Change of Office ADDRESS Statement of Organization - Candidate Committee

Is	this	statement:	
	New	Amended	

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amer	nded form is required for	or each n	ew election year.		
1. Committee Information					
a. Name of Committee NATALISE Fore NC			d. ID Number		
b. Mailing Address (include City, State and Zip Code)			e. Date Organized		
800 Finsbury St. #2103 Durk c. Committee Website (Optional)	iam, NC 275	703	10/01/2019		
c. Committee Website (Optional)			f. Phone Number		
https:// matalie-mur Dock.com/			(919) 908-9042		
2. Candidate Information					
a. Full Name	e. Party Affiliation				
Natalie Shapelle MureDock	Democratic				
b. Mailing Address (include City, State, and Zip Code)	f. Office Sought				
a7103					
800 Firsbury St. #2103 Duchmy NC	NC Senite	2			
800 Finsbury St. #2103 Durhm, NC c. Phone Number d. Email Address	g. Next Election Year	h.	Jurisdiction		
	0				
(9A) 908-9042 term @ natalie BRNC Senate.com	1 .0000				
Email copy of report notices	2020		c District 20		
3. Treasurer Information	4. Assistant Treasur	er Inforn	nation		
a. Full Name	a. Full Name				
Phil Serb					
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State and Zip Code)				
27704			• •		
618 E. HammonD St Daham, NC					
c. Phone Number d. Email Address	c. Phone Number d.	. Email Ad	dress		
(919)696-4932 phil 4 Natalie @gmail.com					
Send report notices by email Yes No	Email copy of rep	ort notice	es		
5. Custodian of Books Information (Keeper of Records)	6. Account Information (incl. CRO-3500)				
a. Full Name	a. Financial Institution Full Name IN PERSON				
b. Mailing Address (include City, State, and Zip Code)			SEP 1 8 2020		
a	SEL 19 TOTA				
			DURHAM BOE		
c. Phone Number d. Email Address	b. Account Code c.	Туре			
Email copy of report notices					
I certify that the Committee is in compliance with all applic			•		
General Statutes and that no funds are commingled with pro	phibited or other non-di	isclosed f	unds. I further certify that		
this report is complete, true and correct.	$\times 1/1$				
Phil Seib	10/1		09/17/2020		
	gnature of Appointed Treasu	ror-	Date		
Timed rame of freaduct	or Amediated Treasur		Date		
I certify that the information above is correct, and I, as the ca	indidate, appoint said t	reasurer t	o personally fulfill the		
duties and responsibilities imposed upon the appointed treasu					
163 of the NC General Statutes.	1 wol		и .		
Adalie Mussick MY			09/17/2020		
Printed Name of Candidate	Signature of Candidate		Date		

Detailed Summary

Amendment

Yes No

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

	2. Type of Report		3. ID Number
Brenda Howerton for County Commissioner	2 nd Quarter		
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ \$667.95	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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 Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	c, 11d and 11e)	\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1853.14	\$
13b) Contributions to Candidates/Political Commit	tees (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, 1	5, 16 and 17)	\$ 1853.14	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ -1185.19	\$
ADDITIONAL INFORMATION			IN PERSON
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	IN I LINGO.
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$	SEP 0 4 2020
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	DURHAM BOE
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Do not use this form		ort and committee i	nformat	ion, must be	signed a	nd sub	mitted along with	other o	detailed forms.
1. Committee Information									
a. Full Name	Marion								ID Number
Brenda Howerton C	County C	ommissioner							ID Number
b. Mailing Address (incl	ude City,	State and Zip Code)						d.	Date Filed
3325 Tarleton West								-	
Durham, NC 27713									
								e.	Phone Number
2. Report Year	3. Perio	od Start Date (mm/d	ld/yy)	4. Period 1 (mm/dd/yy)	End Dat	e	5. Treasurer Fu	ull Nan	ne
2020		04/01/2020			06/30/2020 Monica Biggs				
6. Type of Committ	tee (Che	ck One)	9. Typ	e of Report	(ch	eck on	ly one type of repo	ort fron	n one category)
Candidate Campa		Party	Munici			State/C			eferendum
PAC		Referendum		Organizational	l		Organizational		Organizational
Independent		Joint Fundraiser		Thirty-five day	,	(Quarterly		Pre-referendum
Expenditure Legal Expense Fu	und						,		
7. Type of Fund		cable, check one)	ln -	Pre-primary			First		Final
"Booster Fund"	(9 oppos	casto, circois circy	H	Pre-election		凶	Second	-	Supplemental Final
Building Fund			lΗ	Pre-runoff		Ħ	Third		Annual
_				Semi-annual		Ħ	Fourth		Special
				Mid Year	r		Semi-annual	-	<u>.</u>
Other:				Year End	1		Mid Year	16	D. Special Report PERSO
				Final			Year End		***
8. Number of Fund	raisers t	his Report		Special			Final		A
							Special		SEP 0 4 2020
					·				
11. Account Inform	ation				11. Ac	count I	nformation		
11. Account Inform a. Financial Institution I							Information itution Full Name		DURHAMBO
									DURHAM BO
a. Financial Institution I Wells Fargo b. Purpose	Full Name	c. Account Code				cial Inst			DURHAM BO
a. Financial Institution I Wells Fargo	Full Name				a. Finan	cial Inst			
a. Financial Institution I Wells Fargo b. Purpose	Full Name	c. Account Code			a. Finan	cial Inst			
a. Financial Institution I Wells Fargo b. Purpose	Full Name	c. Account Code			a. Finan	cial Inst			c. Account Code
a. Financial Institution I Wells Fargo b. Purpose	Full Name	c. Account Code 1 d. Period Begin Balance			a. Finan	cial Inst			c. Account Code d. Period Begin Balance
a. Financial Institution I Wells Fargo b. Purpose Campaign CERTIFICATION I certify that the Con	rull Name	c. Account Code 1 d. Period Begin Balance \$ 667.95 or Fund is in compli	ance wit	th all applica	a. Finan	isions	itution Full Name	2B, & 2	c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163 of
a. Financial Institution It Wells Fargo b. Purpose Campaign CERTIFICATION I certify that the Conthe NC General State	nmittee outes and	c. Account Code 1 d. Period Begin Balance \$ 667.95 or Fund is in complithat no funds are co	ance win	ed with proh	a. Finan b. Purpo able provibited or	isions of	of Article 22A, 22	2B, & 2	c. Account Code d. Period Begin Balance
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a. Financial Institution In Wells Fargo b. Purpose Campaign CERTIFICATION I certify that the Conthe NC General Staticis complete, true and Monica Big FOR OFFICE USE Of Date Received: Date Postmarked Date Scanned: Date Data Enter	nmittee outes and correct Printed ONLY	t. Account Code 1 d. Period Begin Balance \$ 667.95 or Fund is in complithat no funds are coand that I have been have been have of Signer	ance wir	Employee: Employee: Employee:	a. Finan b. Purpo able prov nibited or State Boa	isions of other and of E	of Article 22A, 22 non-disclosed functions.	2B, & 2ds. I fu	d. Period Begin Balance \$ 22D-22M of Chapter 163 of arther certify that this report 2020 Date ivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
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Amendment

Disclosure Report Cover

CRO-1000 NC State Board of Elections August 2008

Disbursements	Pg	1	of <u>4</u>	Am
Dispui sements				П

endment Yes No Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number Brenda Howerton for County Commissioner 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add Remove 4. Payee Information a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Wix.com c. Level Registered (Specify) Federal County: Municipality: State e. Election Sum to Date h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment WEBSITE 6/29/20 \$36 1 card 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Comments b. Coordinated Committee Name (include city, state, & zip) Crawley Creative Agency c. Level Registered (Specify) Greensboro, NC Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks electronic E 4/6/20 \$250.00 IN PERSON 4. Pavee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments SEP 0 4 2020 (include city, state, & zip) Lifeloc DURHAM BOE c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment j. Amount 0 \$104.97 1 6/5/20 card \$ \$ 390,97 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) \$ 1853.14 (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)

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

NC State Board of Elections

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

December 2009

C* - Fundraising

G - Political Party

K* - Office Expenses

A* - Media

E - Salaries

I - Postage

CRO-1310

B* - Printing

J - Penalties

F* - Equipment

Disbursements

Pg 2 of 4 Amendment
Yes

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

	ull Name (and Fun				2. ID Number				
Brenda Howerton for County Commissioner									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures									
4. Payee Inform			Add	Remove					
a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		d. Comments				
(include city, state,			2. Odd willend Annihitect I		w. Commens				
Actblue									
ACIDIUC			c. Level Registered (Specify)		-1				
					-				
			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				
1	electronic	0	4/3/20	\$14.25	fee				
1	Ciccuonic		4/3/20	ψ14.23					
				\$					
				φ					
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone		b. Coordinated Committee N	Name	d. Comments				
(include city, state,	& zip)								
Grammarly									
			c. Level Registered (Specify)						
			Federal	County:	-				
			State	Municipality:	e, Election Sum to Date				
			State	Municipanty.	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				
			4/0/20		software				
1	card	О	4/8/20	\$59.95	software				
1	card	0	4/8/20	\$59.95					
		0		\$59.95 \$	software IN PERSON				
4. Payee Inform	ation	0	Add	\$59.95 \$ Remove	IN PERSON				
4. Payee Inform	nation ng Address & Phone	0		\$59.95 \$ Remove	IN PERSON				
4. Payee Inform a. Full Name, Maili (include city, state,	nation ng Address & Phone	0	Add	\$59.95 \$ Remove	IN PERSON				
4. Payee Inform	nation ng Address & Phone	0	Add b. Coordinated Committee N	\$59.95 \$ Remove	IN PERSON d. Comments SEP 0 4 2020				
4. Payee Inform a. Full Name, Maili (include city, state,	nation ng Address & Phone	0	Add b. Coordinated Committee N c. Level Registered (Specify)	\$59.95 \$ Remove	IN PERSON d. Comments SEP 0 4 2020				
4. Payee Inform a. Full Name, Maili (include city, state,	nation ng Address & Phone	0	Add b. Coordinated Committee N	\$59.95 \$ Remove	IN PERSON				
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4. Payee Inform a. Full Name, Maili (include city, state,	nation ng Address & Phone	h. Purpose Code	Add b. Coordinated Committee N c. Level Registered (Specify) Federal	\$59.95 \$Remove	d. Comments SEP 0 4 2020 DURHAM BOE e. Election Sum to Date				
4. Payee Inform a. Full Name, Maili (include city, state, Vantiv f. Account Code	ation ng Address & Phone & zip) g. Form of Payment	h. Purpose Code	Add b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	\$ \$59.95 Remove Name County: Municipality:	d. Comments SEP 0 4 2020 DURHAM BOE e. Election Sum to Date \$				
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4. Payee Inform a. Full Name, Maili (include city, state, Vantiv f. Account Code	ation ng Address & Phone & zip) g. Form of Payment	h. Purpose Code	Add b. Coordinated Committee N c. Level Registered (Specify) Federal State i. Date (mm/dd/yyyy)	\$ \$59.95 Remove Name County: Municipality:	d. Comments SEP 0 4 2020 DURHAM BOE e. Election Sum to Date \$ k. Required Remarks				
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No

Disburseme	ents			Pg		<u>3</u> of	4	Amendment Yes No		
	report expenditures coordinated party ex		e f	or; operating expenses,	, cc	ontributions to	candida	ate/political		
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(include city, state,	-									
Paula Wolfe										
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Raleigh, NC 276			Г	Federal		County:				
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	ng Address & Phone			Coordinated Committee N			d. Co	mments		
(include city, state,	& zip)							SEP 0 4 2020		
SK Graphic Des	sign									
steve@skgraphi			c. Level Registered (Specify)					-UANA BOE		
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5. Total only this Page 1170 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 1853.14 (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) B* - Printing C* - Fundraising D - To Another Candidate A* - Media E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund I - Postage J - Penalties K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009