203) 928-0893		c. Employer's Name/Specific Field	1			
		Google				
				e. Election Sum to Date		
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Da	ate	k. Amount
	MK20	Credit Card		11/1	1/2019	\$100.00
3. Contr	ibutor Information		Add Remove	1 36		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d, Cor	nments	-
(includ	le city, state, & zip)		retired			
Lanier Blu	ım					
11 Upchu	rch Cir	ŀ	c. Employer's Name/Specific Field retired			
Durnam, I	NC 27705-5629					
					e. Election Sum to Date	
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. D	ate	k. Amount
	MK20	Credit Card		12/2	20/2019	\$100.00
3. Contr	ibutor Information		Add Remove		VIS ASS	
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Co	nments	2164110
(include city, state, & zip)		Program Coordinator				
Susan Bo	oth					
15 Pluma			c. Employer's Name/Specific Field	1		
Durham, NC 27705-6196 (919) 616-0638		Duke				

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

i. In-Kind Description

h. Form of Payment

Check

g. Account Code

MK20

f. Prior

e. Election Sum to Date

j. Date

11/10/2019

\$100.00

\$100.00

k. Amount

1. Comm	ittee Full Name (and I	Fund if applicable)		2. ID N	umber	
Committe	e to Elect Matt Kopac			2CL55	G	
3. Conti	ibutor Information		Add Remove			
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	de city, state, & zip)		Physician			
Clay Boro						
1018 Glo Durham,	na Ave NC 27701-2012		c. Employer's Name/Specific Field			
			Duke University	e, Election Sum to Date		
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Check		11/16/2019	\$100.00	
3. Conti	ributor Information		Add Remove		V E	
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	de city, state, & zip)		CEO			
Jud Bowr						
	Forest Hills Blvd NC 27707-1626		c. Employer's Name/Specific Field			
,			Sift Media, Inc.	e. Election Sum to Date		
				e. Liection Sui	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		11/16/2019	\$100.00	
3. Conti	ributor Information		Add Remove			
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(inclu	de city, state, & zip)		Owner			
Kenny Br						
609 King Durham.	sbury Dr NC 27712-3611		c. Employer's Name/Specific Field			
Durnam, NC 27/12-3611		Odd Jobs	e Flection Sum to Date			

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

g. Account Code

MK20

h. Form of Payment

Credit Card

f. Prior

\$100.00

\$100.00

k. Amount

j. Date

10/21/2019

			or or	Page <u>19</u> of <u>S</u> contributions under \$50 if form CF		Amendn	nent No	
1. Commi	ttee Full Name (and I	Fund if applicable)			dy.	2. ID N	umber	
Committe	e to Elect Matt Kopac					2CL55	3	
3. Contr	ibutor Information	□ A	Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(include city, state, & zip)			Ma	anaging Broker/Co-Owner				
Tammi Br	noke							
1527 Pine		-	•	Employer's Name/Specific Field	ł			
Durham, NC 27705-5816 (919) 489-5888			8 8 8	1				
		Inhabit Realty, Inc.		e. Election Sum to Date				
					l		\$250.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	j. Date	k. Amount	
	MK20	Check				12/08/2019	\$250.00	
3. Contr	ibutor Information	□ A	\dd	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(includ	e city, state, & zip)		Co	onsultant				
Anna Clai	na Droughton							
2018 Wils	re Broughton on St	-	_	Employed NemalS - His Ciald	-			
	NC 27705-3224	-		Employer's Name/Specific Field	1			
(919) 306	-2090		Broughton Consulting			e. Election Sum to Date		
							\$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card				12/19/2019	\$100.00	
3. Contr	ibutor Information	□ A	Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(includ	le city, state, & zip)		Re	ealtor				
Adrian Br	01410							
		1	_	Employeds Non-1010- FI-14	1			
2719 Montgomery St Durham, NC 27705-5717 (919) 886-1703		c. Employer's Name/Specific Field Self-Employed						

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

f. Prior

g. Account Code

MK20

h. Form of Payment

Credit Card

\$250.00

\$250.00

k. Amount

e. Election Sum to Date

j. Date

12/30/2019

			50 or	Page 20 of 9 contributions under \$50 if form CR		Amendr Yes	nent ✓ No
1. Commi	ttee Full Name (and I	Fund if applicable)	Ey I			2. ID N	umber
Committee	e to Elect Matt Kopac					2CL55	G
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	mments	
(includ	e city, state, & zip)		pro	ofessional			
Chad Bro	wn						
2583 Oak			C.	Employer's Name/Specific Field			
Fitchburg	, WI 53711-1686		ou	tdoor industry			
				•	e. Ele	ction Sur	n to Date
							\$1,500.00
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. D	ate	k. Amount
	MK20	Credit Card			10/3	30/2019	\$1,500.00
3. Contr	ibutor Information		Add	Remove			Ker alem
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	mments	
(includ	e city, state, & zip)		Cc	onsultant			
Eric Bues	ing		1				
74 Bellefa	•			Employer's Name/Specific Field			
	k, NY 10573-5507				1		
(917) 353	-0733		N/A		e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. D	ate	k. Amount
	MK20	Credit Card			11/	12/2019	\$100.00
3. Contr	ibutor Information		Add	Remove		25	
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	mments	
(includ	le city, state, & zip)		No	onprofit Director			
Brian Buz	hy		1				
1601 Cliff St			-	Employer's Name/Specific Field	-		
	NC 27707-2100			C Conservation Network	1		
(919) 247	-3017		"	Ochservation Network	e. Ele	ction Sur	n to Date
l							\$200.00

4. Total only this page	\$1,800.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	NOTE:

j. Date

12/08/2019

k. Amount

\$200.00

f. Prior

g. Account Code

MK20

h. Form of Payment

Check

			Page 21 of 9		_	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID	Number	
Committee	e to Elect Matt Kopac			2CL5	5G	
3. Contr	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)			Analyst			
Steven By	rd					
300 Black		ŀ	c. Employer's Name/Specific Field	1		
Apt 311 Durham I	NC 27701-3991	1	The Clorox Company	1		
Damaii, i	10 27701 0001		The clotex company	e. Election Sum to Date		
					\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/23/2019	\$200.00	
3. Contr	butor Information		dd Remove		The Roll St	
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired			
Tom Cam	nhell					
2022 Spru		-	c. Employer's Name/Specific Field	-		
Durham, I (919) 475	NC 27705-3252	1	Retired	1		
(010) 470	1400		, tomou	e. Election Sum to Date		
				\$99.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		11/26/2019	\$99.00	
3. Contr	ibutor Information	A	Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)		Executive Director				
Christoph	er Carmody					
2717 Circ	le Dr	1	c. Employer's Name/Specific Field	1		
Durham, NC 27705-5726 (919) 401-9181		NCCEBA				

4. Total only this page	\$304.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

i. In-Kind Description

h. Form of Payment

Credit Card

f. Prior

g. Account Code

MK20

e. Election Sum to Date

j. Date

11/15/2019

\$255.00

\$5.00

k. Amount

			Page 22 of 9 0 or contributions under \$50 if form CF		ment ✓ No
1. Commi	ittee Full Name (and F	und if applicable)		2. ID 1	Number
Committe	e to Elect Matt Kopac			2CL5	iG .
3 Contr	ibutor Information		Add Remove		
	me, Mailing Address		b. Job Title/Profession	d. Comments	
(include city, state, & zip)		Executive Director	u. oommonis		
Christoph 2717 Circ	er Carmody le Dr				
Durham, I	NC 27705-5726		c. Employer's Name/Specific Field		
(919) 401-9181		NCCEBA	e. Election Su	m to Date	
l					\$255.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/20/2019	\$250.00
3 Contr	ibutor Information		Add Remove	NEW YEAR	
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
	le city, state, & zip)		Executive		
Paul Carp 5678 Oce	an View Dr		c. Employer's Name/Specific Field		
Oakland,	CA 94618-1533		GreenBiz Group	1	
			Greenbiz Group	e. Election Su	m to Date
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		10/15/2019	\$100.00
3. Contr	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		Office Manager		
Lana Cha	nman				
12006 Cl	ear Creek Dr	_	c. Employer's Name/Specific Field	1	
Fort Wasl	hington, MD 20744-270	00	Rapoza Associates		
				e. Election Su	m to Date
					\$100.00
f Prior	a Account Code	h Form of Dayment	i In-Kind Description	i Date	k Amount

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

10/17/2019

\$100.00

MK20

Credit Card

			or c	Page 23 of 9 contributions under \$50 if form CR	- 1	Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID N	umber
Committee	to Elect Matt Kopac				Ī	2CL550	à
3. Contri	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone			b. J	lob Title/Profession	d. Com	ments	
(includ	(include city, state, & zip)			nager			
Casey Co	llins						
2128 Sunset Ave			c. E	mployer's Name/Specific Field			
Durham, N (919) 730-	NC 27705-3260 -6434			ke University			
(010)100	0-10-1		50.	io Chivorony	e. Elec	tion Sun	to Date
							\$150.00
f. Prior g. Account Code h. Form of Payme			Т	i. In-Kind Description	j. Dat	te	k. Amount
	MK20	Credit Card			12/31	1/2019	\$150.00
3. Contri	ibutor Information		Add	Remove			I 5 siles a
a. Full Na	me, Mailing Address	& Phone	b. J	lob Title/Profession	d. Com	ments	
(înclud	e city, state, & zip)		Ret	ired			
Susan Co 911 Greet		ļ					
Durham, I	NC 27701-1507	1		mployer's Name/Specific Field			
			Retired		e. Elec	tion Sun	n to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	Т	i. In-Kind Description	j. Dat	te	k. Amount
.,,,,,,,,	MK20	Check	-				
	IVINZU	Crieck			09/11	1/2019	\$100.00
	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b	lob Title/Profession	d. Com	ments	
(includ	e city, state, & zip)		Atto	orney			
Leto Cope	elev						
100 Vireo Ln Hillsborough, NC 27278-7919		c F	mployer's Name/Specific Field				
		Copeley Johnson & Groninger PLLC		e. Election Sum to Date			
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount
	MK20	Credit Card			12/31	1/2019	\$250.00

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	AVELE

			i0 or	Page 24 of 9 contributions under \$50 if form CR		Amendn Yes	nent No
1. Commi	ittee Full Name (and F	und if applicable)			SECT.	2. ID N	umber
Committe	e to Elect Matt Kopac					2CL55	G
3. Contr	ibutor Information		Add	Remove	4465511	7	
	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		Re	etired			
Susan Cu	ıbar						
4969 S C	ave Point Dr		C.	Employer's Name/Specific Field			
Sturgeon	Bay, WI 54235-8233			etired			
					e. Election Sum to Date		
							\$500.00
f. Prior	g. Account Code	h. Form of Payment	:	i. In-Kind Description	j. Da	te	k. Amount
	MK20	Check			10/2	9/2019	\$500.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		Tr	reasury Manager			
Kelly Cus	hing						
	ingwood Dr NC 27713-8630		C,	Employer's Name/Specific Field			
(703) 946			Lo	ord Corporation			
l					e. Elec	tion Sur	n to Date
	,		L	T	<u> </u>		\$100.00
f. Prior	g. Account Code	h. Form of Payment	1	i. In-Kind Description	j. Da	ite	k. Amount
	MK20	Credit Card			12/2	6/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		Τe	eacher			
Jessica D)agostino						
1046 Deer Trl		C.	Employer's Name/Specific Field				
(585) 813	ais, IL 60914-9339 3-7541			District 140			
` ′					e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. Da	te	k. Amount

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

11/15/2019

\$250.00

MK20

Credit Card

			or o	Page <u>25</u> of <u>9</u> contributions under \$50 if form CR		Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)			33	2. ID Nu	ımber
Committee	e to Elect Matt Kopac					2CL55G	
3. Contri	butor Information		Add	Remove			H REE IN
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Mai	rketing			
Liliana De							
	g Needle Ct 27513-3500	İ	c. E	Employer's Name/Specific Field			
(919) 451			Bur	t's Bees			
					e.	Election Sum	to Date
							\$150.00
f. Prior	g. Account Code	h. Form of Payment	orm of Payment i. In-Kind Description			j. Date	k. Amount
	MK20	Credit Card				11/05/2019	\$150.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Fina	ance Director			
Ivan Drem	nov						
31 Thurst	on St	1	c. Employer's Name/Specific Field				
Apt 2 Somerville	e, MA 02145-3800			nverse			
(631) 609			35.113.33		e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				12/18/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d.	Comments	
(include city, state, & zip)			Ма	nager			
Peter Elia	ecan						
833 E Dakota Ave Denver, CO 80209-2205 (415) 736-4741			c F	Employer's Name/Specific Field			
					1		
(410) 730-4741		Google		e. Election Sum to Date		to Date	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				10/17/2019	\$100.00

4. Total only this page	\$350.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or c	Page <u>26</u> of <u>9</u> contributions under \$50 if form CR		Amendn	nent No
1. Commi	ittee Full Name (and F	und if applicable)			Jane	2. ID N	umber
Committe	e to Elect Matt Kopac					2CL55	G
3. Contr	ibutor Information		Add	Remove	1	Si elle	
a. Full Na	me, Mailing Address	& Phone	b	lob Title/Profession	d. Con	ments	
(includ	le city, state, & zip)		Ent	repreneur			
Daniel En	arson						
707 Ruby	= -	ŀ	c. E	mployer's Name/Specific Field			
(828) 719	NC 27704-4143 -8387			f-Employed			
` ′				. •	e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount
	MK20	Check			10/1	0/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b	lob Title/Profession	d. Con	ments	
<u> </u>	le city, state, & zip)		Phy	rsician			
Brian Eng 211 Delai	ncey St	-	c. E	imployer's Name/Specific Field			
Philadelpi (508) 560	hia, PA 19106-4308 -2280	[nnsylvania Hospital, PENN			
(***, ***			Medicine		e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount
	MK20	Credit Card			11/0	5/2019	\$250.00
3. Contr	ibutor Information		Add	Remove			
a. Fuli Na	ame, Mailing Address	& Phone	b	lob Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		Ret	ired			
Gloria 'Ar	nn' Evans						
130 Hunt St Apt 402 Durham, NC 27701-2481		C. E	mployer's Name/Specific Field				
				ired			
(919) 368					e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount

4. Total only this page	\$600.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

MK20

Credit Card

\$250.00

12/28/2019

			or (Page <u>27</u> of <u>9</u> contributions under \$50 if form CF		_ Amendm _ Yes	ent ✓ No	
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber	
Committee	e to Elect Matt Kopac					2CL550	3	
3. Contri	ibutor Information		Add	Remove			i i fi tan	
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession			. Comments		
(includ	e city, state, & zip)		Pro	perty Manager				
Robinson	Everett Jr.							
8 Chance	ry PI NC 27707-5001	İ	c. I	Employer's Name/Specific Field				
Dullialli, i	10 27707-3001		TE	AM Inc.				
					е	. Election Sun		
					L		\$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card				10/21/2019	\$100.00	
3. Contri	ibutor Information		Add	Remove		Sell a new		
a. Full Na	me, Mailing Address	& Phone	b. ,	Job Title/Profession	d	. Comments		
(includ	e city, state, & zip)		Personal Trainer					
Elizabeth	Fairweather							
1040 Map Oak Park,	eleton Ave , IL 60302-1406		c. Employer's Name/Specific Field YMCA					
(703) 675	-6623					e. Election Sum to Date		
					-	. Election Sun	\$300.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	Ļ	i Data	k. Amount	
1. F1101			-	i. In-Kind Description	+	j. Date		
	MK20	Credit Card				11/13/2019	\$300.00	
	ibutor Information		Add	Remove				
	me, Mailing Address	& Phone	b.,	Job Title/Profession	d	. Comments		
(includ	e city, state, & zip)		Sla	cker	l			
John Feer								
1010 Starlight Dr Durham, NC 27707-2134			C. I	Employer's Name/Specific Field				
(919) 564-9968		Soi	me Company	L				
			' '		e. Election Sum to Date			
					\$100.00			
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	_	j. Date	k. Amount	
	MK20	Credit Card	- 1		- 1	12/20/2019	\$100.00	

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	(A. 21)

	•		0 or c	Page <u>28</u> of <u>9</u> ontributions under \$50 if form CR		_	
1. Commi	ttee Full Name (and F	und if applicable)			2. ID I	Number	
Committee	to Elect Matt Kopac				2CL5	5G	
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Comments		
(includ	e city, state, & zip)		Exe	cutive			
Jeff Frazie	or .						
316 Hoga	ns Valley Way		c.F	mployer's Name/Specific Field			
Cary, NC	27513-5680		Pryc				
			,.	,,,	e. Election Su	m to Date	
						\$500.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card			11/14/2019	\$500.00	
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Comments		
(includ	e city, state, & zip)		Reti	red			
Barker Fre	ench						
1005 Mon	mouth Ave		c. E	mployer's Name/Specific Field			
Durham, 1 (919) 688	NC 27701-1711 -0997		Reti				
(010,000	000.				e. Election Su	m to Date	
						\$1,000.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount	
	MK20	Check			09/11/2019	\$1,000.00	
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Comments		
(includ	le city, state, & zip)		CEC)			
Christoph	er Gergen						
611 Watts St Durham, NC 27701-1723 (202) 258-4973			c. E	mployer's Name/Specific Field			
				ward Cities			
(202) 200	(202) 236-4973				e. Election Sum to Date		
					\$250.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount	
	MKOO	Chook			10/10/2010	6050.00	

4. Total only this page	\$1,750.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	net retail

On married		£	لم در دو المراس المراس	
Contrib	utions	irom	inalvic	iuais

Page 29 of 91 Amendment

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

Yes	1	No

1. Commi	ttee Full Name (and F	und if applicable)		(a. 5)	2. ID N	umber	
Committee	e to Elect Matt Kopac				2CL55	G	
3. Contr	butor Information		dd Remove				
(includ		b. Job Title/Profession Retired	d. Comments				
11359 Lakebrook Ct Orland Park, IL 60467-7587		c. Employer's Name/Specific Field Retired					
				e. Election Sur	\$200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount	
	MK20	Check			11/05/2019	\$200.00	
3. Contr	ibutor Information		dd Remove	A. C.			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Rosanne Gianotti 1208 N Main Ave Kankakee, IL 60901-8271			b. Job Title/Profession Retired c. Employer's Name/Specific Field		d. Comments		
(815) 933			Retired		e. Election Sum to Date \$1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card			11/07/2019	\$1,000.00	
3. Contr	ibutor Information		Add Remove	5 11/1			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Stacy Glass 2510 Perkins Rd Durham, NC 27705-1019 (919) 452-7157		b. Job Title/Profession Executive c. Employer's Name/Specific Field ChemForward					
		f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date
	MK20	Credit Card			10/17/2019	\$250.00	

4. Total only this page	\$1,450.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Co	ntrib	utions	from	Indix	/iduals
LU		ulions	s II OIII	HIUN	/iuuais

Page 30 of 91

Amendment

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

	.0.	-	 •			
٦	Ye	s	1	V	No	

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committe	e to Elect Matt Kopac				2CL5	iG	
3. Contr	ibutor Information		\dd	Remove			
a. Full Na	ame, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. Comments		
(includ	le city, state, & zip)		Com	munications Director			
Zach Gol							
30 W 63n	d St k, NY 10023-7103		c. Er	mployer's Name/Specific Field			
	202) 271-6702			ege Board	FI		
					e, Election Su	m to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	T i	. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card			11/01/2019	\$100.00	
66 EEEE							
فتنتخف المتحاط	ibutor Information	A		Remove			
	ame, Mailing Address le city, state, & zip)	& Phone		ob Title/Profession sician	d. Comments		
			riys	BICIAIT			
Karen Go 912 Dacia		ļ					
	NC 27701-1702	-		mployer's Name/Specific Field			
			vete	rans Administration Hospital	e. Election Su	m to Date	
						\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j. Date	k. Amount	
	MK20	Check			11/23/2019	\$250.00	
3 Contr	ibutor Information		Add	Remove	REPORTED IN		
	ame, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. Comments		
	de city, state, & zip)		Pres	ident			
Matt Gree	יחרע						
5341 Bla	ckhawk Dr	-	c. Er	mployer's Name/Specific Field			
Danville, CA 94506-5817 (925) 984-2717		Ī		s Bees, Inc.			
(0_0)				,- .	e. Election Su	m to Date	
						\$500.00	
f. Prior	g. Account Code	h. Form of Payment	I	. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card			11/16/2019	\$500.00	

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page 31 of 9 or contributions under \$50 if form CF		nent ✓ No
1. Commi	ttee Full Name (and I	und if applicable)		2. ID N	umber
Committee	e to Elect Matt Kopac			2CL55	3
3. Contri	butor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	e city, state, & zip)		Energy developer		
Richard H	arkrader				
1320 She	pherd St		c. Employer's Name/Specific Field		
Durham, I (919) 218	NC 27707-1647 -7390		Carolina Solar Energy LLC		
(010) 210	7000			e. Election Sum to Date	
				\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/23/2019	\$250.00
3. Contri	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	e city, state, & zip)		Property Manager		
Josh Haw	n				
Josh Hawn 1021 Dacian Ave					
			c. Employer's Name/Specific Field		
Durham, I	NC 27701-1709		c. Employer's Name/Specific Field		
	NC 27701-1709		c. Employer's Name/Specific Field Ambata Property	e. Election Sur	n to Date
Durham, I	NC 27701-1709			e. Election Sur	n to Date \$500.00
Durham, I	NC 27701-1709	h. Form of Payment		e. Election Sur	
Durham, f (704) 340	NC 27701-1709 -0450	h. Form of Payment Credit Card	Ambata Property		\$500.00
Durham, f (704) 340	NC 27701-1709 -0450 g. Account Code	•	i. In-Kind Description	j. Date	\$500.00 k. Amount
Durham, f (704) 340 f. Prior 3. Contr	NC 27701-1709 -0450 g. Account Code MK20	Credit Card	i. In-Kind Description	j. Date	\$500.00 k. Amount
f. Prior 3. Contria. Full Na	g. Account Code MK20	Credit Card	i. In-Kind Description Add Remove	j. Date 11/18/2019	\$500.00 k. Amount
f. Prior 3. Contri a. Full Na (include	g. Account Code MK20 ibutor Information me, Mailing Address le city, state, & zip)	Credit Card	i. In-Kind Description Add Remove b. Job Title/Profession	j. Date 11/18/2019	\$500.00 k. Amount
f. Prior 3. Contr a. Full Na (includ	g. Account Code MK20 ibutor Information me, Mailing Address te city, state, & zip) dazelwood	Credit Card	i. In-Kind Description Add Remove b. Job Title/Profession	j. Date 11/18/2019	\$500.00 k. Amount

4. Total only this page	\$950.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

i. In-Kind Description

e. Election Sum to Date

j. Date

12/06/2019

\$200.00

\$200.00

k. Amount

Ampersand Law

h. Form of Payment

Credit Card

g. Account Code

MK20

f. Prior

	•		0 or	Page 32 of 9 contributions under \$50 if form CR	_ !	Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)	.8		Mai	2, ID No	umber
Committee	e to Elect Matt Kopac					2CL550	3
3. Contr	ibutor Information		Add	Remove	364	The same	
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. C	omments	
(include city, state, & zip)			Pr	resident			
Gareth He	adnes						
Gareth Hedges 4501 Rollingwood Dr			-	Employer's Name/Specific Field			
Durham, I (919) 271	NC 27713-8629			edwoods Group			
(919) 271	-3002		' "	sawoods aroup	e. El	ection Sun	to Date
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. l	Date	k. Amount
	MK20	Credit Card			11	/15/2019	\$250.00
3. Contr	ibutor Information		Add	Remove	SE.		
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired				
Mark Hell	man						
1101 Wel	ls St		c. Employer's Name/Specific Field				
(919) 489	NC 27707-1623 -2046			etired			
					e. El	ection Sun	to Date
	<i>y</i>						\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. l	Date	k. Amount
	MK20	Credit Card			10	/18/2019	\$100.00
3. Contr	ibutor Information		Add	Remove	0.7		
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. C	omments	
(include city, state, & zip)			Fi	nacial analyst			
Kole Hev	ward-Rotimi		l				
1606 Peace St Durham, NC 27701-1449 (919) 672-8383			c.	Employer's Name/Specific Field			
				etLife			
[` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j.	Date	k. Amount

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

10/25/2019

\$100.00

MK20

Credit Card

			Page <u>33</u> of <u>9</u> or contributions under \$50 if form CF	_ _	nent ☑ No
1. Commi	ittee Full Name (and F	und if applicable)		2. ID N	umber
Committe	e to Elect Matt Kopac			2CL55	G
3. Contr	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		COO		
Rita Hude	etz				
379 Broad Apt 2B		-	c. Employer's Name/Specific Field Universal Standard		
(630) 802			Silversal Standard	e. Election Sur	n to Date
l				\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/11/2019	\$50.00
3. Contr	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		COO		
Rita Hude 379 Broad Apt 2B Brooklyn.	_		c. Employer's Name/Specific Field Universal Standard		
(630) 802	-5888			e. Election Sum to Date	
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/11/2019	\$50.00
3. Contr	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		Retired		
Dan Hudo 818 Ande	,		a Employed News/Conside Field		
Durham, NC 27705-1054 (919) 489-8757			c. Employer's Name/Specific Field Retired		

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	18457

h. Form of Payment

Credit Card

f. Prior

g. Account Code

MK20

i. In-Kind Description

e. Election Sum to Date

j. Date

10/21/2019

\$200.00

\$200.00

k. Amount

f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame MK20 Check 09/11/2019 \$ 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 C. Employer's Name/Specific Field NC Sustainable Energy Association e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame				Page 34 of 0 or contributions under \$50 if form C		ment No
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Employer's Name/Specific Field Unemployed c. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 f. Prior g. Account Code h. Form of Payment in In-Kind Description d. Comments for Sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sustainable Energy Association g. Election Sum to Date should be sum to Date should be sum to Date should be sum to Date should be sum to Date should be sum to Date	1. Comm	ittee Full Name (and	Fund if applicable)		2. ID N	lumber
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sam Hummel 826 Burch Ave Durham, NC 27701-2814 (g19) 475-8136 f. Prior g. Account Code h. Form of Payment (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 f. Prior g. Account Code h. Form of Payment (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 f. Prior g. Account Code h. Form of Payment MK20 Credit Card J. In-Kind Description j. Date k. Ame Consultant c. Employer's Name/Specific Field NC Sustainable Energy Association e. Election Sum to Date solved Remove c. Employer's Name/Specific Field NC Sustainable Energy Association e. Election Sum to Date solved Remove g. Election Sum to Date solved Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Retired C. Employer's Name/Specific Field NC Sustainable Energy Association g. Election Sum to Date solved Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Retired	Committe	e to Elect Matt Kopac			2CL55	G
C. Employed C. Employed C. Employed C. Employer's Name/Specific Field	3. Contr	ibutor Information		Add Remove		
826 Burch Ave Durham, NC 27701-2814 (919) 475-8136 F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame (Include city, state, & zip) G. Employer's Name/Specific Field Unemployed E. Election Sum to Date g. Add Remove a. Full Name, Mailing Address & Phone (Include city, state, & zip) G. Employer's Name/Specific Field NC Sustainable Energy Association E. Election Sum to Date g. Employer's Name/Specific Field NC Sustainable Energy Association e. Election Sum to Date g. Employer's Name/Specific Field NC Sustainable Energy Association g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame h. Prior g. Account Code h. Form of Payment i. In-Kind Description MK20 G. Employer's Name/Specific Field NC Sustainable Energy Association g. Election Sum to Date g. E			& Phone		d. Comments	
MK20 Check 09/11/2019 \$ 3. Contributor Information	826 Burch Ave Durham, NC 27701-2814		A A. A.		e. Election Sum to Date \$100.00	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 C. Employer's Name/Specific Field NC Sustainable Energy Association e. Election Sum to Date \$ \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame MK20 Credit Card 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Retired	f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip) Anson Bradley Ives 102 Faison Rd Chapel Hill, NC 27517-5658 f. Prior g. Account Code h. Form of Payment MK20 Credit Card J. Date k. Ame Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Anson Bradley Ives Consultant Consultant d. Comments c. Employer's Name/Specific Field NC Sustainable Energy Association i. In-Kind Description j. Date k. Ame i. In-Kind Description j. Date k. Ame Add Remove b. Job Title/Profession Retired C. Employer's Name/Specific Field Retired		MK20	Check		09/11/2019	\$100.00
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame MK20 Credit Card 12/22/2019 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Retired Energy Association i. In-Kind Description j. Date k. Ame i. In-Kind Description d. Comments F. Pater Jacobi 12/22/2019 \$ C. Employer's Name/Specific Field Retired	a. Full Na (include Anson Br 102 Faisc	ame, Mailing Address de city, state, & zip) adley Ives on Rd		b. Job Title/Profession Consultant		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date k. Ame MK20 Credit Card 12/22/2019 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 C. Employer's Name/Specific Field Retired		,		NC Sustainable Energy Association	e. Election Su	
MK20 Credit Card 12/22/2019 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 C. Employer's Name/Specific Field Retired	6 Deies	a Assourt Code	b Form of Dormont	i le Kind Description	I i Data	\$100.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Add Remove b. Job Title/Profession d. Comments Retired C. Employer's Name/Specific Field Retired	I. Prior			i. in-kind Description	1	\$100.00
a. Full Name, Mailing Address & Phone (include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Retired b. Job Title/Profession d. Comments c. Employer's Name/Specific Field Retired	KINDO SU				12222013	Ψ100.00
(include city, state, & zip) Peter Jacobi 19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 Retired Retired					d Comments	Liberte
19 Oak Dr Durham, NC 27707-2131 (919) 493-3322 C. Employer's Name/Specific Field Retired	(includ	de city, state, & zip)	, a Phone		u. comments	
	19 Oak Dr Durham, NC 27707-2131					m to Date \$125.00

4. Total only this page	\$325.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

j. Date

11/16/2019

k. Amount

\$125.00

h. Form of Payment

Credit Card

f. Prior

g. Account Code

MK20

_	•		0 or	Page <u>35</u> of <u>9</u> contributions under \$50 if form CR		Amendm Yes	ent ✓No
1. Commi	ttee Full Name (and F	und if applicable)	1170			2. ID N	umber
Committee	e to Elect Matt Kopac					2CL550	G .
3. Contri	ibutor Information		Add	Remove	H		MANIE SE
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d	Comments	
(include city, state, & zip)			Re	tired			
Sandra Ja	acobi						
19 Oak Dr Durham, NC 27707-2131 (919) 493-3322			c. l	Employer's Name/Specific Field			
				tired			
` ′					e.	Election Sun	to Date
							\$125.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				11/16/2019	\$125.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d	Comments	
(includ	e city, state, & zip)		En	gineer			
Philip Jak	es						
805 Watts			C.	Employer's Name/Specific Field			
(919) 682	NC 27701-1532 -7152		Ler	novo			
·					e. Election Sum to Date		to Date
			L.				\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	j. Date	k. Amount
	MK20	Check				10/24/2019	\$100.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d	Comments	
(include city, state, & zip)			Co	nsultant			
Tina Jeffre	ess						
718 Eva St			C.	Employer's Name/Specific Field			
Durham, NC 27701-3826 (310) 503-9508			ottMadden				
				e. Election Sum to Date		to Date	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				11/11/2019	\$100.00

4. Total only this page	\$325.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			50 or c	Page <u>36</u> of <u>9</u> ontributions under \$50 if form CR		Amendn	nent No
1. Commi	ttee Full Name (and	Fund if applicable)	816			2. ID N	umber
Committe	e to Elect Matt Kopac					2CL55	G
3. Contr	ibutor Information		Add	Remove	oli Po		
a. Full Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Con	nments	
(includ	e city, state, & zip)		Reg	istered Nurse			
Wanda Jo							
3910 Darl	oy Rd NC 27707-5007		c. E	mployer's Name/Specific Field			
(919) 417				Employed PathWays		O	- 1- D-1-
			Con	nections, PLLC	e. Election Sum to Date \$250.00		\$250.00
f. Prior	g. Account Code	h. Form of Payment	i li	i. In-Kind Description	j. Da	te	k. Amount
	MK20	Credit Card			10/2	5/2019	\$100.00
3. Contr	ibutor Information		Add	Remove	il in		
a. Full Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Con	nments	
(includ	e city, state, & zip)		Reg	istered Nurse			
Wanda Jo	phnson						
3910 Darl	oy Rd NC 27707-5007		c. Employer's Name/Specific Field Self Employed PathWays Connections, PLLC				
(919) 417							
					e. Elec	tion Sur	n to Date
4 Division		T			L.,		\$250.00
f. Prior	g. Account Code	h. Form of Payment	1	i. In-Kind Description	j. Da		k. Amount
	MK20	Check			11/1	0/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		Reg	istered Nurse			
Wanda Jo							
3910 Dari Durham, I	oy Hd NC 27707-5007		c. E	mployer's Name/Specific Field	1		
(919) 417	-4052			Employed PathWays	e Fler	tion Sur	n to Date
			Connections, PLLC		e. Election Sum to Date		

4. Total only this page	\$250.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	112/13

j. Date

12/28/2019

k. Amount

\$50.00

f. Prior

g. Account Code

MK20

h. Form of Payment

Credit Card

			or co	Page 37 of 9 ontributions under \$50 if form CR		Amendm Yes	nent No
1. Commi	ttee Full Name (and F	und if applicable)			i Lin	2. ID N	umber
Committee	e to Elect Matt Kopac					2CL550	G
3. Contri	ibutor Information		Add	Remove		Me	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Je	ob Title/Profession	d. Con	nments	
			Reti	red			
Anna Jone	es						
123 Cofield Cir			c. Fi	mployer's Name/Specific Field			
Durham, N (919) 489	NC 27707-5473 -1125	Ī	Reti				
(010) 100	1120				e. Elec	tion Sun	n to Date
							\$99.00
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j. Da	ite	k. Amount
	MK20	Credit Card			12/2	0/2019	\$99.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. Con	nments	
(includ	e city, state, & zip)		Reti	red			
Bill Kalkho	of						
39 Westric	dge Dr	ł	c. Employer's Name/Specific Field				
Durham, N (919) 423	NC 27713-7700 -6091		Reti				
(0.0) .20			remed		e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	ı	. In-Kind Description	j. Da	ite	k. Amount
	MK20	Credit Card			10/1	8/2019	\$100.00
3. Contri	ibutor Information		Add	Remove	le l		
a. Full Na	me, Mailing Address	& Phone	b. Je	ob Title/Profession	d. Con	nments	
(include city, state, & zip)			VP Origination				
Blair Kend	tali			_			
3430 Lochnora Pkwy Durham, NC 27705-5448			o E	mployer's Name/Specific Field			
			c. Employer's Name/Specific Field Urban Grid Solar				
			OIDE	an and Solai	e. Election Sum to Date		n to Date
					\$100.00		
f. Prior	g. Account Code	h. Form of Payment	T	. In-Kind Description	j. Da	ite	k. Amount
	MK20	Credit Card			11/2	0/2019	\$100.00

4. Total only this page	\$299.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

	•		0 or	Page 38 of 9 contributions under \$50 if form CR		Amendm Yes	ent ✓ No	
1. Commi	ttee Full Name (and F	und if applicable)	145		N.	2. ID N	umber	
Committee	e to Elect Matt Kopac					2CL550	à	
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(includ	le city, state, & zip)		Re	etired Educator				
Wafa Kha	dil							
705 Cheselden Dr Durham, NC 27713-7223 (919) 641-9987			C.	Employer's Name/Specific Field				
				ot Employed	1			
(0.0) 0			'''		e.	Election Sun	to Date	
							\$90.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	MK20	Credit Card				10/24/2019	\$50.00	
3. Contri	ibutor Information		Add	Remove	A			
a. Fuli Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(includ	le city, state, & zip)		Retired Educator					
Wafa Kha	dil							
705 Ches			C.	Employer's Name/Specific Field	1			
(919) 641	NC 27713-7223 -9987		Not Employed					
, ,			. ,		e. Election Sum to Date			
							\$90.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	j. Date	k. Amount	
	MK20	Credit Card				11/25/2019	\$5.00	
3. Contr	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	Comments		
(include city, state, & zip)			Re	etired Educator				
Wafa Kha	dil							
705 Cheselden Dr			c. Employer's Name/Specific Field		1			
Durham, NC 27713-7223 (919) 641-9987			ot Employed	1				
				e. Election Sum to Date		to Date		
				\$90.00				
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	I	j. Date	k. Amount	
	MK20	Credit Card				12/03/2019	\$10.00	

4. Total only this page	\$65.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	,, · · · ·

			0 or c	Page 39 of 9 ontributions under \$50 if form CR		nent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)	おり	A STANLAND THE PARTY	2. ID N	lumber
Committee	e to Elect Matt Kopac				2CL55	G
3. Contr	ibutor Information		Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. J	ob Title/Profession	d. Comments		
		Reti	red Educator			
Wafa Kha						
705 Ches	elden Dr NC 27713-7223		c. E	mployer's Name/Specific Field		
(919) 641			Not	Employed		
					e. Election Su	
						\$90.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card			12/08/2019	\$25.00
3. Contri	ibutor Information		Add	Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession		d. Comments	
Emily Klei 3841 Som	nerset Dr NC 27707-5016	<u> </u>		mployer's Name/Specific Field e		
					e. Election Su	
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	-	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card			10/17/2019	\$100.00
3. Contr	ibutor Information		Add	Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession d. Comments			
(includ	le city, state, & zip)		Tea	cher		
Mary Pat	Kopac Highwood Ave					
Wauwatosa, WI 53222-2401			mployer's Name/Specific Field			
			Reti	red	e, Election Su	m to Date
					e. Election Su	\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount
	MK20	Check			11/05/2019	\$100.00

4. Total only this page	\$225.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	455,55

			Page <u>40</u> of <u>\$</u> 0 or contributions under \$50 if form CF	 ;	nent ✓ No
	ittee Full Name (and I	Fund if applicable)		2. ID N	umber
Committe	e to Elect Matt Kopac			2CL55	
3. Contr	ibutor Information		Add Remove		ELVA E
	nme, Mailing Address le city, state, & zip)	& Phone	b. Job Title/Profession Retired	d. Comments	
	odland Dr NC 27701-1254		c. Employer's Name/Specific Field Retired	e. Election Sur	n to Date \$1,760.74
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	In-Kind	Thank you stationery	09/30/2019	\$10.74
3. Contr	ibutor Information		Add Remove		
(include Mary Kop 1502 Woo	ame, Mailing Address le city, state, & zip) ac odland Dr NC 27701-1254	& Phone	b. Job Title/Profession Retired c. Employer's Name/Specific Field	d. Comments	
(828) 231	-3579		Retired	e. Election Sum to Date	
				L.S.J. MISSARSHI SAM	\$1,760.74
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Check		10/17/2019	\$500.00
3. Contr	ibutor Information		Add Remove		West Day
(include Mary Kop 1502 Woo	odland Dr	& Phone	b. Job Title/Profession Retired c. Employer's Name/Specific Field	d. Comments	
Durnam,	NC 27701-1254			1	

4. Total only this page	\$610.74
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Retired

i. In-Kind Description

Food and drinks for fundraiser

h. Form of Payment

In-Kind

e. Election Sum to Date

j. Date

11/10/2019

\$1,760.74

\$100.00

k. Amount

(828) 231-3579

f. Prior

g. Account Code

MK20

			60 or	Page 41 of 9 contributions under \$50 if form CR			
1. Commi	ttee Full Name (and F	und if applicable)			2. ID	Number	
Committee	e to Elect Matt Kopac				2CL5	5G	
3. Contr	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone			b.	Job Title/Profession	d. Comments		
(include city, state, & zip)			Re	etired			
Mary Kopac 1502 Woodland Dr Durham, NC 27701-1254 (828) 231-3579			Employer's Name/Specific Field				
` ′					e. Election St	ım to Date	
						\$1,760.74	
f. Prior	g. Account Code	h. Form of Payment	i	i. In-Kind Description	j. Date	k. Amount	
	MK20	In-Kind		Childcare for campaign kick-off	12/08/2019	\$150.00	
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(include city, state, & zip) Mary Kopac 1502 Woodland Dr Durham, NC 27701-1254 (828) 231-3579			c. Employer's Name/Specific Field Retired				
					e. Election Sum to Date		
	y-=			· -		\$1,760.74	
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. Date	k. Amount	
	MK20	Check			12/31/2019	\$1,000.00	
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(include city, state, & zip)			Ma	anager, Sustainable Business			
Matt Kopa 1510 Woo				Employer's Name/Specific Field			
	NC 27701-1254			urt's Bees	1		
(919) 597-9680		"	arto Dogo	e. Election Sum to Date			
					\$184.61		
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. Date	k. Amount	
	MK20	ElectronicPaySystem	n		07/09/2019	\$100.00	

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page 42 of 8 0 or contributions under \$50 if form CF		nent No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID N	lumber	
Committee	to Elect Matt Kopac			2CL55	G	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)			Manager, Sustainable Business			
Matt Kopa	c					
1510 Woodland Dr Durham, NC 27701-1254 (919) 597-9680			c. Employer's Name/Specific Field	1		
			Burt's Bees	1		
				e, Election Sur	n to Date	
					\$184.61	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	łn-Kind	Campaign meeting lunch	07/18/2019	\$27.34	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Manager, Sustainable Business			
Matt Kopa	ıc					
1510 Woo			c. Employer's Name/Specific Field	1		
(919) 597	NC 27701-1254 -9680		Burt's Bees			
				e. Election Sum to Date		
					\$184.61	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	In-Kind	Lunch meeting with volunteer	08/09/2019	\$31.27	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)			Science Museum Director			
Tom Krak	auer					
2600 Croasdaile Farm Pkwy A109 the Homestead Durham, NC 27705-1333			c. Employer's Name/Specific Field	1		
			Retired			
,			e. Election Sum to Date			
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MKOO	Check		00/11/2010	6100.00	

4. Total only this page	\$158.61
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or co	Page <u>43</u> of <u>9</u> ntributions under \$50 if form CF		mendm]Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
Committee	e to Elect Matt Kopac					2CL550	
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. Jo	b Title/Profession	d. Comn	nents	
(includ	e city, state, & zip)		Attorr	ney			
Thomas Kreger							
	rberry Ridge Dr NC 27713-9439		c. En	ployer's Name/Specific Field			
(919) 200			Krege	er Law Firm			
					e. Electi	on Sum	
	.						\$1,000.00
f. Prior	g. Account Code	h. Form of Payment	i.	In-Kind Description	j. Date		k. Amount
	MK20	Credit Card			10/22/	2019	\$1,000.00
3. Contri	ibutor Information		Add	Remove			A.S. Int
a. Full Name, Mailing Address & Phone			b. Jo	b Title/Profession	d. Comn	nents	100 21 15
(includ	e city, state, & zip)		Scien	ce Researcher and Educator			
Tyjuanna	LaBennett						
	spering Oak Ln		c. Em	ployer's Name/Specific Field			
(919) 454	NC 27704-5150 -9584		North	Carolina Central University			
				·	e. Electi	on Sum	to Date
	·						\$100.00
f. Prior	g. Account Code	h. Form of Payment	i.	In-Kind Description	j. Date		k. Amount
	MK20	Credit Card			12/31/	2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. Jo	b Title/Profession	d. Comn	nents	
(includ	e city, state, & zip)		Attorr	ney			
Deana La	briola						
1428 Acadia St			c. En	ployer's Name/Specific Field			
Durham, NC 27701-1302 (240) 505-5901				and Smith, P.A.			
\3, 530					e. Electi	on Sum	to Date
							\$500.00
f. Prior	g. Account Code	h. Form of Payment	i.	In-Kind Description	j. Date	•	k. Amount
	MK20	Credit Card			11/01/	2019	\$500.00

4. Total only this page	\$1,600.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

1. Comm	ittee Full Name (and I	Fund if applicable)		2. ID N	umber
	e to Elect Matt Kopac			2CL55	
3. Conti	ibutor Information		Add Remove	CONTRACTOR	
(includ	ame, Mailing Address de city, state, & zip)	& Phone	b. Job Title/Profession Unemployed	d. Comments	
Holly Lewis 629 Kensington Dr Chapel Hill, NC 27514-6730			c. Employer's Name/Specific Field Unemployed		
				e, Election Sur	n to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/31/2019	\$100.00
3. Conti	ributor Information		Add Remove		
(inclu	ame, Mailing Address de city, state, & zip)	& Phone	b. Job Title/Profession Administrator	d. Comments	
Katie Loc 204 Lake Chapel F (919) 696	Ct Iill, NC 27516-9302		c. Employer's Name/Specific Field Chapel Hill-Carrboro Chamber of		
			Commerce	e. Election Sur	n to Date \$99.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/20/2019	\$99.00
3. Cont	ributor Information		Add Remove		
a. Full N	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
Constant	de city, state, & zip)		Environmental Researcher	1	

\$299.00
\$33,651.41

Datu Research

h. Form of Payment

Credit Card

c. Employer's Name/Specific Field

i. In-Kind Description

e. Election Sum to Date

j. Date

12/20/2019

\$100.00

\$100.00

k. Amount

Marcy Lowe 2615 Indian Trl Durham, NC 27705-3060 (919) 698-7315

MK20

g. Account Code

f. Prior

			or c	Page <u>45</u> of <u>9</u> ontributions under \$50 if form CR		Amendme Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)	Ú,			2. ID Nu	mber
Committee	e to Elect Matt Kopac					2CL55G	
3. Contri	butor Information	□ A	dd	Remove			
	me, Mailing Address a e city, state, & zip)	& Phone		ob Title/Profession igner/Builder	d. C	comments	
Aaron Lubeck 1002 Lamond Ave Durham, NC 27701-2021 (919) 225-4544		-	c. E Self	mployer's Name/Specific Field		lastian Sum	to Date
					e. Election Sum to Date \$99		\$99.00
f. Prior	g. Account Code	h. Form of Payment	Ti	i. In-Kind Description	j.	Date	k. Amount
	MK20	Credit Card			12	2/09/2019	\$99.00
2 Contri	ihutas Information		dd	Remove			
a. Full Name, Mailing Address & Phone				ob Title/Profession	d. C	Comments	
(include city, state, & zip) Kevin MacKey 8909 Romayne Ln Austin, TX 78748-6488 (214) 668-0925			c. Employer's Name/Specific Field world vision				
					e. E	lection Sum	\$100.00
f. Prior	g. Account Code	h. Form of Payment	T	i. In-Kind Description	l i	Date	k. Amount
	MK20	Credit Card		. m-kind bescription	+	1/10/2019	\$100.00
3. Contri	ibutor Information	□ A	dd	Remove		a < 2 0 5	State of the
Part of the latest the	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. C	Comments	
	e city, state, & zip)		Reti	red			
Susan Maley 9 Ellenwood Dr Asheville, NC 28804-2345 (828) 253-9799			c. E Reti	mployer's Name/Specific Field ired	/Specific Field e. Election Sum		to Date \$75.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	<u> </u>	Date	k. Amount
	MK20	Credit Card			+	2/08/2019	\$75.00

4. Total only this page	\$274.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			or co	Page <u>46</u> of <u>9</u> ontributions under \$50 if form CR		
1. Commi	ttee Full Name (and F	und if applicable)	lan.		2. ID	Number
Committee	e to Elect Matt Kopac				2CL5	5G
3. Contri	butor Information		Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Taylor Mallard 507 Gurley St Durham, NC 27701-3431 (919) 923-0651				ob Title/Profession keting	d. Comments	
			c. Er	mployer's Name/Specific Field ox	e. Election Si	um to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	Ti	. In-Kind Description	i. Date	k. Amount
	MK20	Credit Card			10/29/2019	\$100.00
3. Contri	butor Information		Add	Remove	N/PAISIF	FUNDAM S
(includ Martha Ma 2532 Carr	me, Mailing Address e city, state, & zip) artin iage Oaks Dr IC 27614-8836	& Phone	artis	bb Title/Profession t mployer's Name/Specific Field	d. Comments	
						\$250.00
f. Prior	g. Account Code	h. Form of Payment	i	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card			12/30/2019	\$250.00
3. Contri	ibutor Information		Add	Remove		
Jennifer M	erva Ave NC 27701-2002	& Phone	Tuto	ob Title/Profession or mployer's Name/Specific Field -employed	d. Comments e. Election Si	
f. Prior	g. Account Code	h. Form of Payment	i	i. In-Kind Description	j. Date	k. Amount
	MK20	Check			11/23/2019	\$100.00

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			or o	Page 47 of 9 contributions under \$50 if form CR		Amendm Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)	63			2. ID No	umber
Committee	e to Elect Matt Kopac					2CL550	3
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d. Com	ments	
(include city, state, & zip) Christopher McLaughlin			Edu	ucator			
1534 Herr	1534 Hermitage Ct			Employer's Name/Specific Field			
(919) 685	NC 27707-1666 -5601		UN	N 274			
(3.5, 55					e. Elect	tion Sun	to Date
					\$100.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Dat	ie	k. Amount
	MK20	Credit Card			11/15	5/2019	\$100.00
3. Contri	ibutor Information		Add	Remove	A JA SE		
a. Full Name, Mailing Address & Phone			b.,	Job Title/Profession	d. Com	ments	
(includ	e city, state, & zip)		CE	О			
Ari Medof	f						
2232 Crar	nford Rd NC 27705-1008		c. Employer's Name/Specific Field Arosa				
(336) 327							
					e. Election Sum to Date		
							\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Dat	te	k. Amount
	MK20	Credit Card			10/14	1/2019	\$250.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. Com	ments	
(includ	e city, state, & zip)		Off	ice Manager			
Kathleen Meisenbach 1195 S Poplar Ave Kankakee, IL 60901-5557							
			c. I	Employer's Name/Specific Field			
			Off	ice of Dr. Meisenbach			
					e. Elect	tion Sun	to Date
							\$500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Dat	te	k. Amount
	MK20	Check			11/05	5/2019	\$500.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	22577

Contributions from Individ	uale

Page 48 of 91

Amendment

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

✓ No Yes

1. Commi	ttee Full Name (and F	und if applicable)	51.0		2. ID I	lumber
Committee	e to Elect Matt Kopac				2CL58	iG
3. Contr	ibutor Information		\dd	Remove	erkan a	NEW TO
a. Full Name, Mailing Address & Phone (include city, state, & zip) Carrie Miller				ob Title/Profession itian	d. Comments	···
26 Drexel Ave La Grange, IL 60525-5816 (708) 289-6837		c. Employer's Name/Specific Field Self Employed		e. Election Sum to Date		
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	_ [i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card			10/25/2019	\$100.00
3. Contr	ibutor Information		Add	Remove	in section	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Taylor Mingos 300 Blackwell St Durham, NC 27701-3989 (919) 381-2941		C. Employer's Name/Specific Field Einstein Ventures LLC				
					e. Election Su	
f Date		L 5	_	the Mark Branch No.	1.0	\$99.00
f. Prior	g. Account Code MK20	h. Form of Payment Credit Card	+	i. In-Kind Description	j. Date 12/07/2019	k. Amount \$99.00
	IVINZU	Credit Card	_		12/0//2019	\$99.00
	ibutor Information			Remove		
	me, Mailing Address le city, state, & zip)	& Phone	b. Job Title/Profession Engineer		d. Comments	
David Mizrahi 21 Forester Dr Princeton, NJ 08540-5328 (914) 886-3417			c. Employer's Name/Specific Field Pernod Ricard			
(31.1, 300					e. Election Su	
	T					\$200.00
f. Prior	g. Account Code	h. Form of Payment	-	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card			10/31/2019	\$200.00

4. Total only this page	\$399.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 49 of 9 contributions under \$50 if form CR	<u> </u>	Amendm Yes	nent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)	1/6			2. ID N	umber
Committee	e to Elect Matt Kopac					2CL550	3
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	mments	
(includ	e city, state, & zip)		Ge	eneral Manager			
Daniel Mo	ore						
	erberry Ridge Dr NC 27713-9439		C.	Employer's Name/Specific Field			
(919) 624			Ca	rrie Moore Interior Design			
					e. Ele	ection Sur	s250.00
f. Prior	a. Assermà Carlo	h. Form of Payment		1 In Kind Description	1 : -) oto	
i. Prior	g. Account Code	•		i. In-Kind Description	-	Date	k. Amount
	MK20	Credit Card			10,	/24/2019	\$250.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(include city, state, & zip) Susan Day Moore 3139 Dixon Rd				esigner Employer's Name/Specific Field			
Durham, I (919) 383	NC 27707-3876 -6212	ĺ	Retired				
(= 1.5, ===					e. Election Sum to Date		
					\$100.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. [Date	k. Amount
	MK20	Check			11.	/10/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession d. Comments			
(includ	le city, state, & zip)		rei	ired			
Mary Mountcastle 4106 Kildrummy Ct Durham, NC 27705-6316							
		C.	Employer's Name/Specific Field	0			
		Re	etired				
					e. Election Sum to Date \$150.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. t	Date	k. Amount

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

11/25/2019

\$150.00

MK20

			0 or co	Page 50 of 9 ontributions under \$50 if form CR		endm es	ent ✓ No	
1. Commi	ittee Full Name (and F	und if applicable)			2.1	D Nu	mber	
Committee to Elect Matt Kopac						L55G		
3. Contr	ibutor Information	Remove						
a. Full Na	me, Mailing Address	& Phone	b. Jo	bb Title/Profession	d. Commer	nts		
(includ	le city, state, & zip)		Com	mercial Lending				
Allison Mo	ογ							
301 N Gre	egson St		c. Er	mployer's Name/Specific Field				
Durham, I (917) 696	NC 27701-2016 -3133			Help				
(0.17,000	0.00				e, Election	Sum	to Date	
							\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i.	j. Date		k. Amount		
	MK20	Credit Card			11/02/201	19	\$200.00	
3. Contr	ibutor Information		Add	Remove		10%		
a. Full Na	me, Mailing Address	& Phone	b. Jo	b Title/Profession	d. Comments			
(includ	e city, state, & zip)		VP, I	Program Management				
Don Mulle	an							
1527 Pine	crest Rd		c. Employer's Name/Specific Field Willowtree					
Durham, i (919) 200	NC 27705-5816 -3717	ĺ						
(010) 200	0,1,1				e. Election	Sum	to Date	
					\$250.00			
f. Prior	g. Account Code	h. Form of Payment	i,	. In-Kind Description	j. Date		k. Amount	
	MK20	Check			12/08/201	19	\$250.00	
3. Contr	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. Commer	nts		
(includ	e city, state, & zip)		Manager					
Nathan Myszka								
4204 Park Ave Minneapolis, MN 55407-3131 (612) 916-6845			c. Er	mployer's Name/Specific Field				
				tronic				
		11100	in of mo	e. Election	Sum	to Date		
					\$100.00			
f. Prior	g. Account Code	h. Form of Payment	į,	. In-Kind Description	j. Date		k. Amount	
	MK20	Credit Card			10/26/201	19	\$100.00	

4. Total only this page	\$550.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	400,000

			Page <u>51</u> of <u>9</u> 0 or contributions under \$50 if form CF		endm Yes	nent No
1. Comm	ittee Full Name (and F	und if applicable)		2.	ID N	umber
Committe	e to Elect Matt Kopac			20	CL550	3
3. Contr	ributor Information		Add Remove			
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comme	nts	
(includ	de city, state, & zip)		Professor			
Clayton N	lali					
	e Mitchell Pl CA 94305-8524	1	c. Employer's Name/Specific Field	1		
(617) 850			Stanford University		•	
				e. Election	Sun	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date		\$250.00 k. Amount
I. FIIO			I. III-Killa Description			
	MK20	Credit Card		10/17/20	19	\$250.00
3. Contr	ibutor Information		Add Remove			
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comme	nts	
Jason Ne 346 E Lal	kewood Ave		Independent Consultant c. Employer's Name/Specific Field			
Durham, (919) 599	NC 27707-1873 3-5238		Apollus Solutions, LLC	1		
(0.0,000	0200		1,50,100,0010,101,0010	e. Election Sum to Date		
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date		k. Amount
	MK20	Credit Card		11/13/20	119	\$100.00
3. Contr	ibutor Information		Add Remove		237	
a. Full Name, Mailing Address & Phone		& Phone	b. Job Title/Profession	d. Comme	nts	
(includ	le city, state, & zip)		editor			
Abigail O	'Neill					
3912 Sunningdale Way Durham, NC 27707-5685 (703) 477-1353			c. Employer's Name/Specific Field	1		
			Abigail ONeill			
			-	e. Election Sum to Date		
						\$99.00
f. Prior	a. Account Code	h. Form of Payment	i. In-Kind Description	i. Date		k. Amount

4. Total only this page	\$449.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

12/03/2019

\$99.00

MK20

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if for 1205 is not used		Amendn Yes	nent No	
Committee Full Name (and Fund if applicable)		2. ID N	umber	
Committee to Elect Matt Kopac		2CL55	G	
3. Contributor Information Add Remove				
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d.	Comments		
(include city, state, & zip) Consultant				
Erik Oksala				
1160 Morse St NE	Field			
Washington, DC 20002-3806 (202) 494-7736 RL Leaders	11000			
(202) 494-1100	e.	Election Sur	n to Date	
			\$99.00	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description		j. Date k. Amor		
MK20 Credit Card		12/17/2019	\$99.00	
3. Contributor Information Add Remove			THE STATE	
a. Full Name, Mailing Address & Phone b. Job Title/Profession	b. Job Title/Profession d. Comments			
Joseph Parent 1204 Honan Dr South Bend, IN 46614-2172 (917) 747-6965 Professor c. Employer's Name/Specific Univ of Notre Dame	Field			
	e.	e. Election Sum to Date		
		\$99.00		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description		j. Date	k. Amount	
MK20 Credit Card		12/03/2019	\$99.00	
3. Contributor Information Add Remove				
a. Full Name, Mailing Address & Phone b. Job Title/Profession	d.	Comments		
(include city, state, & zip) Retired				
Kate Parent 1206 Honan Dr South Bend, IN 46614-2172 C. Employer's Name/Specific Retired	Field			
		Flection Sur	n to Date	
	e.	Election Sur		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description		Election Sur	\$100.00	

4. Total only this page	\$298.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>53</u> of <u>9</u> 0 or contributions under \$50 if form CR		nent No	
1. Commi	ttee Full Name (and I	Fund if applicable)		2. ID N	lumber	
Committee	e to Elect Matt Kopac			2CL55	G	
3. Contri	ibutor Information		Add Remove			
	me, Mailing Address e city, state, & zip)	& Phone	b. Job Title/Profession Architect	d. Comments		
Tom Parent 119 W 36th St Minneapolis, MN 55408-4314 (612) 331-2463			c. Employer's Name/Specific Field ISD 625	e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		10/13/2019	\$100.00	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Kelly Phoenix 3725 Hope Valley Rd Durham, NC 27707-5128 (704) 564-4782			Add Remove b. Job Title/Profession Executive c. Employer's Name/Specific Field Vivisum	d. Comments		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/20/2019	\$99.00	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Joy Piontak 1511 Woodland Dr Durham, NC 27701-1253 (918) 510-8425		Add Remove b. Job Title/Profession Public Health Researcher c. Employer's Name/Specific Field RTI International	e. Election Sum to Date			
					\$100.00	

4. Total only this page	\$299.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	(at Let

i. In-Kind Description

f. Prior

g. Account Code

MK20

h. Form of Payment

Credit Card

k. Amount

\$100.00

j. Date

11/13/2019

			0 or c	Page <u>54</u> of <u>9</u> contributions under \$50 if form CR	_ ;	Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber
Committee	to Elect Matt Kopac					2CL550	G .
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				ob Title/Profession fessor	d. C	omments	
William Pizer 1022 Monmouth Ave Durham, NC 27701-1712 (919) 667-1081		c. Employer's Name/Specific Field Duke University		e. Election Sum to Date \$250.00			
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j.	k. Amount	
	MK20	Credit Card			11	1/03/2019	\$250.00
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lydia Poon 1070 Pineridge Dr Reno, NV 89509-3628 (202) 549-9232		b. Job Title/Profession Marketing Manager c. Employer's Name/Specific Field Thruline Marketing		d. Comments e. Election Sum to Date			
					\$349.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j.	Date	k. Amount
	MK20	Credit Card			10	0/17/2019	\$250.00
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lydia Poon 1070 Pineridge Dr Reno, NV 89509-3628 (202) 549-9232		Mar c. E	ob Title/Profession keting Manager mployer's Name/Specific Field uline Marketing	e. Election Sum to Date		n to Date \$349.00	
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j.	Date	k. Amount
	MK20	Credit Card			14.	1/26/2019	\$99.00

4. Total only this page	\$599.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>55</u> of <u>9</u> 0 or contributions under \$50 if form CR		nent No
1. Comm	ittee Full Name (and F	Fund if applicable)		2. ID N	umber
Committe	e to Elect Matt Kopac			2CL55	G
3. Contr	ibutor Information		Add Remove		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		R&D Manager		
Berrian P	uma				
5312 Lan	dguard Dr	+	c. Employer's Name/Specific Field		
Raleigh, I (513) 807	NČ 27613-1499 -8443		Clorox		
(0.0,00.				e. Election Sur	n to Date
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/15/2019	\$100.00
3. Contr	ibutor Information		Add Remove		
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		Director of Business Technology Solutions		
1825 Ötis	St NE	1	c. Employer's Name/Specific Field		
Washingt (518) 248	on, DC 20018-2713		US Small Business Administration		
(0.0, 2.10				e. Election Sum to Date	
					\$151.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		11/06/2019	\$151.00
3. Contr	ibutor Information		Add Remove		
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
(includ	le city, state, & zip)		Lobbyist		
Robert Ra	anoza				
3500 Tilden St NW Washington, DC 20008-3121 (202) 393-5225		c. Employer's Name/Specific Field			
		ĺ	Rapoza Associates	1	
				e. Election Sum to Date	
					\$250.00
f Drier	a Assount Code	h Form of Boumont	i In-Kind Description	i Doto	le Amount

4. Total only this page	\$501.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

10/17/2019

\$250.00

MK20

	•		0 or (Page <u>56</u> of <u>9</u> contributions under \$50 if form CR		Amendm Yes	ent No
1. Commi	ttee Full Name (and F	und if applicable)			1	2. ID Nu	ımber
Committee	e to Elect Matt Kopac					2CL550	
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Atto	orney			
Charles R	eece						
3604 Darv	vin Rd		c. I	Employer's Name/Specific Field			
Durham, N (919) 599-	NC 27707-5304	ĺ		o, Inc.	1		
(010) 000	7007			,	e.	Election Sum	to Date
							\$500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	1	j. Date	k. Amount
	MK20	Credit Card				12/08/2019	\$500.00
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Cor	nsultant	int		
Carl Rist			c. Employer's Name/Specific Field Self-employed				
809 Watts							
Durham, N (202) 725	NC 27701-1532 -0760				1		
(202) 720	-0100				e. Election Sum to Date		
					\$200.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Check				10/24/2019	\$200.00
3. Contri	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.,	Job Title/Profession	d.	Comments	
(includ	e city, state, & zip)		Exe	ecutive			
Kelly Bitch	n						
Kelly Ritch 5121 Murphy School Rd			- 1	Employer's Name/Specific Field	ł		
Durham, NC 27705-8038 (919) 225-1948				1			
		ArcheMedX		e, Election Sum to Date			
					\$100.00		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	MK20	Credit Card				11/15/2019	\$100.00

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

	•		or c	Page 57 of 9 ontributions under \$50 if form CR		Amendm Yes	ent ✓ No
	ttee Full Name (and F	und if applicable)	833		Villa.	2. ID Nu	mber
Committee	e to Elect Matt Kopac					2CL55G	
3. Contr	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				ob Title/Profession	d. Comments e. Election Sum to Date		
Arthur Rogers III 1535 Hermitage Ct Durham, NC 27707-1634 (919) 451-5262			c. Employer's Name/Specific Field Eno Ventures LLC				to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	-	i. In-Kind Description	Ι.	Date	k. Amount
T. Prior		-		i. in-kina Description	- ·		
	MK20	Check			1	0/10/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
Deondra 136 Cons	Rose titution Dr		c. E	fessor imployer's Name/Specific Field te University		Election Sum	As Data
					e. c	Liection Suin	\$99.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	Į į	. Date	k. Amount
	MK20	Credit Card			1	2/30/2019	\$99.00
3. Contr	ibutor Information		Add	Remove			
(includ	ame, Mailing Address de city, state, & zip)	& Phone		lob Title/Profession searcher	d. (Comments	
Laura Rosof 824 Sedgefield St Durham, NC 27705-4200 (510) 847-5232		c. Employer's Name/Specific Field NC State				to Data	
					e. I	Election Sum	\$99.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j	. Date	k. Amount
	MK20	Credit Card			1	1/23/2019	\$99.00

4. Total only this page	\$298.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>58</u> of <u>9</u> 0 or contributions under \$50 if form CF		nent No	
1. Comm	ittee Full Name (and I	Fund if applicable)		2. ID N	lumber	
Committe	e to Elect Matt Kopac			2CL55	G	
3. Contr	ibutor Information		Add Remove		EPIE II	
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Community Conservationist			
Michele J	Sager					
308 Dum	ont Dr igh, NC 27278-7850		c. Employer's Name/Specific Field			
(919) 949			The Conservation Fund			
				e. Election Su	\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/31/2019	\$300.00	
	ibutor Information		Add Remove			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
Margaret 36 Orang	e St NY 11201-1634		c. Employer's Name/Specific Field None			
(011) 001	0.07			e. Election Sum to Date		
					\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/07/2019	\$500.00	
3. Contr	ibutor Information		Add Remove		457 44 5	
a. Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Doctor			
Suchita Sata 9141 Falkwood Rd Raleigh, NC 27617-8210 (516) 650-3944			c. Employer's Name/Specific Field Duke University Hospital			
(310) 050	-0344		Salto Chirolony Hoopital	e. Election Sum to Date		
					\$150.00	

4. Total only this page	\$900.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

i. In-Kind Description

j. Date

10/18/2019

k. Amount

\$100.00

h. Form of Payment

Credit Card

f. Prior

g. Account Code

MK20

			Page <u>59</u> of <u>9</u> or contributions under \$50 if form CR		ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)		2. ID No	umber
Committee	to Elect Matt Kopac			2CL550	G .
3. Contri	butor Information	ΠA	dd Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Doctor	d. Comments	
Suchita Sata 9141 Falkwood Rd Raleigh, NC 27617-8210 (516) 650-3944			c. Employer's Name/Specific Field Duke University Hospital	e. Election Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/03/2019	\$50.00
3. Contri	butor Information	□ A	dd Remove		2 (% n.e.).
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession d. Comments		
(include city, state, & zip) Susan Schaffer 400 Hunt St Unit 502 Durham, NC 27701-3380 (610) 283-9494			c. Employer's Name/Specific Field Retired e. Election Su		n to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Check		09/11/2019	\$100.00
3. Contri	butor Information	□A	dd Remove	dan Dan Tro	
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
	e city, state, & zip)		Mayor		
Steve Schewel 2101 W Club Blvd Durham, NC 27705-3211			c. Employer's Name/Specific Field City of Durham	e. Election Sun	1 to Date \$250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	MK20	Credit Card		12/09/2019	\$250.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page 60 of 9 or contributions under \$50 if form CR		ent No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID No	umber	
Committee	e to Elect Matt Kopac			2CL550	à	
3. Contri	ibutor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Architect			
Anthony S						
205 Watts Durham, N	S St NC 27701-2036	1	c. Employer's Name/Specific Field			
			Civitech, Inc.		1 D 1	
				e. Election Sun	\$200.00	
			1.14.15	T	, , , , , , , , ,	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		11/19/2019	\$200.00	
3. Contri	ibutor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Software Engineer			
Andrew S	hirk					
150 Cofie		İ	c. Employer's Name/Specific Field			
(217) 417	NC 27707-5472 -9661		UNC			
<u> </u>				e. Election Sum to Date		
					\$99.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/11/2019	\$99.00	
3. Contr	ibutor Information		Add Remove	LESTE VE		
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Physical therapist			
Beth Silbe	erman					
809 Carolina Ave Durham, NC 27705-4001 (919) 698-9803		c. Employer's Name/Specific Field				
			Duke health			
			e. Election Sun	to Date		
			-1		\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/18/2019	\$100.00	

4. Total only this page	\$399.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page <u>61</u> of <u>9</u> 0 or contributions under \$50 if form CP		ent ✓ No	
111	ttee Full Name (and F	und if applicable)		2. ID No	ımber	
Committee	to Elect Matt Kopac			2CL550	i i	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)			Community Economic Development			
Peter Skillern						
2615 India	an Trl NC 27705-3060	ļ	c. Employer's Name/Specific Field			
(919) 667-			Reinvestment Partners			
				e. Election Sun		
					\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/20/2019	\$100.00	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Analyst			
Ryan Smit	th					
705 N Qu	een St	-	c. Employer's Name/Specific Field			
Durham, N (401) 523-	NC 27701-2547		City of Durham			
(401) 320	-0120		Only of Burnam	e. Election Sum to Date		
				\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		10/10/2019	\$100.00	
3. Contri	butor Information		Add Remove		100	
a. Fuli Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired			
Vince Spa	idora					
	erling Creek Ln		c. Employer's Name/Specific Field			
	VA 23146-1526		Retired			
(804) 814-1333		netiled	e. Election Sun	to Date		
					\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		11/15/2019	\$250.00	

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			Page 62 of 9 or contributions under \$50 if form CR	 ;	nent ✓ No	
1. Commi	ttee Full Name (and F	und if applicable)		2. ID N	umber	
Committee	to Elect Matt Kopac			2CL550	G	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(include city, state, & zip)			Non profit Exec			
Casey Ste						
312 Black Durham, N	well St NC 27701-3668		c. Employer's Name/Specific Field			
(919) 934			Made in Durham			
				e. Election Sun		
			T		\$250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/30/2019	\$250.00	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Owner			
Shawn Sto	okes					
1306 Nort	on St		c. Employer's Name/Specific Field			
Durham, l (910) 465-	NC 27701-1112 -2194		Luna Empanada LLC			
(5.5)			, , , , , , , , , , , , , , , , , , , ,	e. Election Sum to Date		
				\$500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card		12/29/2019	\$500.00	
3. Contri	butor Information		Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired			
Joel Stran	nais					
5921 Rus	tic Wood Ln	1	c. Employer's Name/Specific Field			
Durham, NC 27713-4313		Ī	Retired			
		, , , , , , , , , , , , , , , , , , , ,	e. Election Sun	n to Date		
				\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	MK20	Check		11/10/2019	\$50.00	

4. Total only this page	\$800.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	Les Villagi

Co	ntı	dir	utio	าร	fr	om	Inc	livi	du	als
		_								

Page 63 of 91

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

Amename	nτ
Yes	✓No

1. Comm	ittee Full Name (and I	Fund if applicable)			2. ID N	lumber	
Committe	e to Elect Matt Kopac				2CL55	G	
3. Contr	ibutor Information		Add	Remove			
(includ	a. Full Name, Mailing Address & Phone (include city, state, & zip) loel Strangis			ob Title/Profession red	d. Comments		
Joel Strangis 5921 Rustic Wood Ln Durham, NC 27713-4313		c. Er Retir	nployer's Name/Specific Field red				
					e. Election Su	\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j. Date	k. Amount	
	MK20	Check			12/31/2019	\$50.00	
3. Contr	ibutor Information		Add	Remove		102 51 7	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Alfred Strayhorn 112 W Seeman St Durham, NC 27701-1936		b. Job Title/Profession Non profit c. Employer's Name/Specific Field Durham Habitat		d. Comments			
(919) 219	1-4343		Dumam Habitat		e. Election Su	m to Date	
						\$99.00	
f. Prior	g. Account Code	h. Form of Payment	j	. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card			12/28/2019	\$99.00	
3. Contr	ributor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sarah Stucke 1016 Virgie St Durham, NC 27705-4136 (847) 567-8746		b. Job Title/Profession Nurse Practitioner c. Employer's Name/Specific Field		d. Comments			
			Hea	Ithstat	FI 6		
				e. Election Su	m to Date \$100.00		
f. Prior	g. Account Code	h. Form of Payment	l	. In-Kind Description	j. Date	k. Amount	
	MK20	Credit Card			12/08/2019	\$100.00	

4. Total only this page	\$249.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			50 or c	Page 64 of 9 contributions under \$50 if form CF		Amendm	nent No
1. Commi	ttee Full Name (and F	fund if applicable)				2. ID N	umber
Committee	e to Elect Matt Kopac					2CL550	3
3. Contr	ibutor Information		Add	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession d Retired			nments	
Michel Tharp 907 Demerius St Durham, NC 27701-1505 (919) 682-3140		c. Employer's Name/Specific Field Retired		a Flac			
				e. Election Sum to Date \$250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date		k. Amount
	MK20	Credit Card			12/30/2019		\$250.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession d. Comments				
William La	le city, state, & zip)		Plui	mber			
Durham,	Markham Ave NC 27701-1529		c. Employer's Name/Specific Field Acme Plumbing		1		
(919) 433	-1153				e. Election Sum to Date \$100.00		
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. Da	te	k. Amount
	MK20	Check			10/10	0/2019	\$100.00
3. Contr	ibutor Information		Add	Remove	E I		o Estable
a. Full Name, Mailing Address & Phone (include city, state, & zip) Mark Trustin 221 Deer Chase Ln Durham, NC 27705-7934 (919) 490-1481			lob Title/Profession orney	d. Con	nments		
			Employer's Name/Specific Field rk S. Trustin, Attorney at Law	e Fler	tion Sur	n to Date	

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	4.14

i. In-Kind Description

f. Prior

g. Account Code

MK20

h. Form of Payment

Check

\$350.00

\$350.00

k. Amount

j. Date

11/05/2019

	•		O or c	Page <u>65</u> of <u>9</u> ontributions under \$50 if form CR		Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)			JV.	2. ID Nu	ımber
Committee	e to Elect Matt Kopac					2CL55G	
3. Contr	ibutor Information	0	Add	Remove			
	a. Full Name, Mailing Address & Phone (include city, state, & zip)			ob Title/Profession	d. (Comments	
Bruce Vosburg 88 Portsmouth Rd Piedmont, CA 94610-1129			c. E	mployer's Name/Specific Field			
(650) 713			Crop	One Holdings	25.0		
					e. I	Election Sum	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	<u>'</u>	. In-Kind Description	j	. Date	k. Amount
	MK20	Credit Card			1	0/18/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Fuli Na	me, Mailing Address	& Phone	b. Jr	ob Title/Profession	d.	Comments	
(include city, state, & zip) Melissa Wang 27310 Julietta Ln Los Altos, CA 94022-4326 (650) 248-6980			c. Employer's Name/Specific Field Valhalla Charitable Foundation				
					e. Election Sum to Date		
	÷						\$100.00
f. Prior	g. Account Code	h. Form of Payment		. In-Kind Description	j	. Date	k. Amount
	MK20	Credit Card			1	1/12/2019	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Fuli Na	me, Mailing Address	& Phone	b. J	ob Title/Profession	d.	Comments	
(includ	le city, state, & zip)		Banl	ker			
Eric Wate	ire						
15 W 18th St			c F	mployer's Name/Specific Field			
Ste 5A New York, NY 10011-4625 (610) 585-3101		l		clays			
				e.	Election Sum	to Date	
							\$500.00
f. Prior	g. Account Code	h. Form of Payment	i	i. In-Kind Description	j	. Date	k. Amount
	MK20	Credit Card			1	12/15/2019	\$500.00

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

	•) or co	Page <u>66</u> of <u>9</u> ontributions under \$50 if form CR		Amendm Yes	ent No	
1. Commi	ttee Full Name (and F	und if applicable)	AIT TO			2. ID Nu	ımber	
Committee	e to Elect Matt Kopac					2CL55G		
3. Contr	butor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. C	Comments		
(includ	e city, state, & zip)		Libra	ary Assistant				
Trevor We	elis							
909 Cook		ŀ	c. E	mployer's Name/Specific Field				
(919) 623	NC 27713-2745 -0915			Central University				
l ` '				·	e. E	lection Sum	to Date	
							\$51.06	
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j. Date k. Amount			
	MK20	In-Kind	T	Γ-shirts	11/06/2019 \$51		\$51.06	
3. Contributor Information Add Remove								
a. Full Na	me, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. C	Comments		
(includ	e city, state, & zip)		Asso	ociate				
Elisabeth	Wiener							
3313 Dev	on Rd	+	c. Employer's Name/Specific Field					
Durham, I (919) 452	NC 27707-4517 -4838			nilton Hill Jewelers				
(010) 402	4000		, real t		e. E	Election Sum	to Date	
							\$300.00	
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j.	. Date	k. Amount	
	MK20	Credit Card			0	9/11/2019	\$300.00	
3. Contr	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b. Jo	ob Title/Profession	d. (Comments		
(includ	e city, state, & zip)		Dire	ctor				
Ann Wood	nn Woodward							
1805 Shelton Ave			c. Fi	mployer's Name/Specific Field				
Unit B	NC 27707-1043	Ī		se Arts District				
(919) 236			11001	00 7 11 10 15 10 11 10 1	e, E	lection Sum	to Date	
							\$100.00	
f. Prior	g. Account Code	h. Form of Payment	i	. In-Kind Description	j.	. Date	k. Amount	
	MK20	Credit Card			1	2/31/2019	\$100.00	

4. Total only this page	\$451.06
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

	butions from In form to report individua of used	91 Amendment RO Yes No					
1. Commi	ttee Full Name (and F	und if applicable)				2. ID N	umber
Committee	e to Elect Matt Kopac					2CL550	G
3. Contr	ibutor Information		Add	Remove	THE S		
(includ	ime, Mailing Address & Phone le city, state, & zip) innava ington Pkwy			Job Title/Profession nysician Employer's Name/Specific Field	d. Comments		
	NČ 27713-8667			Employer's Name/Specific Field elf Employed			
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	ate	k. Amount

10/18/2019

\$51.00

MK20

4. Total only this page	\$51.00
5. Total of ALL CRO-1210 Pages	\$33,651.41
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Refunds/Rein	nbursemen	ts To the C	Commi	ttee Page	68 of 9	Amendm	
Use this form to repo	rt refunds receive	ed by the commi	ittee or rei	mbursements for	a previous e	expenditure	
1. Committee Full Na	ame (and Fund if	applicable)				2. ID N	umber
Committee to Elect M	att Kopac					2CL550	3
3. Contributor Info	ormation		Add [Remove	MALE OF THE STREET		
a. Full Name, Mailing	g Address & Pho	ne	d. Type	of Committee		g. Commen	ts
(include city, state	e, & zip)		Cand	idate PA	С		
Best Rent-All, Inc.				endum Par	<u> </u>		
2410 Guess Rd			e. Level	Registered (Spe	h. Original Expenditure Date		
Durham, NC 27705-3 (919) 286-3708	305		Fede		12/07/2019		
			State Municipality:			i. Original Expenditure Amt	
							\$233.32
b. Job Title/Professi	on c. Employe	er's Name/Spec	ific Field	f. Purpose		j. Election C	yc Sum To Date
							\$208.32
k. Account Code	i. Form of Payn	nent m. In-	Kind Des	cription	n. Date (mi	m/dd/vvvv)	o. Amount
MK20	DebitCard				12/10/2019		\$25.00

4. Total only this page	\$25.00
5. Total of ALL CRO-1240 Pages	\$25.00
(This line must be on line 10 of Detailed Summary Page CRO-1100)	

Other Receip	t Sources	another f	form i.e. interest inco	Page 	69 of		Amendm Yes	✓ No
	ame (and Fund if applica			ino, not	or prome	CONTINU		lumber
Committee to Elect M		2010)	FILL EE BURG				2CL55	
3. Type of Receipt S	ource (Please use sepa	arate CR	0-1250 forms for ea	ch type o	of Recei	pt Sou	rce.)	
✓Interest			-for-Profit Organizati	222	Г			s of Income
4. Contributor Info	rmation		Add Remove	gelj;	190(5)		O BELVE	
a. Full Name, Mailing (include city, state	g Address & Phone		b. Not-for-Profit Fe	ederal ID	#	d. Co	omments	
Self-Help Credit Unio 123 W Main St Durham, NC 27701-3 (919) 683-2000			c. Outside Source	Exclana	tion	e. Ek	ection Cva	cle Sum to Dat
								\$3.03
f. Account Code	g. Form of Payment	h. In-K	(ind Description		i. Date	(mm/c	ld/vvvv)	i. Amount
MK20	ElectronicPaySystem				07/31/2	2019		\$0.01
4. Contributor Info	ormation		Add Remove	80				
a. Full Name, Mailing (include city, state			b. Not-for-Profit Fe	ederal ID	#	d. Co	omments	
Self-Help Credit Unio 123 W Main St Durham, NC 27701-3 (919) 683-2000			c. Outside Source	Explana	tion	e. El	ection Cva	cle Sum to Dat
f. Account Code	g. Form of Payment	h. In-K	(ind Description		i. Date	(mm/c	id/vvvv)	i. Amount
MK20	ElectronicPaySystem				08/31/2	2019		\$0.02
4. Contributor Info	ormation		Add Remove					
a. Full Name, Mailin (include city, stat			b. Not-for-Profit Fe	ederal ID	#	d. Co	omments	
Self-Help Credit Unio 123 W Main St Durham, NC 27701-3 (919) 683-2000			c. Outside Source	Exclana	tion			
· .						e. El	ection Cvo	cle Sum to Dat
f. Account Code	g. Form of Payment	h In-K	(ind Description		i Date	(mm/c	ld/vvvv)	i. Amount
MK20	ElectronicPaySystem		CITA DESCRIBITOR		09/30/2			\$0.09
5. Total only this	page			ne s	51			\$0.12
(This line goes in l	RO-1250 Pages ine 11a of Detailed Summ ine 11b of Detailed Summ ine 11c of Detailed Summ	ary Page	CRO-1100 if Not-for	-Profit Co				\$3.03

F. Account Code G. Form of Payment h. In-Kind Description I. Date (mm/dd/vvvv) i. Amount	Other Receip	ot Sources			Page 7	0 of 91	Amendm Yes	ent ✓ No
Committee to Elect Matt Kopac Contributions from Not-for-Profit Organizations Outside Sources of Income	Use this form to repo	rt income not reported on	another fo	rm i.e. interest inc	ome, not for	profit contribu	utions etc	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) Interest	1. Committee Full N	Name (and Fund if applica	able)				2. ID N	lumber
Interest	Committee to Elect N	Matt Kopac					2CL55	iG .
4. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 4. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) 5. Not-for-Profit Federal ID # d. Comments c. Outside Source Exclanation e. Election Cvcle Sum to Da \$3.0 1. Account Code a. Form of Payment h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount 10/31/2019 S0.2 4. Contributor Information Add Remove 4. Contributor Information D. Not-for-Profit Federal ID # d. Comments 6. Outside Source Explanation 6. Outside Source Explanation 7. Contributor Information D. Not-for-Profit Federal ID # d. Comments 6. Outside Source Explanation 8. Sull Name, Not 27701-3694 (919) 683-2000 7. Account Code D. Form of Payment D. Not-for-Profit Federal ID # d. Comments 8. Sull Name, Mailing Address & Phone (include city, state, & zip) 8. Full Name, Mailing Address & Phone (include city, state, & zip) 8. Self-Help Credit Union D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information Add Remove D. Not-for-Profit Federal ID # d. Comments 8. Contributor Information D. Not-for-Profit Federal ID # d. Comments	3. Type of Receipt S	Source (Please use sepa	arate CRO	-1250 forms for e	ach type of	Receipt Sour	ce.)	THE PERSON
a. Full Name, Mailing Address & Phone (Include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 ElectronicPaySystem D. Not-for-Profit Federal ID # d. Comments Election Cvcle Sum to Da \$3.0 F. Account Code	✓Interest	Contributions	from Not-1	or-Profit Organizat	tions	Outsid	e Source	s of Income
(include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 e. Election Cvcle Sum to Da	4. Contributor Inf	formation	□ Ad	dd Remove				EX BEST
123 W Main St Durham, NC 27701-3694 (919) 683-2000 1. Account Code				b. Not-for-Profit F	ederal ID #	d. Co	mments	THE PARTY
f. Account Code	123 W Main St Durham, NC 27701-			c. Outside Source	e Explanatio	n		
Account Code Q. Form of Payment h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount	(6.15) 000 2000					e. Ele	ction Cv	
MK20 ElectronicPaySystem 10/31/2019 \$0.2 4. Contributor Information	f Assount Code	a Form of Daymont	l b lo Ki	nd Deceription	T;	Data (mm/d	dhanad	\$3.03
4. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 ElectronicPaySystem Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ElectronicPaySystem Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 ElectronicPaySystem D. Not-for-Profit Federal ID # d. Comments c. Outside Source Explanation Ladd Remove b. Not-for-Profit Federal ID # d. Comments c. Outside Source Explanation ElectronicPaySystem D. Not-for-Profit Federal ID # d. Comments c. Outside Source Explanation ElectronicPaySystem ElectronicPaySystem L. In-Kind Description i. Date (mm/dd/vvvv) i. Amount NK20 ElectronicPaySystem L. In-Kind Description i. Date (mm/dd/vvvv) i. Amount 12/31/2019 \$1.5			11. 111-13.1	no Describition			2/44441	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 f. Account Code	MK20	ElectronicPaySystem	1			10/31/2019		\$0.25
(include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 6. Election Cvcle Sum to Da \$3.0 f. Account Code G. Form of Payment MK20 ElectronicPaySystem Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 ElectronicPaySystem C. Outside Source Explanation b. Not-for-Profit Federal ID # C. Outside Source Explanation c. Outside Source Explanation e. Election Cvcle Sum to Da \$3.0 f. Account Code G. Form of Payment MK20 ElectronicPaySystem h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount MK20 ElectronicPaySystem 12/31/2019 \$1.5	4. Contributor Inf	formation					a " all	
Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 f. Account Code				b. Not-for-Profit F	ederal ID #	d. Co	mments	
### Account Code a. Form of Payment h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount ### Account Code a. Form of Payment h. In-Kind Description 11/30/2019 \$1.1 ### 4. Contributor Information Add Remove ### a. Full Name, Mailing Address & Phone (include city, state, & zip) ### Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 ### (919) 683-2000 e. Election Cvcle Sum to Date \$3.0 ### Account Code a. Form of Payment h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount ### MK20 ElectronicPaySystem 12/31/2019 \$1.5 ### Add Remove	123 W Main St Durham, NC 27701-			c. Outside Source	e Explanatio	on		
f. Account Code	(010) 000 2000					e. Ele	ction Cv	
MK20 ElectronicPaySystem 11/30/2019 \$1.1 4. Contributor Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 c. Outside Source Explanation e. Election Cycle Sum to Da \$3.0 f. Account Code a. Form of Payment h. In-Kind Description i. Date (mm/dd/yyvy) i. Amount MK20 ElectronicPaySystem 12/31/2019 \$1.5			1		- 12			\$3.03
4. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 c. Outside Source Explanation c. Outside Source Explanation e. Election Cycle Sum to Da \$3.0 f. Account Code MK20 ElectronicPaySystem Add Remove b. Not-for-Profit Federal ID # d. Comments c. Outside Source Explanation i. Date (mm/dd/vvvv) i. Amount 12/31/2019 \$1.5			h. In-Ki	nd Description			d/vvvv)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 c. Outside Source Explanation e. Election Cvcle Sum to Da \$3.0 f. Account Code	MK20	ElectronicPaySystem				11/30/2019		\$1.11
(include city, state, & zip) Self-Help Credit Union 123 W Main St Durham, NC 27701-3694 (919) 683-2000 c. Outside Source Explanation e. Election Cycle Sum to Da \$3.0 f. Account Code	4. Contributor Inf	formation	□ Ac	dd Remove				
123 W Main St Durham, NC 27701-3694 (919) 683-2000 c. Outside Source Explanation e. Election Cvcle Sum to Da \$3.0 f. Account Code				b. Not-for-Profit F	ederal ID #	d. Co	mments	
### Filection Cycle Sum to Da ### \$3.0 ### \$3.0 ### \$3.0 ### \$3.0 ### \$3.0 ### \$3.0 #### \$3.0 #### \$3.0 #### \$3.0 #### \$3.0 ####################################	123 W Main St Durham, NC 27701-			c. Outside Source	e Explanatio	n		
f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/vvvv) i. Amount MK20 ElectronicPaySystem 12/31/2019 \$1.5	(,					e. Ele	ection Cv	
MK20 ElectronicPaySystem 12/31/2019 \$1.5	f Account Code	a Form of Doumont	h la V	nd Description		Data (mm/d	dhanad	\$3.03
5. Total only this page			II. III-K	III DESCRIPTION			CI Y Y V V I	\$1.55
	5. Total only this	page	Wiles			eliera fi		\$2.91

\$3.03

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

Other Receip	t Sources		F	⊃age -	71	of	91	Amendme	nt No
Use this form to repo	rt income not reported on	another for	m i.e. interest income	e, not	for p	rofit	contribut	ions etc.	
1. Committee Full N	lame (and Fund if applica	ble)						2. ID N	umber
Committee to Elect N	Matt Kopac							2CL550	3
3. Type of Receipt 9	Source (Please use sepa	rate CRO-	1250 forms for each	type	of Re	eceip	t Sourc	e.)	WI SANS
Interest	Contributions	from Not-fo	r-Profit Organizations	s		V]Outside	Sources	of Income
4. Contributor Inf	ormation	Add	d Remove						
a. Full Name, Mailin (include city, sta	ng Address & Phone te, & zip)	b	. Not-for-Profit Fede	eral ID	#		d. Con	nments	
Chris Russo 706 N Hyde Park Av Durham, NC 27703- (860) 987-9887			c. Outside Source Explanat						
,			•				e. Elec	tion Cvc	le Sum to Date \$202.00
f. Account Code	g. Form of Payment	h In-Kin	d Description		i. C	ate	(mm/dd	(vvvv)	i. Amount
MK20	Check				11/	22/2	2019		\$202.00

5. Total only this page	\$202.00
6. Total of ALL CRO-1250 Pages	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)	\$202.00
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)	
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)	



Contribution from a Business Account Statement

This Statement allows a committee to accept a check from a business account where the contributor declares that they have no personal checking account and that the funds are their own personal funds.

This Statement is to be filed with the Election Board where the committee's reports are filed.

I, Chris Russo, am the individual making the contribution of \$202.00 Committee.
The account from which the funds are drawn is in the name of Wiki Community LLC.
Check if the contribution is a draft from a paycheck.
I do not have a personal checking account, in my name, from which this contribution could be made or this contribution is made as a result of a draft from personal funds. If the contribution is a draft, please include a written statement from the employer. This statement should be a signed agreement by the contributor that the funds drafted were derived from the personal salary of the contributor.
The funds from which this contribution is derived are my own personal funds and not that of any other individual or "business entity". For purposes of this Statement , the term "business entity" will include any "corporation, business entity, labor union, professional association, or insurance company".
I further understand that by signing this Statement I am declaring all of the above information is true and accurate. Signing this Statement with any portion <u>not</u> being true could result in a Class 2 Misdemeanor.

Signature of Contributor

Note to the treasurer: Please attach a photocopy of the check submitted with this Statement. Maintain this information in your records to be made available upon request.

WIKI COMMUNITY LLC 05-08 35 DRAYLA DR. BRISTOL, CT 06010-7738	1132 DATE
TO THE OF COMMITTEE to Elect Matt.	con Pennies Dollars 11 second
Bank of America	Dept.
FOR The Have - House Fundament 385	204 13990611

·

Disbursement	•			Pa	age 72 of 91	Amendment ☐ Yes ✓ No		
	s t expenditures from the co	ommitt	ee for; operatir			— <u>[</u>		
	inated party expenditures				16	15.11		
	me (and Fund if applical	ole)			Year Paris Control of the Control of	ID Number		
Committee to Elect I						CL55G		
3. Type of Disbursen				for each type of Di				
Operating Expense		to Can	ididates/Politica	al Committees	Coordinated Pa	rty Expenditures		
4. Payee Informati	on		Add Re	emove				
a. Full Name, Mailing	Address & Phone		b. Coordinate	d Committee Name	d. Commen	ts		
(include city, state,	& zip)							
Attal Strategies LLC 205 Fayetteville St Ste 220 Raleigh, NC 27601-1362			c. Level Regis	stered (Specify) County: Municipality	e. Election S	e. Election Sum to Date		
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyy	v) j. Amount	k. Required Remarks		
MK20	Check	Е		09/19/2019	\$500.00	Campaign management		
4. Payee Informati	on]Add □Re	emove	INC.			
a. Full Name, Mailing	Address & Dhone			d Committee Name	d. Commen			
(include city, state,			b. Coordinate	d Committee Name	d. Commen	<u>is and the second seco</u>		
Attal Strategies LLC			c. Level Regis	stered (Specify)				
205 Fayetteville St Ste 220			Federal	County:				
			State	Municipality	e. Election S	Sum to Date		
Raleigh, NC 27601-13	302					\$4,666,00		
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyy	v) i. Amount	k. Required Remarks		
MK20	Check	E		10/14/2019	\$500.00	Campaign management		
4. Payee Informati	on	Г	Add Re	emove				
a. Full Name, Mailing	Address & Phone	-	b. Coordinate	ed Committee Name	d. Commen	le		
(include city, state,			5. 5551446	a committee rume	d. Commen			
	ж-ір/							
Attal Strategies LLC				stered (Specify)				
205 Fayetteville St Ste 220			Federal	County:				
Raleigh, NC 27601-1	362		State	Municipality	e. Election S			
					<u> </u>	\$4,666.00		
	g. Form of Payment	_	rpose Code	i. Date (mm/dd/yyy		k. Required Remarks		
MK20	Check	E		11/04/2019	\$1,833.00	Campaign management		
5. Total only this	page				Section Street	\$2,833.00		
6. Total of ALL CF	10-1310 Pages	181						
(This line goes in line	13a of Detailed Summary	Page	CRO-1100 if O	perating Expenses)		\$12,143.96		
(This line goes in line	13b of Detailed Summary	Page	CRO-1100 if C	ontrib to Candidates/	Political Comm)			
(This line goes in line	13c of Detailed Summary	Page	CRO-1100 if C	oordinated Party Exp	enditures)			
7. Purpose Codes	(List detailed Expend	liture	code in (h.) a	above)				
A* - Media	B* - Printing		C* - Fun		D - To Another C	andidate		
E - salaries	F* - Equipment		G - Politi	cal Party	H* - Holding Pul	olic Office Expenses		
I - postage	J - Penalties		K* - Offic	Q* - Donation to Legal Expense Fund				

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

	_			-	70 /	Amendment
Disbursemer						
•	ort expenditures from the ordinated party expenditur		ee for; operatii	ng expenses, contributio	ns to candidat	e/political
	Name (and Fund if applic		ZENITO SI		2.	ID Number
Committee to Elec	et Matt Kopac				2	CL55G
3. Type of Disburs		arate Cl	70-1310 forms	s for each type of Disbu	rsement.)	
Operating Exper	nses Contribution	s to Can	didates/Politica	al Committees C	Coordinated Pa	rty Expenditures
4. Payee Informa	ation		Add R	ernove		
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, stat	te, & zip)					
Attal Strategies LLC			c. Level Reai	stered (Specify)		
205 Fayetteville St Ste 220			Federal	County:		
Raleigh, NC 27601	-1362		State	Municipality:	e. Election	Sum to Date
						\$4,666.00
f. Account Code	g. Form of Payment	_	rpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
MK20	Check	E		12/09/2019	\$1,833.00	Campaign management
4. Payee Informa	ation		Add R	emove		
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, stat	te, & zip)					
Best Rent-All, Inc.			c Level Peri	stered (Specify)	-	
2410 Guess Rd			Federal	County:		
Durham, NC 27705 (919) 286-3708	i-3305		State	Municipality:	e. Election	Sum to Date
(919) 200-3708						\$233.32
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy)	. Amount	k. Required Remarks
MK20	Debit Card	0		12/07/2019	\$233.32	Campaign kick-off venue renta
4. Payee Informa	ation	F	Add R	emove	- TO 1	
a. Full Name, Maili	ing Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, stat	-					
L'tanya Durante			c. Level Reai	stered (Specify)		
3309 Oriskony Way	/		Federal	County:		
Durham, NC 27703 (919) 599-6846	5-4792		State	Municipality:	e. Election	Sum to Date
(* 1,11111						\$3,000.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
MK20	Check	E		09/13/2019	\$600.00	Staff payment
						1
5. Total only this		2	V			\$2,666.32

Durham, NC 27703-4	700									
(919) 599-6846			State	Municipality:		Election	Sum to Date			
(0.07,000,000							\$3,000.00			
f. Account Code	g. Form of Payment	h. Purp	ose Code	i. Date (mm/dd/)	уууу) ј. А	mount	k. Required Remarks			
MK20	Check	E		09/13/2019		\$600.00	Staff payment			
5. Total only this p	page						\$2,666.32			
6. Total of ALL CF	RO-1310 Pages		THE PER			A-15-15				
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$12,143.96										
(This line goes in line	13b of Detailed Summa	ry Page C	RO-1100 if C	Contrib to Candidat	tes/Politica	al Comm)				
(This line goes in line	13c of Detailed Summar	ry Page C	RO-1100 if C	Coordinated Party E	Expenditur	res)				
7. Purpose Codes	(List detailed Expen	diture c	ode in (h.)	above)	14,4,4	Birei 91				
A* - Media	B* - Printing		C* - Fur	ndraising	D - To	Another C	Candidate			
E - salaries	F* - Equipment		G - Polit	ical Party	H* - H	lolding Pu	blic Office Expenses			
I - postage	J - Penalties		K* - Off	ice Expenses	Q* - D	onation to	Legal Expense Fund			
O* - Other	s warner and a common temperature	-	A	MATERIA - APPRIATE TRANSPIRA III						
*Codes require de	tailed explanation in	require	d remarks	field (k)						
CRO-1310		NC Sta	te Board of E	Elections			December 2009			

Disbursemen	ts			F	Page 74 c	of <u>9</u> 1	Amendment ☐ Yes ✓ No
Use this form to repo	ort expenditures from the		ee for; operati	ng expenses, contril	outions to car	ndidat	e/political
	rdinated party expenditure lame (and Fund if applic					12	ID Number
Committee to Elect		шысу				-	CL55G
3. Type of Disburse		arate C	RO-1310 forms	s for each type of D	isbursemen		ULDOG
Operating Expen			ndidates/Politica				rty Expenditures
4. Payee Informa	tion	E	Add R	emove			
a. Full Name, Mailir (include city, state	ng Address & Phone e, & zip)		b. Coordinate	ed Committee Name	e d. Con	nmen	ts
L'tanya Durante 3309 Oriskony Way Durham, NC 27703-			c. Level Regi	stered (Specify) County:			
(919) 599-6846	1702		State	Municipalit	y: e. Elec	tion S	Sum to Date
							\$3,000.00
f. Account Code	g. Form of Payment	_	rpose Code	i. Date (mm/dd/yy		_	k. Required Remarks
MK20	Check	E		10/11/2019	\$6	00.00	Staff payment
4. Payee Informa	tion		Add R	emove		(4)	
a. Full Name, Mailir	ng Address & Phone		b. Coordinate	ed Committee Name	e d. Con	nmen	ts
(include city, state							
L'tanya Durante 3309 Oriskony Way Durham, NC 27703-		c. Level Registered (Specify) Federal County:					
(919) 599-6846			State	Municipalit	y: e. Elec	tion :	Sum to Date
f. Account Code	E Form of Doymont	la De	rpose Code	i Data (mana/alakan	avi Amarı		\$3,000.00
MK20	g. Form of Payment Check	E	irpose Code	11/04/2019		00.00	k. Required Remarks Staff payment
4. Payee Informa	tion						
		L	en U Du N	emove			
a. Full Name, Mailir (include city, state	ng Address & Phone e, & zip)		b. Coordinate	ed Committee Nam	e d. Cor	nmen	ts
L'tanya Durante 3309 Oriskony Way			c. Level Regi	stered (Specify) County:			
Durham, NC 27703-	-4792		State	Municipalit	v e. Elec	ction 5	Sum to Date
(919) 599-6846							\$3,000.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yy	yy) j. Amour	nt	k. Required Remarks
MK20	Check	E		11/25/2019	\$6	00.00	Staff payment
5. Total only this	page					- Anna	\$1,800.00
6. Total of ALL C	RO-1310 Pages						
	e 13a of Detailed Summa	ry Page	CRO-1100 if C	perating Expenses)		-011	\$12,143.96
(This line goes in lin	e 13b of Detailed Summa	ry Page	CRO-1100 if C	Contrib to Candidates	/Political Con	nm)	
(This line goes in lin	e 13c of Detailed Summa	ry Page	CRO-1100 if C	oordinated Party Ex	penditures)		
7. Purpose Code	s (List detailed Exper	diture	code in (h.)	above)			
A* - Media	B* - Printing		C* - Fur	draising	D - To Ano	ther C	andidate
E - salaries	F* - Equipment	1	G - Polit	ical Party	H* - Holdin	g Pul	olic Office Expenses
I - postage	J - Penalties		K* - Offi	ce Expenses	Q* - Donat	ion to	Legal Expense Fund
O* - Other	1 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May 10 May	317					
*Codes require d	etailed explanation in	requir	ed remarks	field (k)			

Disbursemen	te			Page	75 of 9	Amendment Yes No
	rt expenditures from the	committee for; o	perating	expenses, contribution	ns to candidat	
	dinated party expenditure					10-10-10-10-10-10-10-10-10-10-10-10-10-1
	ame (and Fund if applic	able)				ID Number
Committee to Elect			1995			CL55G
Operating Expens	ment (Please use sep	arate CHO-1310 s to Candidates/l				rtv Expenditures
4. Payee Informati		S to Candidates/	Rem	I - I - W. CV. I DO I HOU	ordinated Fa	rty Experiorures
file to the contract of	ng Address & Phone			Committee Name	ld. Commen	
(include city, state		D. C001	umateu	Committee Hame	a. Commen	ts
L'tanya Durante		c Leve	l Regiete	ered (Specify)	-	
3309 Oriskony Way			deral	County:		
Durham, NC 27703-4792 (919) 599-6846			ite	Municipality:	e. Election	Sum to Date
(0.0) 000 00.0						\$3,000.00
f. Account Code	g. Form of Payment	h. Purpose C	ode i.	Date (mm/dd/yyyy) j.	Amount	k. Required Remarks
MK20	Check	E		12/16/2019	\$600.00	Staff payment
4. Payee Information	tion	Add	Rem	ove		
a. Full Name, Mailin	ng Address & Phone	b. Coor	rdinated	Committee Name	d. Commen	ts
(include city, state	e, & zip)					
Durham County Gov	vernment	c Leve	l Registe	ered (Specify)	-	
201 N Roxboro St			Federal County: State Municipality:			
Durham, NC 27701-	3741	Sta				Sum to Date
						\$214.87
f. Account Code	g. Form of Payment	h. Purpose C		Date (mm/dd/yyyy) j.		k. Required Remarks
MK20	Check	0		12/16/2019	\$214.87	Candidate filing fee
4. Payee Informa	tion	Add	Rem	iove		
a. Full Name, Mailir	ng Address & Phone	b. Coor	rdinated	Committee Name	d. Commen	ts
(include city, state	e, & zip)					
Fedex Office Print & 4900 NC 55 Hwy	Ship Center		el Reaiste	ered (Specify) County:		
Ste 4101 Durham, NC 27713		∏Sta		Municipality:	e. Election	Sum to Date
(919) 405-1800					1	\$65.82
f. Account Code	g. Form of Payment	h. Purpose C	ode i.	Date (mm/dd/yyyy) j.	Amount	k. Required Remarks
MK20	Debit Card	В		12/10/2019	\$65.82	Printing for event
5. Total only this	page		yalir i k	PROTESTAL.		\$880.69
6. Total of ALL C						
	e 13a of Detailed Summa	ry Page CRO-11	00 if Ope	rating Expenses)		\$12,143.96
	e 13b of Detailed Summa	-			ical Comm)	·
(This line goes in lin	e 13c of Detailed Summa	ry Page CRO-11	00 if Coo	rdinated Party Expendi	tures)	
7. Purpose Code	s (List detailed Exper	diture code in	n (h.) ab	ove)	1000	

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

A* - Media

E - salaries

I - postage

O* - Other

B* - Printing

J - Penalties

F* - Equipment

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

										1	Amendmen	t
Disbursemer	nts					Page	76	of	91	<u> </u>	Yes	✓ No
		100		 ,								

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

	rdinated party expenditur					ID N.—b-		
	Name (and Fund if applic	able)	ALMAN STATE		S. E. B. E.	. ID Number		
Committee to Elec						2CL55G		
3. Type of Disburse				s for each type of Dis	_			
Operating Exper	nses Contribution	s to Ca	ndidates/Politica	al Committees	Coordinated P	arty Expenditures		
4. Payee Informa	ation		Add R	emove				
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts		
(include city, stat	e, & zip)							
Fedex			o I evel Pegi	stered (Specify)				
610 9th St			Federal	County:				
Durham, NC 27705	-4801		State	Municipality:	e. Election	Sum to Date		
(919) 286-1000			ottate	ividinopanty.		\$150.46		
f. Account Code	g. Form of Payment	h. Pı	Irpose Code	i. Date (mm/dd/yyyy	/) i. Amount	k. Required Remarks		
MK20	Debit Card	В		11/27/2019	\$69.8			
10.1125	Dobit dala					- Tool daid printing		
4. Payee Informa	ation		Add R	emove				
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts		
(include city, stat	e. & zip)							
			-		_			
Fedex 610 9th St				stered (Specify)				
Durham, NC 27705-4801			Federal	County:	a Election	e. Election Sum to Date		
(919) 286-1000			State	Municipality:	e. Election	\$150.46		
f. Account Code	g. Form of Payment	h D	urpose Code	i. Date (mm/dd/yyy	Ali Amount	k. Required Remarks		
MK20	Debit Card	В	urpose Code	12/19/2019	\$80.6			
IVINZU	Debit Card			12/19/2019	φου.υ	Post card printing		
4. Payee Informa	ation		Add R	emove				
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts		
(include city, stat	te, & zip)							
Gather Green			a Lavel Begi	stered (Specify)				
119 Orange St			Federal	County:				
Unit 302	0.4.0.0		State	Municipality:	e. Election	e. Election Sum to Date		
Durham, NC 27701	-0106			inamorpanty.		\$163.00		
f. Account Code	g. Form of Payment	h. Pi	urpose Code	i. Date (mm/dd/yyy	v) i. Amount	k. Required Remarks		
MK20	Debit Card	0		12/17/2019	\$163.0			
						nés.		
5. Total only this	s page				Red bes	\$313.46		
6 Total of ALL C	CRO-1310 Pages	N. C.			- A			
110 100 100 100 100 100 100 100 100 100			BANKED DE		TEN DOST	***		
	ne 13a of Detailed Summa	-				\$12,143.96		
	ne 13b of Detailed Summa				1			
And the second s	ne 13c of Detailed Summa				enditures)			
	es (List detailed Exper	nditure						
A* - Media	B* - Printing		C* - Fur	ndraising	D - To Another	Candidate		
E - salaries	F* - Equipment	l I	G - Polit	ical Party	H* - Holding P	ublic Office Expenses		
I - postage	J - Penalties		Q* - Donation	to Legal Expense Fund				
O* - Other				N. Assessment of the control of the				
*Codes require of	letailed explanation in	requi	red remarks	field (k)				

Diehumaaman	4_			Page	77 of 9	Amendment	
Disbursement Use this form to reno	LS rt expenditures from the o	committee	e for operati	ū			
•	dinated party expenditure		, орочи.	g ->-p-::			
1. Committee Full N	ame (and Fund if applic	able)	AT KIT		2	. ID Number	
Committee to Elect						2CL55G	
	ment (Please use sep						
Operating Expens		s to Cand	idates/Politic	al Committees C	Coordinated Pa	arty Expenditures	
4. Payee Informat	tion		Add R	emove			
a. Full Name, Mailin (include city, state	g Address & Phone e, & zip)	E	. Coordinate	ed Committee Name	d. Commer	nts	
Geer St Garden		-	l evel Regi	stered (Specify)	-		
644 Foster St		f	Federal	County:			
Durham, NC 27701-2109			State	Municipality:	e. Election	Sum to Date	
						\$119.01	
f. Account Code	g. Form of Payment	h. Purp	ose Code	i. Date (mm/dd/yyyy)		k. Required Remarks	
MK20	Debit Card	0		11/12/2019	\$119.01	Food and drinks for volunteer event	
4. Payee Information	tion		Add 🔲 R	emove			
a. Full Name, Mailin	g Address & Phone	Ŀ	. Coordinat	ed Committee Name	d. Comme	nts	
(include city, state	e, & zip)						
Longleaf Agency LL	C	-	Level Reg	stered (Specify)	-		
1209 Moultrie Ct		ľ	Federal	County:	1		
Raleigh, NC 27615-6	6031		State Municipality:			Sum to Date	
						\$939.06	
f. Account Code	g. Form of Payment	h. Purp	ose Code	i. Date (mm/dd/yyyy)	. Amount	k. Required Remarks	
MK20	· Check	0		10/17/2019	\$390.00	Consulting	
4. Payee Informa	tion		Add R	emove			
a. Full Name, Mailir	ng Address & Phone	l:	. Coordinat	ed Committee Name	d. Comme	nts	
(include city, state	e, & zip)						
Longleaf Agency LL	С		. Level Rea	istered (Specify)	-		
1209 Moultrie Ct			Federal	County:	7		
Raleigh, NC 27615-	6031		State	Municipality:	e. Election	Sum to Date	
						\$939.06	
f. Account Code	g. Form of Payment	h. Purp	ose Code	i. Date (mm/dd/yyyy)		k. Required Remarks	
MK20	Check	0		11/25/2019	\$549.00	6 Consulting	
5. Total only this	page					\$1,058.07	
6. Total of ALL C	RO-1310 Pages			Principles	al all sale		
(This line goes in lin	e 13a of Detailed Summa					\$12,143.96	
, -	e 13b of Detailed Summa e 13c of Detailed Summa				1		

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

CRO-1310 NC State Board of Elections December 2009

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

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

F* - Equipment

B* - Printing

J - Penalties

A* - Media

E - salaries

I - postage

O* - Other

Disbursement	te			Page	78 of 91	Amendment ☐ Yes ✓ No
	rt expenditures from the	commit	tee for; operatir	ŭ		_ <u> </u>
THE PARTY OF THE P	dinated party expenditure	THE RESERVE TO THE PERSON NAMED IN				15 V
m 25 Real Classes	ame (and Fund if application	able)	18-46-5			ID Number
Committee to Elect			DO 1010 for-	for each time of Diab.		CL55G
✓ Operating Expens	ment (Please use sep		ndidates/Politica			rty Expenditures
				3 +17 01 -70 217	Joordinaled Pa	TRY Experienteres
4. Payee Informat		L		emove		
a. Full Name, Mailin (include city, state			b. Coordinate	ed Committee Name	d. Commen	ts
NGP VAN			c. Level Regi	stered (Specify)		
PO Box 392264			Federal	County:		
Pittsburgh, PA 15251-9264 (202) 686-9330			State	Municipality:	e. Election 9	Sum to Date
(,						\$750.00
f. Account Code	g. Form of Payment	h. Pu	irpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MK20	Debit Card	K		08/20/2019	\$150.00	Donor database
4. Payee Informat	tion		Add R	emove		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, state	, & zip)					
NGP VAN			o Lovel Pegi	stered (Specify)		
PO Box 392264			Federal	County:	1	
Pittsburgh, PA 1525	1-9264		State	Municipality:	e. Election	Sum to Date
(202) 686-9330			Ciaco	Widtholpanty.		\$750.00
f. Account Code	g. Form of Payment	h. Pı	rpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MK20	Debit Card	К		09/02/2019	\$150.00	Donor database
4. Payee Informat	tion	Ē	Add R	emove		
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts
(include city, state	e, & zip)					
NGP VAN			c. Level Regi	stered (Specify)	-	
PO Box 392264			Federal	County:		
Pittsburgh, PA 1525 (202) 686-9330	1-9264		State	Municipality:	e. Election	Sum to Date
(202) 000-3000			_			\$750.00
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MK20	Debit Card	К		10/02/2019	\$150.00	Donor database
5. Total only this	page				High	\$450.00
6. Total of ALL C	RO-1310 Pages	13.51		dental and Sidney		
	e 13a of Detailed Summa	ry Pana	CBO-1100 if C	nerating Expenses		\$12,143.96
	e 13b of Detailed Summa				litical Comm	Ψ12,140.30
•	e 13c of Detailed Summa				11	
	s (List detailed Exper					
A* - Media	R* - Printing	, and G			- To Another C	andidate

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

E - salaries

I - postage

O* - Other

F* - Equipment

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

J - Penalties

Disbursemen					age <u>79</u> of <u>9</u>	— (<u>U '90 U '90</u>
-	ort expenditures from the or rdinated party expenditure		ee for; operat	ting expenses, contrib	utions to candida	ite/political
	ame (and Fund if application				2	. ID Number
Committee to Elect	t Matt Kopac					2CL55G
3. Type of Disburse	ment (Please use sep	arate C	RO-1310 form	ns for each type of Di	sbursement.)	
✓ Operating Expen	ses Contribution	s to Car	ndidates/Politic	cal Committees	Coordinated P	arty Expenditures
4. Payee Informa	tion		Add []	Remove		
a. Full Name, Mailir	ng Address & Phone		b. Coordina	ted Committee Name	d. Comme	nts
(include city, state	e, & zip)					
NGP VAN			c. Level Rec	istered (Specify)		
PO Box 392264			Federal	County:		
Pittsburgh, PA 1525 (202) 686-9330	1-9264		State	Municipality	e. Election	Sum to Date
(,,						\$750.00
f. Account Code	g. Form of Payment	h. Pı	rpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks
MK20	Debit Card	K		11/02/2019	\$150.0	Donor database
4. Payee Informa	tion	Г	Add []	Remove		· 图示例片到现有影
a. Full Name. Mailir	ng Address & Phone			ted Committee Name	d. Comme	nts
(include city, state					a commo	
NGP VAN PO Box 392264		c. Level Rec	County:			
Pittsburgh, PA 15251-9264 (202) 686-9330			State	Municipality	e. Election	Sum to Date
(202) 660-9330						\$750.00
f. Account Code	g. Form of Payment	h. Pı	rpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks
MK20	Debit Card	К		12/02/2019	\$150.0	Donor database
4. Payee Informa	tion		Add []	Remove		有情况。
a. Full Name, Mailin	ng Address & Phone		b. Coordina	ted Committee Name	d. Comme	nts
						
Paragon Payment S 1505 N Hayden Rd	Solutions			pistered (Specify)		
Ste 110			Federal State	☐ County: ☐ Municipality	e Election	Sum to Date
Scottsdale, AZ 8525 (800) 884-5208	57-3770			widilicipality	, or Electron	\$1,098.10
f. Account Code	g. Form of Payment	h. Pi	urpose Code	i. Date (mm/dd/yyy	v) i. Amount	k. Required Remarks
MK20	Draft	К		09/03/2019	\$0.8	+ - ·
5. Total only this	page		i Arsul Pa			\$300.84
6. Total of ALL C	RO-1310 Pages	n et y	Y 3 L9 3 .		ATTENED DE	
	e 13a of Detailed Summa	nı Pane	CBO-1100 if	Onerating Evnenses)		\$12,143.96
	ne 13b of Detailed Summa	-			(Political Comm)	Ψ12,140.90
	ne 13c of Detailed Summa	-			1	
	s (List detailed Expen					
A* - Media	B* - Printing			indraising	D - To Another	Candidate
E - salaries	F* - Equipment			itical Party		ublic Office Expenses
I - postage	J - Penalties			fice Expenses		o Legal Expense Fund
O* - Other	o i onamo		01	unpolicoo	a Jonation	
Andreaderson augus in contrasted in the second	etailed explanation in	requi	red remarks	field (k)		Marie Light Con

Disbursemen	ite			Page	80 of 9	Amendment Yes No		
	ort expenditures from the	commit	tee for; operati	•				
	rdinated party expenditur							
1. Committee Full N	lame (and Fund if applic	able)		Marines are the	2.	ID Number		
Committee to Elec		′				CL55G		
3. Type of Disburse ✓ Operating Expen			RO-1310 formations	s for each type of Disbu		rtu Europelituros		
		is to car	Ididates/Politica	ai CommitteesC	Joordinated Pa	rty Expenditures		
4. Payee Informa		L		emove				
a. Full Name, Mailing (include city, state	ng Address & Phone e, & zip)		b. Coordinate	ed Committee Name	d. Commen	ts		
Paragon Payment Solutions 1505 N Hayden Rd Ste 110 Scottsdale, AZ 85257-3770			c. Level Real Federal State	Stered (Specify) County: Municipality:	e. Election	Sum to Date		
(800) 884-5208	g. Form of Payment	lh Du	rpose Code	i. Date (mm/dd/yyyy)	Amount	\$1,098.10 k. Required Remarks		
MK20	Draft	K	irpose code	10/02/2019	\$114.00	Credit card processing fee		
4. Payee Informa	tion	C	Add R	emove				
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts		
(include city, state	e, & zip)							
Paragon Payment S 1505 N Hayden Rd Ste 110 Scottsdale, AZ 8528			C. Level Regi	County: Municipality:	e. Election Sum to Date			
(800) 884-5208					\$1,098.10			
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MK20	Draft	К		11/04/2019	\$417.28	Credit card processing fee		
4. Payee Informa	tion		Add R	emove				
a. Full Name, Maili	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commen	ts		
(include city, state	e, & zip)				1			
Paragon Payment S 1505 N Hayden Rd Ste 110	Solutions		Federal	istered (Specify) County:				
Scottsdale, AZ 8525	57-3770		State	Municipality:	e. Election	Sum to Date		
(800) 884-5208 f. Account Code	g. Form of Payment	h Di	rpose Code	i. Date (mm/dd/yyyy)	i Amount	\$1,098.10 k. Required Remarks		
MK20	Draft Draft	K	ii pose code	12/02/2019	\$565.98	Credit card processing fee		
5. Total only this	page	(, c) = 11)	1 201.02			\$1,097.26		
						Ψ1,097.20		
	e 13a of Detailed Summa					\$12,143.96		
This line goes in lin	e 13b of Detailed Summa	rv Page	CRO-1100 if C	Contrib to Candidates/Pol	itical Comm			

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

NC State Board of Elections

K* - Office Expenses

C* - Fundraising

G - Political Party

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

December 2009

(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)

F* - Equipment

B* - Printing

J - Penalties

A* - Media

E - salaries

I - postage

CRO-1310

	_				04 (-	Amendment		
Disbursemen	ts ort expenditures from the	aammittaa f	iar anarati		ge <u>81</u> of		_		
· · · · · · · · · · · · · · · · · · ·	dinated party expenditure		or, operati	ing expenses, continu	illoris to caric	nuate	s/ponucai		
1. Committee Full N	ame (and Fund if applic	able)	AL MARK			2.1	D Number		
Committee to Elect	Matt Kopac					20	CL55G		
3. Type of Disburse				s for each type of Dis					
Operating Expens		s to Candida	ates/Politic	al Committees	Coordinated	J Par	ty Expenditures		
4. Payee Information	tion	☐ Ac	id R	temove					
a. Full Name, Mailin (include city, state	ng Address & Phone e, & zip)	b.	Coordinat	ed Committee Name	d. Com	nent	S		
Self-Help Credit Unio	on	C.	Level Rea	istered (Specify)					
123 W Main St		Ī	Federal	County:					
Durham, NC 27701- (919) 683-2000	3694		State	Municipality:	e. Electi	e. Election Sum to Date			
` ′							\$90.00		
f. Account Code	g. Form of Payment	h. Purpo	se Code	i. Date (mm/dd/yyyy		-	k. Required Remarks		
MK20	Draft	K		07/31/2019	\$15	5.00	Maintenance fee		
4. Payee Information	tion	□ Ac	id []R	lemove					
a. Full Name, Mailin	ng Address & Phone	b.	Coordinat	ed Committee Name	d. Com	nent	s		
(include city, state	e, & zip)								
Self-Help Credit Unio	on	C.	Level Rea	istered (Specify)					
123 W Main St		Ī	Federal	County:					
Durham, NC 27701- (919) 683-2000	3694		State	Municipality:	e. Electi	ion S	ium to Date		
							\$90.00		
f. Account Code	g. Form of Payment	h. Purpo	se Code	i. Date (mm/dd/yyyy	-	_	k. Required Remarks		
MK20	Draft	K		08/31/2019	\$15	5.00	Maintenance fee		
4. Payee Information	tion	□ Ac	id 🔲 R	lemove	OF FUE				
a. Full Name, Mailir	ng Address & Phone	b.	Coordinat	ed Committee Name	d. Com	nent	S		
(include city, state	e, & zip)								
Self-Help Credit Unio	on	C.	Level Rea	istered (Specify)					
123 W Main St		ĪĒ	Federal	County:					
Durham, NC 27701- (919) 683-2000	3694	15	State	Municipality:	e. Elect	ion S	Sum to Date		
(5.15) 555 555							\$90.00		
f. Account Code	g. Form of Payment	h. Purpo	se Code	i. Date (mm/dd/yyy)	-	_	k. Required Remarks		
MK20	Draft	K		09/30/2019	\$18	5.00	Maintenance fee		
5. Total only this	page		THE PARTY		SESTA .	T	\$45.00		
6. Total of ALL C	RO-1310 Pages					-			
(This line goes in lin	e 13a of Detailed Summa	ry Page CR	O-1100 if (Operating Expenses)			\$12,143.96		
_	e 13b of Detailed Summa				olitical Comr	n)			
	e 13c of Detailed Summa	-							

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

A* - Media B* - Printing C* - Fundraising D - To Another Candidate

E - salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses

I - postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund

O* - Other

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

December 2009

						per cerem	
Disbursement	łe.			Page	82 of 91	Amendment ☐ Yes ✓ No	
		commit	ee for; operatir	ng expenses, contribution	ns to candidat		
	dinated party expenditure						
1. Committee Full Na	ame (and Fund if applica	able)			2.	ID Number	
Committee to Elect	· · · · · · · · · · · · · · · · · · ·					CL55G	
3. Type of Disburser				s for each type of Disbu			
Operating Expens		s to Car	ndidates/Politica	al CommitteesC	oordinated Pa	rty Expenditures	
4. Payee Informat	ion		Add Re	emove			
a. Full Name, Mailin (include city, state		77	b. Coordinate	ed Committee Name	d. Commen	ts	
Self-Help Credit Unio	on		c. Level Regis	stered (Specify)			
123 W Main St			Federal	County:	1		
Durham, NC 27701-3 (919) 683-2000	3694		State	Municipality:	e. Election S	Sum to Date	
(,						\$90.00	
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyyy) j	Amount	k. Required Remarks	
MK20	Draft	K		10/31/2019	\$15.00	Maintenance fee	
4. Payee Informat	ion		Add Re	emove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinate	ed Committee Name	d. Commen	ts	
					_		
Self-Help Credit Unio	on			stered (Specify)	4		
Durham, NC 27701-3	3694		Federal	County:	e. Election Sum to Date		
(919) 683-2000			State	Municipality:	e. Election 3		
f. Account Code	g. Form of Payment	h Pu	rpose Code	i. Date (mm/dd/yyyy) j	Amount	\$90.00 k. Required Remarks	
MK20	Draft	К	i pose ocae	11/30/2019	\$15.00	Maintenance fee	
4. Payee Informat	ion		TAdd □R	emove	No.		
a. Full Name, Mailin	g Address & Phone	-		ed Committee Name	d. Commen	te -	
(include city, state					d. Commen		
Self-Help Credit Unio 123 W Main St	on			stered (Specify)	-		
Durham, NC 27701-3	3694		Federal	County:	a Floation 6	Sum to Date	
(919) 683-2000			State	Municipality:	e. Election (\$90.00	
f. Account Code	g. Form of Payment	h Pı	rpose Code	i. Date (mm/dd/yyyy) j	Amount	k. Required Remarks	
MK20	Draft	K	ipooc oodc	12/31/2019	\$15.00	Maintenance fee	
WINCE	Dian					Mantenance jee	
5. Total only this	page	100				\$45.00	
6. Total of ALL CI	RO-1310 Pages						
(This line goes in line	= 13a of Detailed Summa	ry Page	CRO-1100 if O	perating Expenses)	ľ	\$12,143.96	
				ontrib to Candidates/Poli	tical Comm)	, ,	
		-		oordinated Party Expend	- 1		
	(List detailed Expen					The second second	
A* - Media	B* - Printing				To Another C	andidate	

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

E - salaries

I - postage

O* - Other

F* - Equipment

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

J - Penalties

Disbursemen	ts			F	age <u>83</u> of	91	Amendment ☐Yes ✓ No	
•	rt expenditures from the d		tee for; operation	ng expenses, contrit	outions to cand	idate/p	olitical	
	dinated party expenditure ame (and Fund if application)		No. of the Park	The services	OF SECTION	2. ID	Number	
Committee to Elect	Matt Kopac					2CL	55G	
3. Type of Disburse	ment (Please use sepa	arate C	RO-1310 forms	s for each type of D	isbursement.)	100	is rospection and	
✓ Operating Expens	ses Contribution:	s to Ca	ndidates/Politica	al Committees	Coordinated	Party	Expenditures	
4. Payee Informat	tion	[Add R	emove		Jahry.		
a. Full Name, Mailin (include city, state	g Address & Phone s, & zip)		b. Coordinate	ed Committee Name	d. Com	nents		
UneekT Brands 8311 Brier Creek Pk Ste Pm 105 Raleigh, NC 27617-7			c. Level Regi	stered (Specify) County: Municipalit	y: e. Electi	on Sur	n to Date \$452.65	
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yy	yy) j. Amount	k. 1	Required Remarks	
MK20	Debit Card	0		11/10/2019	\$452	.65 T	-shirts	
4. Payee Informat	tion	E	Add R	emove				
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name	e d. Comn	nents		
(include city, state	e, & zip)							
United States Postal Service 323 E Chapel Hill St Durham, NC 27701-9997			c. Level Registered (Specify) Federal County: State Municipality:		e Flecti	e. Election Sum to Date		
(800) 275-8777			Joiate	INIGITICIPAIII	y. G. 2.1661.		\$145.00	
f. Account Code	g. Form of Payment	h. Pu	irpose Code	i. Date (mm/dd/yy	yy) j. Amount	k. 1	Required Remarks	
MK20	Debit Card	К		11/25/2019	\$110	0.00 S	tamps	
4. Payee Informat	tion	Į.	Add R	emove				
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name	e d. Comr	nents		
(include city, state	e, & zip)							
United States Postal 323 E Chapel Hill St			c. Level Regi	stered (Specify) County:				
Durham, NC 27701- (800) 275-8777	9997		State	Municipalit	v: e. Electi	on Sur	m to Date	
							\$145.00	
f. Account Code	g. Form of Payment	h. Pı	urpose Code	i. Date (mm/dd/yy		_	Required Remarks	
MK20	Debit Card	K		12/28/2019	\$35	5.00 S	tamps	
	the County of the County Count					_		
5. Total only this	page						\$597.6	
6. Total of ALL C	RO-1310 Pages							
(This line goes in line	e 13a of Detailed Summa	ry Page	CRO-1100 if C	perating Expenses)			\$12,143.9	
	e 13b of Detailed Summa e 13c of Detailed Summa	-				1)		
	s (List detailed Expen					8,63		
A* - Media	B* - Printing		C* - Fur	ndraising	D - To Anothe	er Can	didate	
E - salaries	F* - Equipment	-1]	G - Polit	ical Party	H* - Holding	Public	Office Expenses	
I - postage	J - Penalties		K* - Off	ice Expenses	Q* - Donatio	n to Le	egal Expense Fund	
O* - Other	A COMMENT AND THE ABOVE AND THE ABOVE AND THE ABOVE ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT AND ADDRESS ASSESSMENT ADDRESS ASSESSME			manter of the contract of the				
*Codes require de	etailed explanation in	requi	red remarks	field (k)				

Disbursemen	nts		Page	84 of 9	Amendment 1 Yes ✓ No
	ort expenditures from the ordinated party expenditur	, ,	ng expenses, contribution	ns to candida	te/political
	Name (and Fund if applic			2.	ID Number
Committee to Elec	t Matt Kopac	W.		2	2CL55G
3. Type of Disburse Operating Exper	rses Contribution	parate CRO-1310 form ns to Candidates/Politic			arty Expenditures
4. Payee Informa	ation	Add R	lemove	n trijlhe g	
a. Full Name, Maili (include city, stat	ng Address & Phone e, & zip)	b. Coordinat	ed Committee Name	d. Commen	its
Walmart Supercent 1001 Shiloh Glenn Morrisville, NC 2750	Dr	Federal	istered (Specify) County:		O
(919) 474-2285		State	Municipality:	e. Election	Sum to Date \$56.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
MK20	Debit Card	К	09/11/2019	\$9.72	Office supplies
4. Payee Informa	ation	Add P	temove		
a. Full Name, Maili (include city, stat	ng Address & Phone te, & zip)	b. Coordinat	ed Committee Name	d. Commer	its
Walmart Supercent 1001 Shiloh Glenn Morrisville, NC 275	Dr	c. Level Rea	istered (Specify) County: Municipality:	e. Election	Sum to Date

i. Date (mm/dd/yyyy) j. Amount

11/09/2019

h. Purpose Code

5. Total only this	page		1 () () () () () () () () () (\$56.67
6. Total of ALL C	RO-1310 Pages			
(This line goes in lin	es)	\$12,143.96		
(This line goes in lin (This line goes in lin				
7. Purpose Code	s (List detailed Expenditure	e code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candid	late
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public C	Office Expenses
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Lega	al Expense Fund
O* - Other				
*Codes require d	etailed explanation in requi	ired remarks field (k)		

f. Account Code

MK20

g. Form of Payment

Debit Card

\$56.67

k. Required Remarks

\$46.95 Supplies for NCCU parade

Aggregated Non-Media Expenditures

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

1. Committee Fu	ull Name (and Fund if	2. ID Number				
Committee to	Elect Matt Kopac				2	CL55G
3. Payee Info	rmation		Street Street	IN AND US	A SECTION OF THE PARTY OF THE P	
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount	g. Required Remarks
Add Remove	MK20	Draft	к	07/17/2019	\$30.04	Campaign checks
Add Remove	MK20	Debit Card	К	09/11/2019	\$12.84	Office/fundraising supplies
Add Remove	MK20	Debit Card	0	09/25/2019	\$15.40	Networking meeting
Add Remove	MK20	Debit Card	0	09/25/2019	\$4.29	Networking meeting
Add Remove	MK20	Debit Card	0	09/26/2019	\$1.55	Parking
Add Remove	MK20	Debit Card	0	09/26/2019	\$10.14	Networking meeting
Add Remove	MK20	Debit Card	0	10/11/2019	\$5.34	Networking meeting
Add Remove	MK20	Debit Card	0	10/23/2019	\$20.12	Networking meeting
Add Remove	MK20	Debit Card	0	10/24/2019	\$8.23	Networking meeting
Add Remove	MK20	Draft	К	10/30/2019	\$13.29	Bank deposit slips
Add Remove	MK20	Debit Card	В	11/08/2019	\$36.01	Palm cards
Add Remove	MK20	Debit Card	0	11/14/2019	\$3.77	Campaign meeting
Add Remove	MK20	Debit Card	0	11/22/2019	\$7.95	Networking meeting
Add Remove	MK20	Debit Card	В	12/10/2019	\$10.76	Printing for event
Add Remove	MK20	Debit Card	0	12/10/2019	\$6.45	Supplies for event
4. Total only	/ this Page					\$186.18
	ALL CRO-1315 I be on line 14 of Detailed	Pages d Summary Page CRO-1	100)			\$189.87
6. Purpose Co	des (List detailed e	xpenditure code in (d	i.) above)			
	B* - Print	ting C*-	Fundraising	D - To Anoth	ner Candidate	
E - salaries	F* - Equi	pment G -	Political Party	H* - Holding	Public Office Expen	nses
I - postage	J - Penali	ties K*-	Office Expenses	Q* - Donatio	on to Legal Expense	Fund
O* - Other						
*Codes requi	re detailed explanat	tion in required remai	rks field (g)			

Aggregated Non-Media Expenditures

1. Committee Full Name (and Fund if applicable) 2. ID Number										
Committee t	to Elect Matt Kopac	2	CL55G							
3. Payee Info	ormation									
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount	g. Required Remarks				
Add Remove	MK20	Debit Card	0	12/10/2019	\$3.69	Networking meeting				

4. Total only th	is Page			\$3.69
5. Total of AL	L CRO-1315 Pages		\$189.87	
	on line 14 of Detailed Summary P	age CRO-1100)		Ψ100.07
6. Purpose Codes	(List detailed expenditure	code in (d.) above)		
	B* - Printing	C*- Fundraising	D - To Another Candidate	
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expense	S
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fu	nd
O* - Other				
*Codes require d	letailed explanation in requi	ired remarks field (g)		
000 1015		NO Otata Based of Elections		D

Use this form	roceeds in to report proceeds from a loan ar eeds statement must accompany e				<u>87</u> Of	91	: Amendment i ☐ Yes ☑ No	
1. Commit	tee Full Name (and Fund if app	licable)	THE STREET				2. ID Number	
Committee	to Elect Matt Kopac						2CL55G	
3. Lende	r Information		Add Ren	nove				
	ne, Mailing Address & Phone ity, state & zip)		b. Job Title/Pro	17.511111		d	. Comments	
r			Manager, Sustai	nable Busin	ess	L		
Matt Kopa 1510 Woo						е	e. Start Date (mm/dd/yyyy)	
Durham, NC 27701-1254		c. Employer's Name/Specific Field				08/17/2019		
(919) 357	(919) 597-9680		Burt's Bees			f.	End Date	
g. Rate	h. Security Pledged	i. Ac			m of Payment onicPaySyst		k. Amount \$500.00	
0%		MK2						
I. Full Nan	ne of Lending Institution	K K				n. L	oan Number	
4. Endor	se/Makers (The people w	no guara	antee the loan)	0.000///1000				
			b Title/Profession	1	c. Emp	loye	er's Name/Specific Field	
		d. Pe	rcentage		e. Amo	unt		
				%				

5.	Total	of	ALL	CRO-	141	0	P	ag	es

\$500.00

Loan RepaymentsUse this form to report payments on an existing loan

				Amendm	
Pg	88	of _9	1	Yes	✓ No

1. Committee Full Name (a Committee to Elect Matt Kop		cable)	60.6 机有量6.00	2. ID Number 2CL55G
3. Lender Information		Add	Remove	
a. Full Name, Mailing Addres (include city, state & zip)	s & Phone			b. Comments
Matt Kopac 1510 Woodland Dr Durham, NC 27701-1254				c. Original Loan Date 08/17/2019
(919) 597-9680				d. Original Loan Amount
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	\$500.00
\$0.00	MK20	Check	10/31/2019	\$500.00

4. Total only this Page	\$500.00
5. Total of ALL CRO-1420 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)	\$500.00



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

ını	s Statement is to be filed with the Election Board where the committee's reports are filed.
•	Name of committee to receive loan: The Committee to Elect Matt Kopac
•	Person or committee to make loan: Matt Kopac
•	Date of loan to committee: 8/17/2019
• Pe	Name of lending institution and account number (source): ersonal
•	Amount of loan: \$500.00
•	Description (if in-kind loan): Personal loan to committee
• N/	Names of all parties responsible for payment of loan (guarantors):
3	
•	Period of loan: N/A
•	Rate of interest of loan: 0%
•	Security pledged for loan: N/A
-	Matt Kopac, acknowledge that all of the information (Person lending money to committee)
	ovided is complete, true, and accurate. I further understand I may not forgive a loan at has an outstanding balance to any source.
/	With for 1/29/20
Sig	gnature of Lender Date Signed
\searrow	L'anya Curante 1/3/20
Sig	gnature of Treasurer of Committee O-6100 Loan Proceeds Statement Date Signed

Use CRO-1215 if In-Kind Contributions were or w	rill be refunded within	7 davs.	
1. Committee Full Name (and Fund if applicable			2. ID Number
Committee to Elect Matt Kopac			2CL55G
3. Contributor Information	Add [Remove	
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor Individual Candidate Party PAC Referendum Other Receipt Source		c. Comments
L'tanya Durante 3309 Oriskony Way Durham, NC 27703-4792 (919) 599-6846			d. Election Sum to Date
		145.4.44	\$30.76
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Copy check contributions		11/05/2019	\$0.26
3. Contributor Information	Add	Remove	
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of	contributor	c. Comments
L'tanya Durante 3309 Oriskony Way Durham, NC 27703-4792 (919) 599-6846	☐ Candidate ☐ Partv ☐ PAC ☐ Reference ☐ Other Re	te	d. Election Sum to Date
			\$30.76
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Stamps		12/09/2019	\$5.50
3. Contributor Information	Add	Remove	
a. Full Name, Mailing Address, & Phone	b. Type of	contributor	c. Comments
(include city, state & zip) Mary Kopac 1502 Woodland Dr Durham, NC 27701-1254 (828) 231-3579	✓ Individua	te	d. Election Sum to Date
			\$1,760.7
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Thank you stationery		09/30/2019	\$10.7

\$376.17

In-Kind Contributions Use this form to report non-monetary contributions, donate Use CRO-1215 if In-Kind Contributions were or will be refer				[mendment Yes VNo mittee or fund.
1. Committee Full Name (and Fund if applicable)	A RA				2. ID Number
Committee to Elect Matt Kopac					2CL55G
3. Contributor Information	Add	Re	emove	Jaio	100
a. Full Name, Mailing Address, & Phone (include city, state & zip)			ntributor	c. C	comments
Mary Kopac 1502 Woodland Dr Durham, NC 27701-1254 (828) 231-3579	✓ Individual Candidate Party PAC Referendum		n eipt Source		
		0111000	inpr course	d. Election Sum to Date	
				_	\$1,760.74
e. Description			f. Date (mm/dd/yyyy)	g	. Fair Market Amount
Food and drinks for fundraiser			11/10/2019		\$100.00
3. Contributor Information	Add	Re	emove		Begin News
a. Full Name, Mailing Address, & Phone	b. Тур	e of co	ntributor	c. C	comments
(include city, state & zip) Mary Kopac 1502 Woodland Dr Durham, NC 27701-1254 (828) 231-3579	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source				
	🗆 🗸 "	er nece	apt Source	d. E	lection Sum to Date
				_	\$1,760.74
e. Description			f. Date (mm/dd/yyyy)	g	. Fair Market Amount
Childcare for campaign kick-off			12/08/2019		\$150.00
3. Contributor Information	Add	□R	emove		
a. Full Name, Mailing Address, & Phone	b. Typ	e of co	ntributor	c. C	Comments
(include city, state & zip) Matt Kopac 1510 Woodland Dr Durham, NC 27701-1254 (919) 597-9680	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		d. E	Election Sum to Date	
e. Description			f. Date (mm/dd/yyyy)	g	. Fair Market Amount
Campaign meeting lunch			07/18/2019		\$27.34

4. Total only this page	\$277.34
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$376.17

In-Kind Contributions Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were or will			Amendment ☐ Yes ☑ No committee or fund.	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Committee to Elect Matt Kopac			2CL55G	
3. Contributor Information	☐Add ☐R	emove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of contributor Individual Candidate Party PAC Referendum		c. Comments	
Matt Kopac 1510 Woodland Dr Durham, NC 27701-1254 (919) 597-9680				
	Other Rece	eipt Source	d. Election Sum to Date	
			\$184.61	
e. Description	Truck (SV)	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Lunch meeting with volunteer		08/09/2019	\$31.27	
3. Contributor Information	Add R	emove		
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of co	ntributor	c. Comments	
Trevor Wells 909 Cook Rd Durham, NC 27713-2745 (919) 623-0915	Candidate Party PAC Referendu			
			d. Election Sum to Date	

f. Date (mm/dd/yyyy)

11/06/2019

4. Total only this page	\$82.33
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$376.17

e. Description
T-shirts

g. Fair Market Amount

\$51.06