## IN PERSON

JUL 2 8 2017

Amendment

Disclosure Report Cover ☐ Yes Use this form for general report and committee information, must be signed and out mitted along with other detailed forms. Do not use this form to update information. 1. Committee Information a. Full Name c. ID Number b. Mailing Address (include City, State and Zip Code) d. Date Filed e. Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 9. Type of Report (check only one type of report from one category 6. Type of Committee (Check One) Candidate Campaign Party Municipal State/County Referendum Referendum Organizational Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final ☐ Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Mer b. Purpose c. Account Code b. Purpose c. Account Code M4D d. Period Begin Balance d. Period Begin Balance I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the North state Board of Elections. Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ■ Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment ☐ Yes ☐ No

Detailed Summary	Amendment  Yes No		
Use this form to summarize all disclosure reporting forms and  1. Committee Full Name (and Fund if applicable)	Report	3. ID Number	
Middleton 4 Nucham	Mid Year	(en Amul	5. ID Number
Start of Election Cycle: January 1, 2017	-	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ O	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 500.0	00 \$ 721.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 500.0	o \$ 7a1.00
<u>EXPENDITURES</u>		The Party of the	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 221,00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 0	\$ 20-1.00
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 500	\$ 500,00
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	100000000000000000000000000000000000000
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	ALC: UNITED BY
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	H. C.
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

	Aggregated Contributions from Individuals Page of					Amendment Yes No	
Optional form used to report NC Contributions From Individuals of \$50 or less  1. Committee Full Name (and Fund if applicable)    2.					TD V		
1.	Сопшин	ce run Name (a	пи гини п аррпса	ible)		2. ID Number	
2	Contails	ton Information					
_	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	f. Amount	
		Di riccount couc	C. Form of Fayment	u. m-kina Description	e. Date (iiii) dd/yyy		
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	4. Total only this Page \$ 5. Total of ALL CRO-1205 Pages \$					\$	
	(This line must be on line 5 of Detailed Summary Page CRO-1100)						

Contributions from Individuals	Pg of	Yes No			
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used					
1. Committee Full Name (and Fund if applicable)	2. ID Number				
Middleton 4 Dycham					
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)	Pactor				
Mark-Anthony Middleton 3018 Appling Way Durham N.C., 27703	c. Employer's Name/Specific Field				
3018 Appling Way	Abril + 11-ne				
N.C. 27703	Abundant Hope Christian Church	e. Election Sum to Date			
00/1100	Christian Church	\$ 721.17			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr	iption j. Date (mm/dd/yyy	yy) k. Amount			
- MYD cash	07/28/17	1 \$ 500.00			
		\$			
		\$			
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments			
(include city, state, & zip)					
	c. Employer's Name/Specific Field				
		e. Election Sum to Date			
		\$			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr	iption j. Date (mm/dd/yyy	yy) k. Amount			
		\$			
		\$			
		\$			
3. Contributor Information	Add Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments			
(menuc enj, sane, w sap)					
	c. Employer's Name/Specific Field				
		e. Election Sum to Date			
		\$			
f. Prior g. Account Code h. Form of Payment i. In-Kind Descr	iption j. Date (mm/dd/yyy				
In This graceount code in Form of Fayment in In-Kind Descri	prior J. Date (min/da/j)				
		\$			
		\$			
		\$			
4. Total only this Page		\$ 500,00			
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)		\$			

Amendment

Disbursen	nents					Pg	of	Yes No
			tee for o	perating	g exp	penses, co	ontributions	s to candidate/political
	coordinated party e							
1. Committee l	Full Name (and Fur	nd if applicable)						2. ID Number
3. Type of Dish	oursement (Pleas	e use separate Cl	RO-1310	forms	for e	each type	of Disburs	sement.)
Operating Exp		entributions to Candid					_	ated Party Expenditures
4. Payee Inform	mation			Add		Remove		
a. Full Name, M	Mailing Address & Pl	hone		b. Coor	dinat	ed Commit	ttee Name	d. Comments
(include city, state	e, & zip)							
					Regi	stered (Spe	County:	
				Sta			Municipality	e. Election Sum to Date
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/y	yyy)	j. Amoun	t k.	Required Remarks
						\$		
						\$		
4. Payee Inform	mation			Add		Remove		
	ling Address & Phone			_	dinat	ed Commit		d. Comments
(include city, sta								
					-	stered (Spe	30.5	
				=	leral	_	County:	
				L Sta	te		Municipality	e. Election Sum to Date
								\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/y	yyy)	j. Amoun	t k.	Required Remarks
						\$		
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					_	\$		
4. Payee Inform				Add		Remove		
And the second second second second	ling Address & Phone			b. Coor	dinat	ed Commit	ttee Name	d. Comments
(include city, sta	ate, & zip)			-				
				c. Level	Regi	stered (Spe	ecify)	-
				☐ Fee	_		County:	
				☐ Sta	te		Municipality	e. Election Sum to Date
								\$
	1	h n c i	I. s					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/y	yyy)	j. Amoun	t k.	Required Remarks
						\$		
						\$		
5. Total only th	his Page				3.3			\$
6. Total of AL	L CRO-1310 Pages				Je i			
	n line 13a of Detailed Su	mmary Page CRO-1	100 if Ope	rating Ex	coens	es)		
	n line 13b of Detailed Su						al Comm)	\$
(This line goes in	n line 13c of Detailed Su	mmary Page CRO-11	100 if Coo	rdinated	Party	Expenditu	res)	
7. Purpose C	codes (List detailed	d expenditure cod	e in (h.)	above)	411			
A* - Media	B* - Print			undrais	sing		D - To An	other Candidate
E - Salaries	- Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense							
I - Postage	J - Penalt	ties	K* - 0	office E	xpen	ises	Q* - Dona	tion to Legal Expense Fund
O* Other								
* Codes requi	re detailed explana	uon in required	remarks	s field (	K)		Was Street	

Amendment