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 Ir	formation	7 U 1/4		ME			with the state of
a. Full Name				1231		c. ID I	Number
Natalie For NC						\$7	7-GL3600-
b. Mailing Addres	ss (include City, State and Zip	Code)	E TENENCE A	100	New York	d. Da	te Filed
2616 Erwin Rd						02/04	/2020
Apt 1334 Durham, NC 2770	15-3820					e. Ph	one Number
Damani, 140 2770	70 0020					(919)	908-9042
2. Report Year	3. Period Start Date (mm/dd/y	v)	4. Period End D	Date (mm/dd/yyyy)	5. Trea	surer Full Name
2019	10/11/2019			31/20		Ashia \	Williamson
6. Type of Comm	ittee (Check one)			neck	only one type o		t from one category)
☑ Candidate Cam	npaign Party	Munic	ipal		State/County	un/MS-III	Referendum
PAC	Referendum		rganizational		Organizatio	nal	Organizational
	xpenditure Joint Fundraiser		nirty-five day	- 1	Quarterly		Pre-referendum
Legal Expense	· -		re-primary		First		Final
L_1cgu cxpcilse	. Grid		re-election		Second		Supplemental Final
7. Type of Fund	(if applicable, check one)	1 - 1	re-runoff		Third	- 1.	Annual
		_ s	Semi-annual	- 1	Fourth	. [1] Special
Booster Fund			Mid Year		Semi-annu	130	10. Special Report Name
Building Fund			Year End		Mid Yea	- 1	
✓ Other: NC C	andidates Financing Fund		nal	- 1	✓ Year En	۵	
8. Number of Fun	ndraisers this Report	l ⊔s	pecial	- 1	Final		
1		1			Special		
11. Account Infor		ENSIN.				100	The Asia Salah Salah
a. Financial Instit	tution Full Name		THE RESIDENCE	1 4			The state of the s
M & F Bank	IN PER	RSO	N	T - A	anaumt Oada		
b. Purpose	# State of the state of the state of	PAST.	come that (a)	-	ccount Code		
Receipts and Exp	enses FEB 0.	4 2020		cr01			
	TED W.	¥ 4040		d. P	eriod Begin Ba	alance	
				\$ 0	.00		
	DURHA	M BC	DE				
163 of the NC Go that this report is	Committee or Fund is in complian eneral Statutes and that no funds complete, true and correct and the Name of Signer	are con hat I ha	mminaled with pro	ohibite by the	NC State Board	sciosed	tunds, I turiner certify
FOR OFFICE US	E ONLY					D	elivery Method
Date Receive	d:	E	mplovee:				Normal Mail
Date Postmar	ked:	E	mplovee:			_	Registered Mail
Date Scanned	4.	F	mplovee:				Hand Delivered
l							Electronically Filed Signer has not received
Date Data En		_	mplovee:				mandatory training
Please Note:	This form cannot be used to ar assistant treasur	nend co	ommittee informa todian of books ir	ation :	such as the con ation, or accou	nmitee nt infor	address, treasurer, mation.
You	must amend the Statement of (
CRO-1000			te Board of Electi				August 2008

Amendment	
Yes	✓ No

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

1. Committee Full Name (and Fund if applicable)			ID Number
Natalie For NC		2019 Year End Semi- Annual	
Start of Election Cycle: January 1,2019	Total this Reporting Perlod	Total this Election Cycle	
4) Cash on Hand at Start		\$0.00	\$0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$875.00	\$875.00
6) Contributions from Individuals	(CRO-1210)	\$8,108.21	\$8,108.21
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)	\$0.00	\$0.00
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$0.00	\$0.00
11) Other Receipt Sources	The state of the s		
11a) Interest on Bank Accounts	(CRO-1250)	\$0.00	\$0.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$0.00	\$0.00
11c) Outside Sources of Income	(CRO-1250)	\$0.00	\$0.00
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	11d, and 11e)	\$8,983.21	\$8,983.21
EXPENDITURES	AND THE STATE OF		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$5,112.71	\$5,112.71
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)	\$221.54	\$221.54
15) Loan Repayments	(CRO-1420)	\$0.00	\$0.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$0.00	\$0.00
17) In-Kind Contributions	(CRO-1510)	\$3,270.57	\$3,270.57
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$8,604.82	\$8,604.82
19) Cash on Hand at End (Add lines 4 and 12 together, then subline 18)	otract	\$378.39	\$378.39
ADDITIONAL INFORMATION	TO PROPERTY OF THE		到所見, 長端
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$0.00	
21) Outstanding Loans (incl. ones from other campaigns) 22) Debts and Obligations owed By the Committee	(CRO-1610)	\$0.00	
	(CRO-1620)	\$0.00	
23) Debts and Obligations owed To the Committee	(CRO-1720)	\$0.00	
24) Account Transfers Within the Committee	(CRO-1710)	\$0.00	\$0.00
25) Administrative Support	(CRO-1440)	\$0.00	\$0.00
26) Forgiven Loans	(CRO-2220)	\$0.00	\$0.00
27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00
contributions to be kelunued	(5.15 /2.0)		August 2008

Aggregated	Contributions	from	Individuals
Audieualeu	COILLIDULIONS	HUUIII	Illuividuais

Page 3 of 37 Ye

Amendment						
	Yes	V	Nο			

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

Mary - State of the state of th	ull Name (and Fund if	applicable)	ALMONIS DE DAVISO	2. ID Numi	Der
Natalie For	NC				
3. Contribut	or Information				
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	cr01	DebitCard		12/05/2019	\$10.00
Add Remove	cr01	Other		12/07/2019	\$25.00
Add Remove	cr01	DebitCard		12/21/2019	\$25.00
Add Remove	cr01	Check		11/15/2019	\$50.00
Add Remove	cr01	DebitCard		11/26/2019	\$50.00
Add Remove	cr01	DebitCard		12/24/2019	\$50.00
Add Remove	cr01	DebitCard		11/25/2019	\$50.00
Add Remove	cr01	Check		11/25/2019	\$50.00
Add Remove	cr01	Check		11/15/2019	\$25.00
Add Remove	cr01	DebitCard		12/02/2019	\$50.00
Add Remove	cr01	DebitCard		11/25/2019	\$50.00
Add Remove	cr01	DebitCard		11/24/2019	\$10.00
Add Remove	cr01	DebitCard		12/02/2019	\$25.00
Add Remove	cr01	Check		11/29/2019	\$30.00
Add Remove	cr01	Check		11/25/2019	\$50.00
4. Total on	ly this Page			\$2 P 5 0	\$550.00
SORGE SALES	ALL CRO-1205	Pages	001		\$875.00

	Amendment				
Page _	4	_ of .	37	Yes V No	

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

	ull Name (and Fund if	applicable)		2. ID Numb	per
Natalie For	NC				
	or Information	有情况在"特别"的"特别"的"			
. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add Remove	cr01	DebitCard		11/24/2019	\$10.00
Add Remove	cr01	DebitCard		12/02/2019	\$25.00
Add Remove	cr01	DebitCard		12/27/2019	\$50.00
Add Remove	cr01	DebitCard		12/02/2019	\$25.00
Add Remove	cr01	DebitCard		12/19/2019	\$25.00
Add Remove	cr01	DebitCard		11/25/2019	\$25.00
Add Remove	cr01	DebitCard		11/24/2019	\$25.00
Add Remove	cr01	DebitCard		11/24/2019	\$10.0
Add Remove	cr01	DebitCard		11/26/2019	\$50.00
Add Remove	cr01	Check		11/25/2019	\$30.0
Add Remove	cr01	DebitCard		11/24/2019	\$50.0

4. Total only this Page	\$325.00
5. Total of ALL CRO-1205 Pages	\$875.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)	

Contri Use this for		ndividuals contributions over \$50	Page 5 of 3 or contributions under \$50 if form CR		ent ✓ No
	ttee Full Name (and F	und if applicable)		2. ID No	ımber
Natalie Fo	r NC				
3. Contri	ibutor Information	A	dd Remove		
	me, Malling Address e city, state, & zip)	& Phone	b. Job Title/Profession Philanthropy	d. Comments	
Melanie A 4323 Pin Durham, I			c. Employer's Name/Specific Field THe Windward Fund		
				e. Election Sun	to Date
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Description	j. Date	k. Amount
	cr01	DebitCard		10/23/2019	\$100.00
3. Contr	ibutor Information	□A	dd Remove		
(includ		& Phone	b. Job Title/Profession Philanthropy	d. Comments	
4323 Pin Durham, I	Oak Dr NC 27707-5272		c. Employer's Name/Specific Field THe Windward Fund	e. Election Sum to Date	
l				L	\$500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount
	cr01	DebitCard		11/24/2019	\$500.00
3. Contr	ibutor Information	□A	dd Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Compliance Officer	d. Comments	
Joi Bass 203 Rebecca Cir Longview, TX 75605-8027			c. Employer's Name/Specific Field Dollar General		
				e. Election Sum to Date	
		h Farm of Darmont	i. In-Kind Description	j. Date	k. Amount
f. Prior	g. Account Code	h. Form of Payment DebitCard	i. III-Niid Description	10/23/2019	\$500.00
	0101				

4. Total only this page	\$1,100.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contril Use this for		ndividuals contributions over \$50	or o	Page 6 of 3 contributions under \$50 if form CR	_ _	ent ✓ No
	ttee Full Name (and Fu	and if applicable)	188		2. ID No	umber
Natalie Fo	r NC					
3. Contri	butor Information	A	\dd	Remove		e and
a. Full Name, Mailing Address & Phone			b	lob Title/Profession	d. Comments	
(includ	e city, state, & zip)		Cor	mpliance Officer		
Joi Bass						
203 Rebe	cca Cir TX 75605-8027	ļ	c. E	mployer's Name/Specific Field		
Longview,	1X 73000-0027		Dol	lar General	e. Election Sun	to Date
					e. Liection Sun	\$250.00
		t. E D	100	i. In-Kind Description	j. Date	k. Amount
f. Prior	g. Account Code	h. Form of Payment		I. III-Kilid Description	11/18/2019	\$250.00
	cr01	DebitCard			11/16/2019	\$250.00
3. Contri	ibutor Information		Add	Remove	A CLASS	700 2 60
a. Full Na	me, Mailing Address	& Phone	b	Job Title/Profession	d. Comments	A Same
(includ	e city, state, & zip)		Ма	nagement		
Marlon Br	OWO					
244 Price	St		C.	Employer's Name/Specific Field		
Mason, M	1 48854-8509			ite of Michigan		
l					e. Election Sum to Date	
						\$100.00
f. Prior	g. Account Code	h. Form of Payment	44	i. In-Kind Description	J. Date	k. Amount
	cr01	DebitCard			11/11/2019	\$50.00
2 Contr	ibutor Information		Add	Remove	POTAL VIII	
The Party of the P	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. Comments	
1104591428478	le city, state, & zip)		Ma	nagement		
Marlon Brown 244 Price St Mason, MI 48854-8509			CI	Employer's Name/Specific Field		
				ate of Michigan		
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
	cr01	DebitCard			11/24/2019	\$50.00

4. Total only this page	\$350.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this 1		ndividuals al contributions over \$50	D or c	Page 7 of 3 ontributions under \$50 if form CR		ent ✓No
	ittee Full Name (and I	und if applicable)	V 201		2. ID N	umber
Natalie Fo	or NC					
3. Conti	ributor Information		Add	Remove		
	a. Full Name, Mailing Address & Phone (include city, state, & zip)			ob Title/Profession fessor	d. Comments	
Basil Col 1009 Greensbo	ey oro, NC 27410			mployer's Name/Specific Field State University		
					e. Election Sun	n to Date
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	J. Date	k. Amount
	cr01	Check			10/15/2019	\$250.00
3. Conti	ributor Information		Add	Remove	1 1 2 1 1 1	
Carl Edw 750 Wea Apt 3109	ver Dairy Rd	& Prione	Min	ob Title/Profession ister imployer's Name/Specific Field ired	d. Comments e. Election Sun	1 to Date \$150.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Date	k. Amount
	cr01	DebitCard			11/08/2019	\$100.00
3. Cont	ributor information		Add	Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)				lob Title/Profession ister	d. Comments	
Carl Edwards 750 Weaver Dairy Rd Apt 3109 Chapel Hill, NC 27514-1443			c. Employer's Name/Specific Field Retired		100	
Chaper nill, NC 27314-1443		e. Election Sum to Date \$150.00				
f. Prior	g. Account Code	h. Form of Payment	3 11	i. In-Kind Description	j. Date	k. Amount
	cr01	DebitCard			11/24/2019	\$50.00

4. Total only this page	\$400.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this f		ndividuals Il contributions over \$50	Page 8 of 3 or contributions under \$50 if form CR		ent ☑No
	ittee Full Name (and F	und if applicable)		2. ID No	umber
Natalie Fo	or NC				
3. Contr	ibutor information	□ A	dd Remove		
	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	Rankfiller
(includ	de city, state, & zip)	THE DIA TON	Retired		
Harold Fe	ilds				
1602 Ton	nmys Rd		c. Employer's Name/Specific Field		
Goldsbor	o, NC 27534-7988	Γ	Retired		
				e. Election Sum	
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount
	cr01	Check		11/18/2019	\$100.00
3. Contr	ributor information	□ A	dd Remove		
	ame, Mailing Address	& Phone	b. Job Title/Profession d. Comments		
(includ	de city, state, & zip)		Senior Project and Policy Manager	Website Design	
Eleshia G	Clover				
1693 Dor	nna Lynn Dr SE	-	c. Employer's Name/Specific Field		
Smyrna,	GA 30080-2409		City of Alanta , GA		
			on, on all the control of the contro	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
		In-Kind	Website Design and Implementation	11/10/2019	\$1,000.00
3 Cont	ributor Information	TA.	dd Remove	a victoria	
	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	10-7/14 - 22 T
100000000000000000000000000000000000000	de city, state, & zip)		City Planner		
0	Cross				
Geoffery Green 111 Simerville Rd Chapel Hill, NC 27517-8145			c. Employer's Name/Specific Field	1	
			Clarion Associates		
l			C.C511 / 1000012.103	e. Election Sun	n to Date
				\$175.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	cr01	DebitCard		11/11/2019	\$150.00

4. Total only this page	\$1,250.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this f		ndividuals Il contributions over \$50	or c	Page 9 of 3 ontributions under \$50 if form CR	<u> </u>	Amendm Yes	ent No
	ittee Full Name (and F	und if applicable)	Wille	THE PROPERTY OF THE PARTY OF TH		2. ID Nu	ımber
Natalie Fo	or NC						
3. Contr	ibutor information	MANUAL DE LA	\dd	Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				ob Title/Profession Planner	d. Comr	ments	
Geoffery 111 Sime Chapel H				imployer's Name/Specific Field			
			Ciai	rion Associates	e. Elect	ion Sum	to Date \$175.00
f. Prior	g. Account Code	h. Form of Payment	Di-	i. In-Kind Description	j. Date	e	k. Amount
	cr01	DebitCard			11/24/	/2019	\$25.00
3 Contr	ributor Information		Add	Remove		50878	
Shelia Ke	de city, state, & zip) errigan nsbury Rd fill, NC 27516-9399			Employer's Name/Specific Field f Employed	e. Elect	ion Sun	to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	1/2	i. In-Kind Description	j. Dat	e	k. Amount
	cr01	DebitCard			12/22	/2019	\$100.00
3 Cont	ributor Information		Add	Remove		N MOR	or his doctor
a. Full N	ame, Mailing Address de city, state, & zip)	& Phone	b.,	lob Title/Profession	d. Com	ments	
402 Livingstone Dr Cary, NC 27513-2919			c. Employer's Name/Specific Field FRA				4.8.
					e. Elect	uon Sun	to Date
f. Prior	g. Account Code	h. Form of Payment	195	i. In-Kind Description	J. Dat	te	k. Amount
I, FRO	cr01	DebitCard			10/24	1/2019	\$100.00

4. Total only this page	\$225.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this f		Individuals at contributions over \$50	Page 10 of 30 or contributions under \$50 if form Cl	,	ent ✓ No
	Ittee Full Name (and I	Fund If applicable)		2. ID N	umber
Natalie Fo	or NC				
3. Contr	ributor Information		Add Remove		
	ame, Mailing Address		b. Job Title/Profession	d. Comments	
(includ	de city, state, & zip)		Investment Manager		
Kel Land	ie				
2710 Ros	sedale Ave	+	c. Employer's Name/Specific Field		
Raleigh,	NC 27607-7122	Ī	Plexus Capital		
				e. Election Sun	
					\$200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount
	cr01	DebitCard		12/09/2019	\$200.00
3 Conti	ributor Information		Add Remove		
	ame, Mailing Address	STREET, SHORE SELECTION	b. Job Title/Profession	d. Comments	
	de city, state, & zip)		Retired		
				1	
Loius Lat			c. Employer's Name/Specific Field		
Hillsboro	ugh, NC 27278-0936	İ	Retired		
			Nomed	e. Election Sum to Date	
					\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	cr01	Check		11/25/2019	\$100.00
		MARKET STATE OF THE PARTY OF TH	Add Remove		
	ributor Information	Harry McO. Co. Co.	b. Job Title/Profession	d. Comments	
1000	ame, Mailing Address	s & Phone	Nurse	d. Comments	
(inclu	de city, state, & zip)	S 1078 LD . 1.09	Nuise		
	e Mebane M				
5109 George Miles Rd Burlington, NC 27217-8522			c. Employer's Name/Specific Field	81	
			Home Health Nurse	e. Election Sur	n to Date
				\$200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
	cr01	Check		12/05/2019	\$200.00

4. Total only this page	\$500.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this f		ndividuals al contributions over \$50	0 or co	Page 11 of 3 ntributions under \$50 if form CR			
	ittee Full Name (and F	und if applicable)	WATER OF		2. ID	Number	
Natalie Fo	or NC						
3. Contr	ibutor Information		Add	Remove		S A RE IN CO.	
a. Full Na	ame, Mailing Address	& Phone	b. Jo	b Title/Profession	d. Comments		
(includ	ie city, state, & zip)		Retire	ed			
Christine	Murdock						
1001 Am	ity Dr	Ì	c. En	ployer's Name/Specific Field			
Greensbo	oro, NC 27406-5702		Retire	ed ·			
					e. Election S	um to Date	
		L. E (Burnet		In Kind Description	J. Date	k. Amount	
f. Prior	g. Account Code	h. Form of Payment		In-Kind Description	-		
	cr01	Check			11/03/2019	\$100.00	
3. Contr	ributor Information		Add	Remove			
The second second	ame, Mailing Address	& Phone	b. Job Title/Profession Retired		d. Comments Printing		
(includ	de city, state, & zip)						
Christine	Murdock		1				
1001 Am	ity Dr		c. Employer's Name/Specific Field Retired				
Greensbo	oro, NC 27406-5702						
					e. Election Sum to Date		
						\$1,349.21 ——	
f. Prior	g. Account Code	h. Form of Payment	t I.	In-Kind Description	J. Date	k. Amount	
		In-Kind	s	tickers	11/12/2019	\$12.56	
3 Conti	ributor Information		Add	Remove			
	ame, Mailing Address	& Phone	b. Jo	b Title/Profession	d. Comment		
THE PARTY OF	de city, state, & zip)		Retire	ed	Post Cards		
			1				
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702			c En	nployer's Name/Specific Field			
			Retir				
l			'``	-	e. Election S	um to Date	
l						\$1,349.21	
f. Prior	g. Account Code	h. Form of Payment	t i.	In-Kind Description	J. Date	k. Amount	
		In-Kind	Р	ost Cards	11/12/2019	\$26.69	

4. Total only this page	\$139.25
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this for		ndividuals al contributions over \$50	Page 12 of 3 or contributions under \$50 if form CR		ent 🗸 No	
	ttee Full Name (and F	fund if applicable)	是所有自然。 以	2. ID No	ımber	
Natalie Fo	r NC					
3. Contr	ibutor Information	□ A	dd Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Retired	d. Comments Printing	400	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702			c. Employer's Name/Specific Field Retired			
				e, Election Sun	\$1,349.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
		In-Kind	Letterhead and Envelops	11/12/2019	\$126.90	
3. Contr	ibutor Information	□ A	dd Remove			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
1965261865494	le city, state, & zip)		Retired	Venue Rental		
Christine 1001 Ami Greensbo			c. Employer's Name/Specific Field Retired			
			Kemed	e. Election Sum to Date		
					\$1,349.21	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
		In-Kind	Volunteer Kick off Venue Rental	11/17/2019	\$200.00	
3. Contr	ibutor Information	_A	dd Remove	S. Alexander		
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Retired	Office Supplies		
Christine	Murdock					
1001 Amity Dr Greensboro, NC 27406-5702			c. Employer's Name/Specific Field			
			Retired			
				e, Election Sum to Date \$1,349.21		
f. Prior	g. Account Code	h. Form of Payment	i, in-Kind Description	j. Date	k. Amount	
	9	In-Kind	Office Supplies	11/20/2019	\$21.80	

4. Total only this page	\$348.70
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this f		ndividuals al contributions over \$50	Page 13 of 3 or contributions under \$50 if form CR	 (40) 	ent ✓ No
	ittee Full Name (and I	und if applicable)	是有一种的特别的企业的。 第一种的一种的一种	2. ID No	ımber
Natalie Fo	or NC				
3. Contr	ibutor Information	□A	dd Remove		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession	d. Comments	
	de city, state, & zip)		Retired	Parade Accesso	ries
Christine 1001 Ami Greensbo			c. Employer's Name/Specific Field Retired		
				e. Election Sun	to Date
					\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount
		In-Kind	Candy for NCCU Parade	11/20/2019	\$56.80
3 Contr	ributor Information	Па	dd Remove		
- CO. C.	ame, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
	de city, state, & zip)		Retired	Food for Kickoff Event	
The state of the state of					
1001 Am	Murdock ity Dr oro, NC 27406-5702		c. Employer's Name/Specific Field		
			Retired	e. Election Sum to Date	
					\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
1. FIIO	g. Account oode	In-Kind	Food from Costco for Kickoff event	11/24/2019	\$15.98
		TA TA	dd Remove		
	ributor Information	AUDIOSEDA DE LA SESTIMA DE LA CONTRACTOR	b. Job Title/Profession	d. Comments	
The second second	ame, Malling Address	& Phone		Food for Kickoff Event	
(include city, state, & zip)			Retired	Food for Rickon	Lvein
	Murdock				
1001 Amity Dr Greensboro, NC 27406-5702			c. Employer's Name/Specific Field		
			Retired	FI	- to Date
				e. Election Sum to Date	
	<i>Va.</i>				\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	I. In-Kind Description	j. Date	k. Amount
		In-Kind	Food from Aldi's for Kickoff event	11/24/2019	\$48.41

4. Total only this page	\$121.19
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this for		ndividuals Il contributions over \$50	Page 14 of 3 or contributions under \$50 if form CR		ent No
	ttee Full Name (and F	und if applicable)		2. ID No	ımber
Natalie Fo	r NC				
3. Contr	ibutor Information	□ A	dd Remove		
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
	le city, state, & zip)		Retired	Food for Kickoff	Event
Christine					
1001 Ami	ty Dr	-	c. Employer's Name/Specific Field		
Greensbo	oro, NC 27406-5702	T T	Retired		
			Newsca	e. Election Sum	to Date
					\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
		In-Kind	Punch for Kickoff event	11/24/2019	\$51.12
3 Contr	ibutor Information	A CONTRACTOR	dd Remove		OR SERVE
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	
	le city, state, & zip)		Retired	Food for Kickoff Event	
Christine 1001 Ami		-	c. Employer's Name/Specific Field		
	oro, NC 27406-5702	F	Retired		
l			Retired	e. Election Sum to Date	
l					\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
		In-Kind	Food from Food Lion for Kickoff event	11/24/2019	\$54.06
2 Contr	ibutor Information	ПА	dd Remove	A STATE OF THE REAL PROPERTY.	
	ame, Mailing Address		b. Job Title/Profession	d. Comments	
TO STATE AND IN	de city, state, & zip)		Retired	Food for Kickoff	Event
Christine 1001 Am	Murdock	L			
Greensboro, NC 27406-5702			c. Employer's Name/Specific Field		
			Retired	e. Election Sun	n to Date
l				ACCO	\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount
	g. Acodonic oddo	In-Kind	Food from K&W for Kickoff event	11/24/2019	\$115.16

4. Total only this page	\$220.34
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this for		ndividuals al contributions over \$50	or c	Page 15 of 3 ontributions under \$50 if form CR	_	Amendm Yes	ent No
	ittee Full Name (and I	fund if applicable)	E D		10.115	2. ID N	umber
Natalie Fo	or NC						
3. Contr	ibutor Information	□A	dd	Remove			
a. Full Na	ame, Malling Address	& Phone	b. J	ob Title/Profession	d. Cor	nments	
(includ	le city, state, & zip)		Reti	ired	Suppli	es for Kic	koff Event
Christine	Murdock						
1001 Ami			c, E	mployer's Name/Specific Field			
Greensbo	oro, NC 27406-5702		Reti	ired			
					e. Elec	ction Sun	
							\$1,349.21
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	J. Da	ate	k. Amount
		In-Kind	1	Cups, plates, silverware and Napkins	11/2	4/2019	\$125.36
3. Contr	ributor Information	Table 1	\dd	Remove			
a. Fuli Na	ame, Mailing Address	& Phone	b. J	ob Title/Profession	d. Cor	nments	
(includ	de city, state, & zip)		Retired		Food for Kickoff Event		
Christine	Murdock						
1001 Ami	ity Dr	h	c. Employer's Name/Specific Field Retired				
Greensbo	oro, NC 27406-5702						
					e. Ele	ction Sun	n to Date
							\$1,349.21
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	J. Da	ate	k. Amount
		In-Kind		Food from Golden Coral for Kickoff	11/2	24/2019	\$239.84
3. Contr	ributor Information	□ A	Add	Remove			
a. Full Na	ame, Mailing Address	& Phone	b. J	lob Title/Profession	d. Cor	nments	
(include city, state, & zlp)			Ret	ired	Decor	ations	
Christine	Murdock						
1001 Amity Dr Greensboro, NC 27406-5702			c. E	Employer's Name/Specific Field			
				ired			1
		Total Garage		e. Ele	ction Sur		
							\$1,349.21
f. Prior	g. Account Code	h. Form of Payment	A EAR	I. In-Kind Description	J. Da	ate	k. Amount
		In-Kind		Decorations for Filing Event	12/0	3/2019	\$41.73

4. Total only this page	\$406.93
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this fo		ndividuals contributions over \$50	Page <u>16</u> of <u>3</u> or contributions under \$50 if form CR	_ _	ent No	
	ttee Full Name (and Fo	und if applicable)	· 原理的一种 医红色	2. ID Nu	ımber	
Natalie Fo	r NC					
3. Contri	butor Information	□ Ad	dd Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Retired	Parade Accesso	ries	
Christine I	Murdock					
1001 Amit	y Dr		c. Employer's Name/Specific Field			
Greensbo	ro, NC 27406-5702		Retired			
				e. Election Sum		
					\$1,349.21	
f. Prior	g. Account Code	h. Form of Payment	I, In-Kind Description	j. Date	k. Amount	
		In-Kind	Candy for Durham Christmas Parade	12/20/2019	\$72.80	
3. Contri	ibuter information	□ Ac	id Remove			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	d. Comments	
(includ	e city, state, & zip)		Retired	BOE Filing Fees		
Christine						
1001 Ami		-	c. Employer's Name/Specific Field			
Greensbo	ro, NC 27406-5702		Retired			
1			rened	e. Election Sum to Date		
l				\$1,349.21		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
	3	In-Kind	Filing Fees	12/20/2019	\$140.00	
3 Contr	ibutor Information	Пас	dd Remove			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
Ling Company of the Control	e city, state, & zip)	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Retired			
		ENTRY HILLIAM	P.4			
Harold Mu 1001 Ami		_	E 1 1 Nov. (Co.)(6, 5) 14			
Greensboro, NC 27406-5702			c. Employer's Name/Specific Field	1		
			Retired	e. Election Sun	to Date	
				A Commence of deliceration of the commence of	\$500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
	cr01	Check		11/19/2019	\$500.00	

4. Total only this page	\$712.80
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this fo		ndividuals I contributions over \$50	Page 17 of 3 or contributions under \$50 if form CR		ent No	
	ttee Full Name (and F	und if applicable)	A DE CONTROL OF THE PARTY OF	2. ID Nu	mber	
Natalie Fo	r NC					
3 Contr	ibutor Information		Add Remove	每日间		
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Elected Offical			
Natalie M						
2616 Erw Apt 1334	in Rd	-	c. Employer's Name/Specific Field			
Durham, 1 (919) 908	NC 27705-3820 -9042		Durham County Government	e. Election Sum	to Date	
(919) 300	-3042				\$560.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
	cr01	DebitCard		11/13/2019	\$25.00	
3 Contr	ibutor Information		Add Remove			
OTHER DESIGNATION	me. Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
	le city, state, & zip)		Elected Offical			
Natalie M						
2616 Erw	in Rd		c. Employer's Name/Specific Field			
Apt 1334 Durham,	NC 27705-3820		Durham County Government	- Fleetles Sum to Data		
(919) 908	3-9042			e. Election Sum to Date \$560.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	cr01	DebitCard		11/24/2019	\$25.00	
2 Cont	ributor Information		Add Remove			
	ame, Mailing Address		b. Job Title/Profession	d. Comments		
	de city, state, & zip)		Elected Offical	Food		
Natalie Murdock						
2616 Erwin Rd Apt 1334 Durham, NC 27705-3820 (919) 908-9042		c. Employer's Name/Specific Field	4			
		Durham County Government	a Election Sun	n to Date		
			e. Election Sum to Date \$560.00			
& Dalas	a Appoint Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
f. Prior	g. Account Code	In-Kind	Food for meeting	11/24/2019	\$60.00	

4. Total only this page	\$110.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	4 110007

Contril Use this for		ndividuals contributions over \$50	Page 18 of 3 or contributions under \$50 if form CR		ent No	
	ttee Full Name (and F	und if applicable)	NV 新电影 图 高品级 W 等中的	2. ID No	umber	
Natalie Fo	r NC					
3. Contri	butor Information	□ A	dd Remove			
	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
	e city, state, & zip)		Elected Offical	Campaign Photo	os	
Natalie M	urdock					
2616 Erwi Apt 1334	n Rd		c. Employer's Name/Specific Field			
	NC 27705-3820		Durham County Government			
(919) 908	-9042	1		e. Election Sun	\$560.00	
			1	1.5.4	*******	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
		In-Kind	Campaign Photos	11/24/2019 \$200.		
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)		Elected Offical	Design Work		
Natalie M	urdock					
2616 Erwi		b	c. Employer's Name/Specific Field			
Apt 1334 Durham, i	NC 27705-3820		Durham County Government	e. Election Sum to Date		
(919) 908						
					\$560.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount	
		In-Kind	Logo Design	11/24/2019	\$250.00	
3. Contr	ibutor Information	A CONTRACTOR OF A	Add Remove			
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments		
(includ	le city, state, & zip)		Director			
Shalonda	Perkins					
208 City View Ct			c. Employer's Name/Specific Field			
Cedar Hill, TX 75104-4818		Passage of Youth , Inc				
			e. Election Sum to Date			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
	cr01	DebitCard		10/23/2019	\$100.00	

4. Total only this page	\$550.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contributions from Individuals Page 19 of 37 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO Yes ✓ No 1205 is not used							
	ttee Full Name (and F	und if applicable)	SWA		2. ID No	ımber	
Natalie Fo	r NC						
3 Contri	ibutor Information	The state of the s	Add	Remove			
	me, Mailing Address	& Phone	b. Je	ob Title/Profession	d. Comments		
	e city, state, & zip)		Dire	ctor			
Shalonda	Perkins		1				
208 City \	/iew Ct		c. E	mployer's Name/Specific Field			
Cedar Hill	, TX 75104-4818		Pas	sage of Youth , Inc			
					e. Election Sum	1 to Date \$100.00	
			L,				
f. Prior	g. Account Code	h. Form of Payment	29	i. In-Kind Description	j. Date	k. Amount	
	cr01	DebitCard			11/15/2019	\$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)		Poli	cy Advisor			
Rehecca	Planchard		c. Employer's Name/Specific Field NCDHHS				
530 Foste							
Unit 518 Durham.	NC 27701-2279						
					e. Election Sum to Date \$500.00		
			L_,_		1	, , , , , , ,	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	J. Date	k. Amount	
	cr01	DebitCard		8	12/02/2019	\$500.00	
3. Contr	ibutor Information		Add	Remove			
	me, Mailing Address	& Phone	b. J	ob Title/Profession	d. Comments	AND THE PARTY OF THE PARTY.	
(includ	le city, state, & zlp)		Development Manager				
Audrey Shore 2520 N Roxboro St							
			c. E	mployer's Name/Specific Field			
Durham, NC 27704-4348		The	Carolina Theatre of Durham	PIPENS CO.	- An Doto		
					e. Election Sun	\$149.00	
				I I Mind Basedation	1 Date	k. Amount	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	J. Date		
	cr01	DebitCard			11/14/2019	\$100.00	

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Use this fo	Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO □ Yes □ No □ Yes □ No								
	tee Full Name (and F	und if applicable)		2. ID Nu	ımber				
Natalie Fo	NC								
3. Contri	butor information	□ A	dd Remove						
a. Full Na	me, Mailing Address	& Phone	b. Job Title/Profession	d. Comments	I NEW TWEE				
(include	e city, state, & zip)		Development Manager						
Audrey Sh									
2520 N Ro Durham, N	oxboro St NC 27704-4348		c. Employer's Name/Specific Field						
			The Carolina Theatre of Durham	e. Election Sum	to Date				
					\$149.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount				
	cr01	DebitCard	.4	11/24/2019	\$49.00				
3 Contri	butor Information	□A	dd Remove						
	me, Mailing Address	& Phone	b. Job Title/Profession d. Comments						
	e city, state, & zip)		Program Manger						
Cheryl Wa	orren								
1 Seagrov	e Ct		c. Employer's Name/Specific Field						
Durham, I	NC 27703-3663		City of Durham Transportation Dept						
				e. Election Sum to Date \$100.00					
			a A a a a a a a a a a a a a a a a a a a						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	J. Date	k. Amount				
	cr01	Other		12/02/2019	\$100.00				
3. Contr	ibutor Information		dd Remove						
a. Full Na	me, Malling Address	& Phone	b. Job Title/Profession	d. Comments					
(includ	le city, state, & zip)		State Treasurer						
Brenda Williams									
PO Box 19144 Raleigh, NC 27619-9144			c. Employer's Name/Specific Field						
		1	NC Treasuer Office						
				e. Election Sum to Date \$75.00					
6 D-2	a Assaurt Cada	h. Form of Payment	i, In-Kind Description	i. Date	k. Amount				
f. Prior	g. Account Code	Check	an tand bootings.	11/25/2019	\$75.00				
	GOT	Gridon							

4. Total only this page	\$224.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contri Use this for		ndividuals al contributions over \$5	50 or (Page 21 of 3 contributions under \$50 if form CR		ent No	
	ttee Full Name (and F	und if applicable)	1		2. ID No	umber	
Natalie Fo	or NC						
3. Contr	ibutor Information		Add	Remove			
	me, Mailing Address	& Phone	b.,	Job Title/Profession	d. Comments	#UN-2159X	
(includ	le city, state, & zip)		Re	altor			
Kimberly	Williams						
708 Pebb	lestone Dr		C.	Employer's Name/Specific Field			
Durham,	NC 27703-6330		Rig	ht Time Reality			
					e. Election Sun	to Date	
		I F f D		1 In Kind Description	j. Date	k. Amount	
f. Prior	g. Account Code	h. Form of Paymen	nt i. In-Kind Description		10/25/2019	\$250.00	
	cr01	DebitCard			10/25/2019	\$250.00	
3. Contr	ibutor Information	Malinto - Hermanie De	Add Remove				
a, Full Na	ame, Mailing Address	& Phone	b. Job Title/Profession		d. Comments		
(includ	de city, state, & zip)		Re	altor			
Kimberly	Williams		1				
708 Pebb	elestone Dr		c. Employer's Name/Specific Field Right Time Reality				
Durham,	NC 27703-6330					4- D-4-	
					e. Election Sum to Date \$100,00		
		(1-2-11-2-11-11-1			I Dete	k. Amount	
f. Prior	g. Account Code	h. Form of Paymen	t	i. In-Kind Description	j. Date		
	cr01	DebitCard			11/24/2019	\$100.00	
3 Conti	ributor Information		Add	Remove			
	ame, Mailing Address		b.	Job Title/Profession	d. Comments		
(includ	de city, state, & zip)		Bu	siness Owner	Venue Space		
Leonardo Williams			1				
191 RAJ St Durham, NC 27703 (919) 806-9759		C.	Employer's Name/Specific Field				
			If Employed				
			. ,	e. Election Sur	20-3-311-07-20-3		
l						\$400.00	
f. Prior	g. Account Code	h. Form of Paymer	ıt	i. In-Kind Description	J. Date	k. Amount	
		In-Kind		Venue Space	11/17/2019	\$400.00	

4. Total only this page	\$750.00
5. Total of ALL CRO-1210 Pages	\$8,108.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	<u> </u>

Disburseme	ents			Pa	age <u>22</u> of <u>3</u>	Amendment 7	
Jse this form to re	eport expenditures from the cordinated party expenditure		tee for; operati	ng expenses, contrib	utions to candida	te/political	
	Il Name (and Fund if applic		- 72 DE 18	bear of the second	2.	ID Number	
Natalie For NC							
3. Type of Disbu				s for each type of Di		THE PROPERTY OF THE PARTY OF TH	
✓ Operating Exp	penses Contribution	ns to Car	ndidates/Politic	al Committees	_Coordinated Pa	rty Expenditures	
4. Payee Infon	mation		Add R	emove			
a. Full Name, Ma	ailing Address & Phone	ALEX.	b. Coordinat	ed Committee Name	d. Commer	ts	
(include city, s	tate, & zip)				Printing Se	rvice	
Copy King, INC 611 W Gate City Greensboro, NC (336) 333-9900			C. Level Req	stered (Specify) County: Municipality	e. Election	Sum to Date \$229.51	
f A Code	e g. Form of Payment	h Di	rpose Code	i. Date (mm/dd/yyy	v) i Amount	k. Required Remarks	
cr01	Credit Card	В	ii bose code	11/27/2019	\$64.05		
4. Payee Infor	mation		Add R	temove			
a. Full Name, Ma	ailing Address & Phone	-55 77	b. Coordinat	ed Committee Name	d. Commer	its	
(include city, s					Printing Se	rvice	
Copy King, INC 611 W Gate City Greensboro, NC (336) 333-9900			C. Level Red Federal State	istered (Specify) County: Municipality	e. Election	Sum to Date \$229.51	
f. Account Code	e g. Form of Payment	h. Pı	Irpose Code	i. Date (mm/dd/yyy	y) j. Amount	k. Required Remarks	
cr01	Credit Card	В		11/29/2019	\$165.46	Printing	
4. Payee Infor	mation	50-6	Add F	Remove			
a. Full Name, Ma	ailing Address & Phone		b. Coordinat	ed Committee Name	d. Commer	its	
Clay Desouza 705 Reynolds Av Durham, NC 277	ve		c. Level Red	istered (Specify) County: Municipality	e. Election	Sum to Date	
(336) 539-5881							
f. Account Cod	e g. Form of Payment	h. P	irpose Code	i. Date (mm/dd/yyy		k. Required Remarks	
cr01	Electronic Funds Transfer	E		11/01/2019	\$62.04	Campaign Consualting	
5. Total only t	his page					\$291.5	
6. Total of AL	L CRO-1310 Pages						
	n line 13a of Detailed Summa	ary Page	CRO-1100 if	Operating Expenses)		\$5,112.	
This line goes in	n line 13b of Detailed Summa	ary Page	CRO-1100 if	Contrib to Candidates/	(Political Comm)		
(This line goes in	n line 13c of Detailed Summa	ary Page	CRO-1100 if (Coordinated Party Exp	enditures)		
7. Purpose Co	odes (List detailed Expe	nditure	code in (h.)	above)	STATE OF	STATE OF THE STATE	
A* - Media	B* - Printing		C* - Fu	ndraising	D - To Another (
E - salaries F* - Equipment			G - Political Party		H* - Holding Public Office Expenses		

K* - Office Expenses

J - Penalties

I - postage

Q* - Donation to Legal Expense Fund

Disbursemen	nts				ge <u>23</u> of <u>3</u>	
·	ort expenditures from the rdinated party expenditure		tee for; operati	ing expenses, contribu	utions to candida	te/political
	Name (and Fund if applic		1 San 2 Ki	The second second	2	ID Number
Natalie For NC						
3. Type of Disburse				s for each type of Dis		
Operating Exper	nses Contribution	s to Car	ndidates/Politic	al Committees	Coordinated Pa	arty Expenditures
4. Payee Informa	ation		Add DF	Remove		
a. Full Name, Maili	ng Address & Phone	Tabl	b. Coordinat	ed Committee Name	d. Commer	nts
(include city, stat	e, & zip)					
Clay Desouza 705 Reynolds Ave Durham, NC 27707	-4641		Federal	istered (Specify) County:		Over to Date
(336) 539-5881	1041		State	Municipality	e. Election	Sum to Date
f. Account Code	g. Form of Payment	h. Pı	rpose Code	i. Date (mm/dd/yyy	y) J. Amount	k. Required Remarks
cr01	Electronic Funds Transfer	E		11/04/2019	\$772.05	Campaign Consualting
4. Payee Informa	ation		Add DF	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinat	ed Committee Name	d. Comme	nts
(include city, stat	te, & zip)					
Clay Desouza 705 Reynolds Ave Durham, NC 27707	′-4641		Federal	County:	- Election	Sum to Date
(336) 539-5881			State	Municipality	e, Election	\$500.00
f. Account Code	g. Form of Payment	h.Pi	rpose Code	i. Date (mm/dd/yyy	v) I. Amount	k. Required Remarks
cr01	Electronic Funds Transfer	E		12/30/2019	\$500.00	Campaign Consulting
4. Payee Informa	ation	in Same	Add F	Remove		
a. Full Name, Malli	ng Address & Phone	CP (S)	b. Coordina	ted Committee Name	d. Comme	nts
(include city, stat						
Emily Hagstrom 110 Higbee St Durham, NC 27704	-4327		Federal	County:	a Flaction	Sum to Date
(919) 641-3449			State	Municipality	. Election	\$514.80
f. Account Code	g. Form of Payment	h. Pı	urpose Code	i. Date (mm/dd/yyy	y) [J. Amount	k. Required Remarks
cr01	Electronic Funds Transfer	Е		12/09/2019	\$514.8	Campaign Consulting
5. Total only this	s nage					\$1,786.8
	CRO-1310 Pages			Hala We nut have no	A SULLA	
	ne 13a of Detailed Summa	n Page	CRO-1100 if	Operating Expenses)		\$5,112.7
	ne 13a of Detailed Summa				Political Comm)	
(This line goes in li	ne 13c of Detailed Summa	ry Page	CRO-1100 if	Coordinated Party Exp	enditures)	
	es (List detailed Expe					
A* - Media	B* - Printing			ndraising	D - To Another	Candidate
C coloring	F* - Fauinmen	10000	G - Pol	itical Party	H* - Holding Pu	ablic Office Expenses

J - Penalties

I - postage

K* - Office Expenses

Q* - Donation to Legal Expense Fund

	ort expenditures from the		tee for; operati	•	e <u>24</u> of <u>37</u> ons to candidat	
	ordinated party expenditure Name (and Fund if applic		and the local points.	SIS BIANTES DE LA	[2.	ID Number
- G G H-36-6	vame (and runa n appro	abic/				
Natalie For NC 3. Type of Disburse	amant (Diagga usa san	arata C	RO-1310 form	s for each type of Disb	ursement.)	CARLES SERVICES VICTORIO CAN
Operating Exper			ndidates/Politic			rty Expenditures
4. Payee Informs		No. of Concession,	Approximately and the second	emove		
20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ing Address & Phone	MINE L		ed Committee Name	ld. Commen	te de la constant de
(include city, stat			b. Cool diriate	ed Committee Hame	d. Commen	
Lori Jone			c. Level Regi	stered (Specify)	100	
(919) 641-3449			Federal	County:		
			State Municipality:		e. Election Sum to Date	
						\$750.00
f. Account Code	g. Form of Payment	h. Pı	rpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
cr01	Electronic Funds Transfer	E		12/20/2019	\$750.00	Campaign Consulting
4. Payee Informa	ation		Add R	emove		
a. Full Name, Maili	ing Address & Phone	2336	b. Coordinate	ed Committee Name	d. Commen	ts
(include city, stat	te, & zip)				Video Prod	uction
LOCO Visuals 3206 Stones Throw Apt 7 Durham, NC 27713			C. Level Red	stered (Specify) County: Municipality:	e. Election	Sum to Date
f. Account Code	g. Form of Payment	h. Pu	Irpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
cr01	Check	А		11/04/2019	\$250.00	Video Production
4. Payee Informa	ation		Add R	emove		
a. Full Name, Maili	ing Address & Phone	S me	b. Coordinat	ed Committee Name	d. Commen	ts
(include city, stat	te, & zip)				Video Prod	uction
LOCO Visuals 3206 Stones Throw	v Ln		c. Level Red	istered (Specify) County:		
Apt 7 Durham, NC 27713	3-5209		State	Municipality:	e. Election	Sum to Date
f. Account Code	g. Form of Payment	h. Pu	urpose Code	I. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
cr01	Check	Α		11/04/2019	\$300.99	Video Production
5. Total only this	s page			(0.4 F 10 5), 2 TO		\$1,300.
The state of the s	CRO-1310 Pages					
THE RESERVE AND ADDRESS OF THE PARTY OF THE	ne 13a of Detailed Summa	ry Page	CRO-1100 if C	Operating Expenses)		\$5,112.7
	ne 13b of Detailed Summa				olitical Comm)	
(This line goes in li	ne 13c of Detailed Summa	ry Page	CRO-1100 if C	Coordinated Party Exper	nditures)	
	es (List detailed Exper					
A* - Media	B* - Printing			ndraising D	- To Another C	andidate

G - Political Party

K* - Office Expenses

F* - Equipment

J - Penalties

E - salaries

I - postage

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Amendment
Page 25 of 37 ☐ Yes ✓ No
expenses, contributions to candidate/political
2. ID Number

1. Committee Full N	lame (and Fund if applic	able)	UNIC PARTY	and the second		2. ID Number	
Natalie For NC							
3. Type of Disburse				s for each type of D	isbursement.)		
✓ Operating Expen	ses Contribution	s to Car	ndidates/Politic	al Committees	Coordinated	Party Expenditures	
4. Payee Informa	tion			Remove			
a. Full Name, Mailir	ng Address & Phone		b. Coordinat	ed Committee Name	e d. Comm	ents	
(include city, state	e, & zip)				Political I	Planning	
Long Leaf Agency			c. Level Rec	istered (Specify)			
1053 E Whitaker Mil	II Rd		Federal	County:			
Ste 115 Raleigh, NC 27604-	5305		State	Municipalit	y: e. Electio	n Sum to Date	
-						\$120.00	
f. Account Code	g. Form of Payment	_	rpose Code	i. Date (mm/dd/yy	***	k. Required Remarks	
cr01	Electronic Funds Transfer	K		11/29/2019	\$120.	00 Political Consulting	
4. Payee Informa	ntion		Add F	Remove			
a. Full Name, Maili	ng Address & Phone	No.	b. Coordina	ted Committee Nam	e d. Comm	ents	
(include city, state	e, & zip)						
Mailchimp			c. Level Rec	istered (Specify)			
675 Ponce De Leon	Ave NE		Federal	County:			
# E178 Atlanta, GA 30308-1	1884		State	Municipalit	y: e. Electic	n Sum to Date	
Addrita, GA 60000	, 55 7					\$149.98	
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yy		k. Required Remarks	
cr01	Electronic Funds Transfer	С		12/02/2019	\$74.	99 Mass Email Service	
4. Payee Informa	ition		Add F	Remove			
a. Full Name, Maille	ng Address & Phone		b. Coordina	ted Committee Nam	e d. Comm	ents	
(include city, state	e, & zip)	LITTLE STATE			End of y	ear push.	
Mailchimp			c. Level Rec	istered (Specify)			
675 Ponce De Leor	Ave NE		Federal	County:			
# E178 Atlanta, GA 30308-	1884		State	Municipalit	ty: e. Electio	on Sum to Date	
,						\$149.98	
f. Account Code	g. Form of Payment		rpose Code	i. Date (mm/dd/yy		k. Required Remarks	
cr01	Electronic Funds Transfer	С		12/30/2019	\$74.	99 Mass Email Service	
		NAME OF TAXABLE PARTY.		SKUMST STATE	Up April 100	\$269.98	
5. Total only this	The second second					Ψ200.00	
6. Total of ALL C			Store of Time		The state of the s	05 440 74	
(This line goes in lir	ne 13a of Detailed Summa	ry Page	CRO-1100 if	Operating Expenses)		\$5,112.71	
(This line goes in lir	ne 13b of Detailed Summa	ry Page	CRO-1100 if	Contrib to Candidates	s/Political Comm		
	ne 13c of Detailed Summa				penaltures)		
	es (List detailed Exper	nditure			D - To Anothe	- Condidate	
A* - Media	B* - Printing			ndraising	3	Public Office Expenses	
E - salaries	F* - Equipmen		Account to the last of the las	itical Party	Charles and the Control of the Contr	to Legal Expense Fund	
I - postage	J - Penalties		K" - Of	fice Expenses	M Douggion	i to Legai Expense runo	
O* - Other	letelled explanation in	rocush	rad ramarke	field (k)	No. of March		
"Codes require o	letailed explanation in	requi	en ielliai va	HOM (III)			

	_			_
Dis	hu	200	mo	nte
1.713				

				Amendment	
Page	26	of .	37	Yes	√ No

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

	ame (and Fund if applic	- TATE OF THE PARTY OF THE PART	TOTAL STREET	and the second	2.	ID Number	
Natalie For NC			William Co.				
3. Type of Disburse	ment (Please use sen	arate C	RO-1310 forms	s for each type of Dis	bursement.)		
Operating Expens			ndidates/Politica			arty Expenditures	
4. Payee Informa			Add R	emove	rest. The last		
a. Full Name, Mailin	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commer	nts	
(include city, state	e, & zip)						
NGP			c. Level Regi	stered (Specify)	200		
1101 15th St NW			Federal	County:			
Ste 500 Washington, DC 200	005-5006		State Municipality:		e. Election	Sum to Date	
						\$280.00	
f. Account Code	g. Form of Payment		rpose Code	i. Date (mm/dd/yyyy		k. Required Remarks	
cr01	Debit Card	K		11/15/2019	\$140.00	NGP Monthly Subscription	
4. Payee Informa	tion	380	Add R	emove			
a. Full Name, Mailir	ng Address & Phone		b. Coordinate	ed Committee Name	d. Commer	nts	
(include city, state	e, & zip)						
NGP			c. Level Regi	stered (Specify)			
1101 15th St NW			Federal	County:			
Ste 500 Washington, DC 200	005-5006		State	Municipality:	e. Election	Sum to Date	
Washington, DO 200	000 0000					\$280.00	
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyy)		k. Required Remarks	
cr01	Debit Card	K		12/02/2019	\$140.00	NGP Monthly Subscription	
4. Payee Informa	tion		Add R	emove			
a. Full Name, Mailir	ng Address & Phone		b. Coordinate	ed Committee Name	d. Comme	nts	
(include city, state							
Audrey Shore			c Level Regi	stered (Specify)	3900		
2520 N Roxboro St			Federal	County:			
Durham, NC 27704-	-4348		State Municipality:		e. Election	e. Election Sum to Date	
						\$406.76	
f. Account Code	g. Form of Payment	h. Pu	rpose Code	I. Date (mm/dd/yyyy		k. Required Remarks	
cr01	Electronic Funds Transfer	E		12/09/2019	\$406.76	Campaign Consulting	
5. Total only this	page				Hama	\$686.76	
		C PERSON			50/1629 (5-3-7)		
6. Total of ALL C	AND RESIDENCE OF PERSONS ASSESSED.	D	ODO 4400 % C	Secreting European)		\$5,112.71	
	e 13a of Detailed Summa				Palitical Comm	ψ0,112.71	
(This line goes in lin	ne 13b of Detailed Summa ne 13c of Detailed Summa	ry Page	CRO-1100 If C	contrib to Candidates/r	ontical Comm)		
						AND THE PROPERTY OF THE PARTY O	
	s (List detailed Exper	laiture		draising	D - To Another	Candidate	
A* - Media	B* - Printing					iblic Office Expenses	
E - salaries	F* - Equipmen	A THE				o Legal Expense Fund	
I - postage	J - Penalties		K " 011	IOG Expenses	a - policion t		
O* - Other *Codes require d	letailed explanation in	requi	red remarks	field (k)			

Disbursemer	nte			Pa	ge <u>27</u> of <u>3</u>	Amendment 7 Yes VNo
Jse this form to repo	ort expenditures from the		tee for; operati	ng expenses, contribu	tions to candida	te/political
	rdinated party expenditur			Call Service Control	2.	ID Number
Natalie For NC						
	ement (Please use sec	parate C	RO-1310 form	s for each type of Dis	bursement.)	
✓ Operating Exper	nses Contribution	ns to Ca	ndidates/Politic	al Committees	Coordinated Pa	arty Expenditures
4. Payee Informa	ation	KHE	Add R	emove		
a. Full Name, Maili	ng Address & Phone	Ne de	b. Coordinate	ed Committee Name	d. Commer	nts:
(include city, stat	e, & zip)				Food for V	olunteer Meeting
Skewers Bar 1013 W Main St Durham, NC 27701-2026		c. Level Registered (Specify) Federal County:		e Flection	Sum to Date	
(919) 680-8048			State	Municipality:	C. Eloution	\$128.58
f. Account Code	g. Form of Payment	h. P	urpose Code	i. Date (mm/dd/yyyy	/) . Amount	k. Required Remarks
cr01	Debit Card	К		12/20/2019		Food for Volunteers
4. Payee Informa	ation		Add R	emove		
a. Full Name, Maili	ng Address & Phone	413	b. Coordinat	ed Committee Name	d. Commer	nts
(include city, stat	e, & zip)				LLC Licens	se for the Candidate Committe
The Tennie Group, PO Box 1279 Knightdale, NC 275			c. Level Red	istered (Specify) County: Municipality:	e. Election	Sum to Date
(919) 814-5400						\$127.00
f. Account Code	g. Form of Payment	h. P	urpose Code	i. Date (mm/dd/yyy)	/) J. Amount	k. Required Remarks
cr01	Electronic Funds Transfer	К		11/19/2019	\$127.00	Legal Processing Fee
4. Payee Informa	ation		Add R	temove		
a. Full Name, Maili	ing Address & Phone		b. Coordinat	ed Committee Name	d. Comme	nts // / / / / / / / / / / / / / / / / /
(Include city, stat	te, & zip)		8		Postage	
United States Parce 201 N Murrow Blvd Greensboro, NC 27			c. Level Red	istered (Specify) County:		
(336) 333-9900	450-0000		State	Municipality:	e. Election	Sum to Date \$221.00
				11 8 4 /	NII Amount	
f. Account Code	g. Form of Payment		urpose Code	1. Date (mm/dd/yyy) 11/29/2019	\$221.00	Postage for mailer
cr01	Debit Card	ł		11/29/2019	\$221.00	Postage for mailer
5. Total only this	s page	Visited				\$476.
6. Total of ALL	CRO-1310 Pages		L X DESIGNATION			
(This line goes in li	ne 13a of Detailed Summa	ary Page	CRO-1100 if 0	Operating Expenses)	Political Comm)	\$5,112.
(This line goes in li	ne 13b of Detailed Summa ne 13c of Detailed Summa	ary Page ary Page	CRO-1100 if C	Coordinated Party Expe	enditures)	
	es (List detailed Expe			above)		The state of the s
A* - Modia	B* . Printing		C* - Fu	ndraising	D - To Another	Candidate

B* - Printing

J - Penalties

F* - Equipment

C* - Fundralsing

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

A* - Media

E - salaries

I - postage O* - Other

committees and cool	ts ort expenditures from the ordinated party expenditure lame (and Fund if applic	es			
Natalie For NC		000 4940 Form	s for each time of Dich	irgament \	AND AND THE PARTY OF THE PARTY
Type of DisburseOperating Expen		s to Candidates/Politic	al Committees		rty Expenditures
4: Payee Informa	tion	Add R	ternove		
a. Full Name, Mailli	ng Address & Phone	b. Coordinat	ed Committee Name	d. Commen	ts and the latest and
(include city, state	e, & zip)			Food for Ki	ckoff
Zwelis 4600 Durham Chap	el Hill Blvd	c. Level Rea	Istered (Specify) County:		
Ste 26 Durham, NC 27707	2660	State	Municipality:	e. Election	Sum to Date
(984) 219-7555	-2003		· - · - · - · - · - · - · - · - · -		\$300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k. Required Remarks
cr01	Debit Card	С	11/18/2019	\$300.00	Food for Kickoff

5. Total only this	page			\$300.00
6. Total of ALL C	RO-1310 Pages		A THE STATE OF THE STATE OF	
(This line goes in line	e 13a of Detailed Summary Page	CRO-1100 if Operating Expense	es)	\$5,112.71
(This line goes in line	e 13c of Detailed Summary Page	e CRO-1100 if Contrib to Candida e CRO-1100 if Coordinated Party	tes/Political Comm) Expenditures)	
7. Purpose Code	s (List detailed Expenditure	code in (h.) above)	A STATE OF THE PARTY OF THE PAR	Maria al extendina
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candid	
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public (
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to Leg	al Expense Fund
O* - Other			THE RESERVE OF THE PARTY OF THE	Reference and the Control of
*Codes require d	etailed explanation in requi	red remarks field (k)	The State of the S	December 2000

Aggregated Non-Media Expenditures

Transfer

Transfer

Transfer

Electronic Funds

Electronic Funds

				Amendme	nt
Page	29	of.	37_	☐ Yes	✓ No

\$12.00

\$12.00

Bank Monthly Fees

Bank Monthly Fees

	used to report NC	Non-Media Expendi	tures of \$50 or le	SS.	2. ID Number	
Natalie For I		applicable				
3. Payee Info	ormation b. Account Code	c. Form of Payment	d. Purpose Code	e. Date	f. Amount	g. Required Remarks
Add Remove	cr01	Electronic Funds Transfer	К	10/31/2019	\$116.61	Tshirts
Add Remove	cr01	Debit Card	В	11/08/2019	\$30.96	Printing Donation Form
Add	cr01	Electronic Funds	К	11/12/2019	\$49.97	Tshirts

K

K

11/29/2019

12/31/2019

	4. Total only this Page					
THE RESERVE THE PARTY OF THE PA	14 of Detailed Summary Pa			\$221.54		
6. Purpose Codes (List	t detailed expenditure	C*- Fundraising	D - To Another Candidate			
E - salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses	Bris Fe		
I - postage	J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund					

Remove

Remove

Remove

cr01

cr01

Add

Add

In-Kind Contributions Use this form to report non-monetary contributions Use CRO-1215 if In-Kind Contributions were or wi	s, donations, goods or s Il be refunded within 7	Page 30 of 37 services provided to the days.	Amendment Yes No committee or fund.
1. Committee Full Name (and Fund If applicable)			2. ID Number
Natalie For NC			
3. Contributor Information	Add R	emove	
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Comments
(Include city, state & zip) Eleshia Glover 1693 Donna Lynn Dr SE Smyrna, GA 30080-2409	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendu	Candidate Party	
	Other Reco	eipt Source	d. Election Sum to Date
			\$1,000.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Website Design and Implementation		11/10/2019	\$1,000.00
3. Contributor Information	Add R	emove	
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Comments
(include city, state & zlp) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendu ☐ Other Reco		Paper Labels d. Election Sum to Date
		f. Date (mm/dd/yyyy)	g. Fair Market Amount
e. Description	Constitution of the Party Constitution of th	10/16/2019	\$11.36
Paper Labels		10/10/2019	\$11,50
3. Contributor Information		emove	of 'n shearant and shall
a. Full Name, Mailing Address, & Phone (include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	b. Type of co		c. Comments Printing d. Election Sum to Date
			\$1,349.21
a Description	THE RESERVE TO SERVE	f. Date (mm/dd/yyyy)	g. Fair Market Amount

4. Total only this page	\$1,023.92
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$3,270.57

11/12/2019

\$12.56

Stickers

In-Kind Contributions Use this form to report non-monetary contributions	s, donations, goods or	Page 31 of 37 services provided to the	Yes No	
Use CRO-1215 if In-Kind Contributions were or wind 1. Committee Full Name (and Fund if applicable Natalie For NC	II be refunded within 7	davs.	2, ID Number	
3. Contributor Information	Add TR	lemove		
a. Full Name, Mailing Address, & Phone	b. Type of co		c. Comments	
(include city, state & zip)	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum		Post Cards	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702			, 50. 52. 52	
	Other Red	ceipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Post Cards		11/12/2019	\$26.69	
3. Contributor Information	AddF	Remove		
a. Full Name, Mailing Address, & Phone	b. Type of co	ontributor	c. Comments	
(Include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	✓ Individual		Printing	
	Other Red	ceipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description	A MARKETTA	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Letterhead and Envelops		11/12/2019	\$126.90	
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address, & Phone	b. Type of c	ontributor	c. Comments	
(include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	✓ Individual		Venue Rental	
	Other Red	ceipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description	ne by transfer	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Volunteer Kick off Venue Rental		11/17/2019	\$200.00	
4. Total only this page			\$353.59	

\$3,270.57

In-Kind Contributions Use this form to report non-monetary contributions Use CRO-1215 if In-Kind Contributions were or will	, donations, goods or s I be refunded within 7 c	Page 32 of 37 ervices provided to the days.	Amendment Yes No committee or fund.
1. Committee Full Name (and Fund if applicable)			2. ID Number
Natalie For NC		w 15 to	
3. Contributor information	Add Re	move	
a. Full Name, Mailing Address, & Phone (include city, state & zip)	b. Type of co	ntributor	c. Comments Office Supplies
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702		Candidate Party	
	Other Rece	eipt Source	d. Election Sum to Date
			\$1,349.21
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Office Supplies		11/20/2019	\$21.80
3. Contributor Information	Add R	emove	
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Comments
(Include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendu	m	Parade Accessories
	Other Rece	Other Receipt Source	
			\$1,349.21
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Candy for NCCU Parade		11/20/2019	\$56.80
3. Contributor Information	□Add □R	emove	
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Comments
(include city, state & zip)	✓ Individual		Food for Kickoff Event
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	Candidate Party PAC Referendu	1	
	Other Rec	Other Receipt Source	
			\$1,349.21
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Ford from Control for Vickoff quant		11/24/2019	\$15.98

4. Total only this page	\$94.58
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$3,270.57

11/24/2019

Food from Costco for Kickoff event

In-Kind Contributions Use this form to report non-monetary contribution Use CRO-1215 if In-Kind Contributions were or w	s, donations, goods o	Page 33 of 37 or services provided to the 7 days.	☐Yes ✓ No	
1. Committee Full Name (and Fund if applicable	Control of Column 2 (1997)		2. ID Number	
Natalie For NC				
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address, & Phone	b. Type of	contributor	c. Comments	
(include city, state & zip)	✓ Individu	al	Food for Kickoff Event	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	Candidate Party PAC Referendum			
	Other R	eceipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Food from Aldi's for Kickoff event		11/24/2019	\$48.41	
3. Contributor Information	Add	Remove		
a. Full Name, Mailing Address, & Phone	b. Type of	contributor	c. Comments	
(Include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum		Food for Kickoff Event	
	Other R	eceipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Punch for Kickoff event		11/24/2019	\$51.12	
3. Contributor information	Add	Remove		
a. Full Name, Mailing Address, & Phone	b. Type of	contributor	c. Comments	
(include city, state & zip)	✓ Individu	al	Food for Kickoff Event	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	Candida Party PAC Referen	ate		
	Other R	eceipt Source	d. Election Sum to Date	
			\$1,349.21	

4. Total only this page	\$153.59
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$3,270.57

e. Description

Food from Food Lion for Kickoff event

f. Date (mm/dd/yyyy)

11/24/2019

g. Fair Market Amount

\$54.06

In-Kind Contributions Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were or will	donations, goods or s be refunded within 7	Page 34 of 37 services provided to the days.	☐Yes ✓ No	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Natalie For NC				
3. Contributor Information	Add R	emove	SETTERNAL MARKETURE	
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Comments	
(include city, state & zip)	✓ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum		Food for Kickoff Event	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702				
	Other Reco	eipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Food from K&W for Kickoff event		11/24/2019	\$115.16	
3. Contributor Information	Add R	emove		
a. Full Name, Mailing Address, & Phone	b. Type of co	b. Type of contributor		
(include city, state & zip) Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	✓ Individual Candidate Party PAC Referendum		Supplies for Kickoff Event	
	Other Rec	eipt Source	d. Election Sum to Date	
			\$1,349.21	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	
Cups, plates, silverware and Napkins for Kickoff ever	nt .	11/24/2019	\$125.36	
3. Contributor Information	Add R	emove	WANTE STATE OF THE SAME	
a. Full Name, Mailing Address, & Phone	b. Type of co	ontributor	c. Comments	
(include city, state & zip)	✓ Individual		Food for Kickoff Event	
Christine Murdock 1001 Amity Dr Greensboro, NC 27406-5702	Candidate Party PAC Referendu	m		
	Other Rec	Receipt Source d. Election Sum to Date		
			\$1,349.2	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount	

4. Total only this page	\$480.36
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$3,270.57

11/24/2019

Food from Golden Coral for Kickoff event

\$239.84