D	iscl	osure	Report	Cover
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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		c. ID Number
Natalie For NC	2CLMXV	
b. Mailing Address (include City, State and Zi	Code)	d. Date Filed
2616 Erwin Rd	02/25/2020	
Apt 1334 Durham, NC 27705-3820		e. Phone Number
Duniani, NG 27703-3020		(919) 908-9042
2. Report Year 3. Period Start Date (mm/dd	(vy) 4. Period End Date (mm/dd	
2020 01/01/2020	02/15/2020	Ashia Williamson
6. Type of Committee (Check one)	9. Type of Report (check only or	ne type of report from one category)
✓ Candidate Campaign Party		County Referendum
PAC Referendum		ganizational
Independent Expenditure Joint Fundraise	. _ _	uarterly Pre-referendum
Legal Expense Fund	Pre-primary	First Final
Linecyal Expense Fullu		Second Supplemental Final
	Pre-runoff	Third Annual
7. Type of Fund (if applicable, check one)	Semi-annual	Fourth Special
☐ "Booster Fund"	Mid Year Se	emi-annual 10. Special Report Name
Building Fund	Year End	Mid Year
✓ Other: NC Candidates Financing Fund		Year End
8. Number of Fundraisers this Report	— Special ☐ Fin	nal
4	- □Sp	ecial
11. Account Information		
a. Financial Institution Full Name		
M & F Bank		
b. Purpose	c. Accoun	t Code
Receipts and Expenses	cr01	
		Begin Balance
	\$ 378.39	
CERTIFICATION I certify that the Committee or Fund is in complied 163 of the NC General Statutes and that no fund that this report is complete, true, and correct and Printed Name of Signer	ds are commingled with prohibited or of	ther undisclosed funds. I further certify ate Board of Elections.
FOR OFFICE USE ONLY	10 1.	Delivery Method
Date Received: 02/25/202	Employee:	☐ Normal Mail
Date Postmarked:	Employee:	Registered Mail
Date Scanned:	Employee:	Hand Delivered
	INPERSON	Electronically Filed
Date Data Entered:	Employee:	Signer has not received mandatory training
Please Note: This form cannot be used to assistant treas	amend committee information and as	
	f Organization (CRO-2100A-E) to mal	
CRO-1000	NC State Board DURHAM BOE	

Contributions from Other Political Committees

	Amendment								
ommittees	Pg	<u> </u>	of	1		Yes	X	No	

Use this form to report contributions from other candidate, referendum or PAC committees

					2. ID	2. ID Number					
Natalie For NC							2CLMXV				
3. Contributor Information			Add		Remo	ove					
a. Full Name, Mailing			b. Type o	of Committee			d. Com	ments			
(include city, state, a	& zip)			Candidate							
NC Realtors PAC			<u> </u>	Referendur							
4511 Waybuidaa I	n, Greensboro, NC 27407		c. Level I	Registered (S) Federal	pecity)	County:					
4511 Weyonage L	AI, Greensboro, NC 27407			State		Municipality:	e Elect	ion Sum to D	ate		
(336) 294-1415				State		ividinoipanty.			att		
(330) 23 . 1113							\$	\$3000			
f. Account Code	account Code g. Form of Payment h. In-K		ind Description i. Date (mm/dd/yyyy				j. Amount				
	Check					01/27/2020		\$ \$3,	00.00		
	CHOOK					01/27/2020		Ψ Ψ2,	000.00		
								\$			
								•			
								\$			
3. Contributor In	formation	П	Add		Remo	ove					
a. Full Name, Mailing				of Committee			d. Comments				
(include city, state,				Candidate		PAC					
Lillian's List				Referendu	m						
			c. Level l	Registered (S ₁	pecify)						
3117 Poplarwood	Ct Suite #130, Raleigh,		Federal			County:					
			State			Municipality:		e. Election Sum to Date			
(919) 834-9008								\$ \$5,000.00			
f. Account Code	g. Form of Payment	h. In-Kind	nd Description i. Date (mm/dd/yyyy			y) j. Amount					
	Check		02/11/202			02/11/2020	\$ \$5,000.00				
					-						
								\$			
								\$			
3. Contributor Information			Add Remove			ove					
a. Full Name, Mailing	Address & Phone		b. Type of Committee			d. Comments					
(include city, state, & zip)				Candidate		PAC			_		
				Referendu							
			c. Level Registered (Specify) Federal County:			Countrii	_				
			State			Municipality:	e. Election Sum to Date				
			State			Municipality.					
							\$				
f. Account Code	g. Form of Payment	h. In-Kine	d Descripti	on		i. Date (mm/dd/yyyy)		j. Amount			
			IN PERSON			\$					
					\$						
							\$				
4. Total only this Page				FEB 2	5 2020		\$	\$8,000.00)		
5. Total of ALL C					17.50						
**	n line 8 of Detailed Summary Page CRO	0-1100)		DURHA	AM BO	DE	\$	\$8,000.00)		