Disclosure Report Cover

Amendment

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			c. ID Number
Middleton 4 Durhay	η	IN PERSON	
b. Mailing Address (include City, State and Zip Code	e)	has 6 0000	d. Date Filed
3018 Appling Way Durhan N.C., 2/1703		MAY 2 3 2022	5/02/02
in 1 1/1/2/2/2/3		_	e. Phone Number
Durnant Ivia) of		DURHAM BOE	e. Phone Number
			1919/597-8953
2. Report Year 3. Period Start Date (mm/dd	/yy) 4. Period E	and Date (mm/dd/yy) 5. T	reasurer Full Name
2021 09/21/21	10/1	8/21 M	all-Anthony Middleton
6. Type of Committee (Check One)	7		e of report from/one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizationa	I —	Organizational
Independent Expenditure Joint Fundraiser	Thirty-five day		Pre-referendum
Legal Expense Fund	Pre-primary Pre-election	First	Final Symplemental Final
7. Type of Fund (if applicable, check one)	Pre-election Pre-runoff	Second Third	Supplemental Final Annual
7. Type of Fund (if applicable, check one) Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Yea	_	- opecial
Banding Fand	Year End		10. Special Report Name
Other:	Final	Year End	and opposite and post of the same
8. Number of Fundraisers this Report	Special	Final	
\cap	<u> </u>	Special	
11. Account Information	Sand Charles and the	11. Account Information	on .
a. Financial Institution Full Name		a. Financial Institution Full	
Par Pal			
b. Purpose A c. Account Co	ode	b. Purpose	c. Account Code
b. Purpose Campaign Pay Pal d. Period Beg			
d. Period Beg	n Balance		d. Period Begin Balance
17 (count \$ 1 76	6.12		\$
CERTIFICATION	0. 100		
I certify that the Committee or Fund is in compl	ianaa with all anni	icable provisions of Article	22 A 22 R & 22 D 22 M of Chapter 163
of the NC General Statutes and that no funds are report is complete, true and correct and that I ha	e commingled with	prohibited or other non-dis	sclosed funds. I further certify that this
Mark-Anthony Middleto	1 Music	nature of Appointed Treasurer	n 5/23/22 Date
Printed Name of Signer FOR OFFICE USE ONLY	/ Sig	nature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			Delivery Method
Date Received:	_ Employ	yee:	☐ Normal Mail
Date Postmarked:	Employ	yee:	Registered Mail Hand Delivered
Date Scanned:	Employ	yee:	☐ Electronically Filed
Date Data Entered:	Employ	yee:	Signer has not received mandatory training
Please Note: This form cannot be used			
assistant treasurer, co You must amend the Statemer		s information, or account n (CRO-2100A-E) to ma	

Detail	led	Summa	rv

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							
1. Committee Full Name (and Fund if applicable) 2. Type of I			ort	3. II) Num	Der	- remine
Middleton Y Nucham	1/4	ection	<u> </u>				
Start of Election Cycle: January 1, 202			Total this Reporting Period	d	Total this Election Cycle		
4) Cash on Hand at Start			1,766,76	2	\$ \ 766.72		
RECEIPTS			7.70	F1	4	,	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0		\$	0	
6) Contributions from Individuals	(CRO-1210)	\$	2.017.2	11	\$ 2	017.	21
7) Contributions from Political Party Committees	(CRO-1220)	\$	0		\$	0	×.
8) Contributions from Other Political Committees	(CRO-1230)	\$	0		\$	0	
9) Loan Proceeds	(CRO-1410)	\$	0		\$	0	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0		\$	0	
11) Other Receipt Sources		户	The state of the s				
11a) Interest on Bank Accounts	(CRO-1250)	\$	0		\$	0	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0		\$	0	
11c) Outside Sources of Income	(CRO-1250)	\$	0		\$	0	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0		\$	0	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0		\$	0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$			\$		
<u>EXPENDITURES</u>			7 1 X 2 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3				412 64
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	\$	2,017, 2	11	\$ 2	017	21
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	٥		\$	0	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0		\$	0	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0		\$	0	
15) Loan Repayments	(CRO-1420)	\$	0		\$	0	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0		\$	0	
17) In-Kind Contributions	(CRO-1510)	\$	0		\$	0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$	2,017.2	21	\$ 2	,017.	21
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$	1,766,	12	\$ \	766.	72
ADDITIONAL INFORMATION					or other trans	STATE OF THE PARTY.	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		_		0.000	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0		ga/se sul		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0		Salva Sa Salva Sa Salva Sa Sa Salva Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0				
24) Account Transfers Within the Committee	(CRO-1720)	\$	0			阿尔	
25) Administrative Support	(CRO-1710)	\$	0		\$	0	
26) Forgiven Loans	(CRO-1440)	\$	0		\$	0	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0		\$	Ó	
28) Contributions to be Refunded	(CRO-1215)	\$	0		\$	0	

Disbursements	Pg _	L	of	Amendment Yes	i V No
Use this form to report expenditures from the committee for operating ex					

committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments Purchase o (include city, state, & zip) MarkaBull 2805 Hope Valley Road Durham N.C., 27707 c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date (19) 490 - 1424 Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount Person Cont Alas 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$ 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$ 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) 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)

Cont	ributions fr	om Individua	ls	Pg	of	Amendment Yes No							
		ndividual contributio		9									
		ne (and Fund if appl		rania tamén	E KIND TORSING AND	2. ID Number							
\wedge	Miller	4 . ^	han										
3. Cont	ributor Informa	The second secon		Add Rer	nove								
	ame, Mailing Addre			b. Job Title/Profes	ssion	d. Comments							
	le city, state, & zip)			0 1 10									
Mark	(-Anthony	Middleton		c. Employer's Nan	ne/Specific Field								
					pe Christian	e. Election Sum to Date							
				Chu	_	\$ 2,238,38							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	1	j. Date (mm/dd/yyy	0 0-30, 30							
	g. Account Code	2 1	8 N 201 A	P									
\vdash		Personal Colif Cul	York Sign	(v/cha)e	0117-5120	\$ 2017.21							
崇			1										
			<u> </u>			\$							
	ributor Inform				nove								
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments							
(includ	le city, state, & zip)			-									
				c. Employer's Nar	ne/Specific Field								
				C. Zimpioyer S ivai	no opecine i icia								
						e. Election Sum to Date							
						\$							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount							
						\$							
						\$							
						\$							
3. Cont	tributor Inform	ation		Add Re	move								
a. Full N	ame, Mailing Addr	ess & Phone		b. Job Title/Profe	ssion	d. Comments							
(includ	le city, state, & zip)												
				c. Employer's Nai	ne/Specific Field								
l						e. Election Sum to Date							
						\$							
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount							
						\$							
						\$							
						\$							
4. To	tal only this P	age	NAME OF BRIDE		TO GO TO SERVICE	\$ 2017 21							
0-		RO-1210 Pages				\$ 2017.21							
(This l	line must be on line	6 of Detailed Summary F	Page CRO-1100)	SEPELLIVE IN		(This line must be on line 6 of Detailed Summary Page CRO-1100)							