Disclosure Rep	ort Cover				1	Amendi	Yes No
	eral report and committee i	information, mi	ıst be signed	and sub	اسا mitted along with oth		
Do not use this form t	-	,			J		
1. Committee Inform	nation						
a. Full Name						c. ID	Number
STEPHENS FOR CL	LERK OF COURT						
						1.5	. 1791 1
	de City, State and Zip Code)					d. Da	ate Filed
2310 S MIAMI BLV DURHAM, NC 2770	•						
Doldmin, No 2776	,3					e. Ph	ione Number
							919-937-9920
							919-937-9920
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Pe	riod End Da	ate	5. Treasurer Full	Name	
	0.1 /0.1 /0.00	(mana			CHUANITA MCA	ALIST	ER
2022	01/01/2022		5/10/2022				
6. Type of Committee (Check One) 9. Type of Report (check only one type							
Candidate Campai		Municipal		State/C		Refe	rendum
PAC	Referendum	Organiz	ational		Organizational		Organizational
Independent Expenditure	Joint Fundraiser	Thirty-	five day		Quarterly		Pre-referendum
Legal Expense Fur	nd	_		_			
7. Type of Fund	(if applicable, check one)	Pre-pri	-		First		Final
"Booster Fund"		Pre-ele			Second		Supplemental Final
Building Fund		Pre-run Semi-a			Third Fourth		Annual Special
		I —	id Year		Semi-annual		Special
Other:			ear End		Mid Year	10.	Special Report Name
		Final			Year End		
8. Number of Fundr	aisers this Report	Special Special			Final		
					Special		
11. Account Informa	ation		- 2	. 200.51	Information		
a. Financial Institution F	ull Name		a. Fins	ncial Ins	titution Full Name		
TRUIST			1.5				A
b. Purpose	c. Account Code		b. Pur	pose		e. /	Account Code
	d. Period Begin Balanc	e				d.	Period Begin Balance
	\$ 4982.62					s	
	\$ 4902.02						
CERTIFICATION							
I certify that the Com	mittee or Fund is in compl	iance with all a	pplicable pro	ovisions	of Article 22A, 22B,	& 22]	D-22M of Chapter 163 of
	ites and that no funds are co					I furti	her certify that this report
	A MCALISTER	ii trained by the	T MA	Patteron	Licetions.		6.1.22
CHOMMI	Printed Name of Signer		Signature	of Appoir	nted Treasurer		Date
FOR OFFICE USE O	NLY , I I			18	- 1		
Date Received:	6/1/22	Empl	oyee:	100	9 X		ery Method
		•	•			님	Normal Mail Registered Mail
Date Postmarked	1:	IN PERS	ovee:			一	Hand Delivered
Date Scanned:		Empl				_	Electronically Filed
Date Scanned:	-			_			Signer has not received
Date Data Entere	ed:	JUN 0 1 Empl	oyee:				mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes No

Detailed SummaryUse 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
STEPHENS FOR CLERK	1 ST QUATER		
		Total this	Total this
Start of Election Cycle: January 1,	2022	Reporting Period	
4) Cash on Hand at Start		\$ 4982.62	\$ 10018.62
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 336.00	\$
6) Contributions from Individuals	(CRO-1210)	\$ 3925.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 775.00	\$
11) Other Receipt Sources	commence were the discontinuous manufactures.		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$	\$
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, 1	1c, 11d and 11e)	\$ 5036.00	\$
EXPENDITURES			
13) Disbursements		-	
13a) Operating Expenditures	(CRO-1310)	\$ 9795.78	\$
13b) Contributions to Candidates/Political Comm	ittees (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,	15, 16 and 17)	\$ 9795.78	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ibtract line 18)	\$ 222.84	\$
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	Įš
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	A • • • • • • • • • • • • • • • • • • •
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support IN PERSON	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum JUN 0 1 2022	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

1

Amendment of 1 Yes

Yes	

No

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

1.0	Committee Full Na	2. ID Number							
ST	EPHENS FOR CL	E RK							
3. (Contributor Infor	nation							
-	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
	Add		CASH		05/08/20		\$ 20.00		
	Remove		CASH		03/06/20	22	Ψ 20.00		
닏	Add	4	CASH		04/09/20	22	\$ 20.00		
	Remove								
븜	Add Remove	+	CASH		03/21/20	22	\$ 20.00		
H	Add								
Ħ	Remove		CASH		03/03/20	22	\$ 40.00		
ñ	Add		G L GYY		00/07/00		4 2 2 3 3 3		
	Remove		CASH		02/27/20	22	\$ 20.00		
	Add		CASH		02/25/20	22	\$ 30.00		
	Remove		CASII		02/23/20	22	Ψ 50.00		
닏	Add	4	CC		03/01/20	22	\$ 25.00		
닏	Remove								
	Add		CC		03/03/20	22	\$ 20.00		
片	Remove								
片	Remove	+	CC		03/03/20	22	\$ 20.00		
H	Add								
Ħ	Remove		CC		03/03/20	22	\$ 20.00		
	Add		CACIT		02/02/20	20	A 25.00		
	Remove		CASH		03/03/20	22	\$ 25.00		
	Add		CASH		03/03/20	22	\$ 16.00		
	Remove		CASII		03/03/20	22	φ 10.00		
닏	Add	-	CC		03/03/20	22	\$ 30.00		
ዙ	Remove					-			
ዙ	Add Remove	-	CASH		04/26/20	22	\$ 30.00		
Η	Add								
H	Remove	1					\$		
Ħ	Add						•		
靣	Remove						\$		
	Add						\$		
	Remove						φ		
	Add						\$		
닏	Remove								
붜	Add	-					\$		
片	Remove Add								
님	Remove						\$		
H	Add		IN PER	SON					
	Remove						\$		
	Add		JUN 0 1	2022			¢		
	Remove		33.1 6 3				\$		
	Total only this		DURHAN	BOE		\$	336.00		
5.	5. Total of ALL CRO-1205 Pages \$ 336.00								
	(This line must be on line 5 of Detailed Summary Page CRO-1100)								

_		n Individuals vidual contributions of	wer \$50	or contribution	Pg s unde	of \$50 if form CR	O 1205 is no	Yes Yes	∐ No
		and Fund if applica		or contribution	is unde	a \$50 ii ioiiii CR	2. ID Num		
STEPHE	NS FOR CLERK								
3. Contri	ibutor Informatio	10		Add 🗍	Ren	nove		-	
	ne, Mailing Address &		البيسا	b. Job Title/Pro		1010	d. Comment	S	
	city, state, & zip)			CLINCAL P	HARM	IACIST			
TREVA	STEPHENS								
	IVET CHURCH F	ROAD		c. Employer's N	ame/Spe	ecific Field			
PADUCA	AH, KY 42001			VA OF KY			771 0		
							e. Election S	um to Date	
							\$	250.00	
f. Prior	g. Account Code	b. Form of Payment	i, In-k	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
		CC				02/18/2	022	\$	250.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add 🗍	Ren	iove			WE SILL
	ne, Mailing Address &		- Inches	b. Job Title/Pro			d. Comment	s	
(include	city, state, & zip)			RETIRED					
REGGIE									
	RTLAND AVE			c. Employer's N	ame/Spe	ecific Field			
APT 152							- Election C	4. D.4.	
DUKHA	M, NC 27705						e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
		CC				03/03/2	022	\$	50.00
								\$	
								\$	
3. Contri	ibutor Informatio	n		Add	Ren	iove			
	ne, Mailing Address d	& Phone		b. Job Title/Pro			d. Comment	s	
	city, state, & zip)			REALATOR					
	A BAUGHMAN GNOLIA TREE	IANE		c. Employer's N	ama/Sn	ooigo Field	-		
	M, NC 27703	LANE		SELF-EMPL					
Dorder	, 110 27703				.0122		e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/yy	ууу)	k. Amount	
		CC				03/03/2	022	\$	100.00
								\$	
				INP	ERS	ON		\$	
4. Tota	l only this Pag	e		11.11	W 0 1	7022	\$		400.00
5. Tota	l of ALL CRO	-1210 Pages		30			\$		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		n Individuals	ΦŒ	0 4 11 41	Pg		1205	Amendmen Yes	t No
P		vidual contributions of		or contributions	unde	r \$50 if form CR0			
		and Fund if applica	DIE)				2. ID Num	iber	
STEPHE	NS FOR CLERK								
3. Contr	ibutor Informatic	n		Add 🔲	Rem	iove			
a. Full Nar	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comment	s	
	city, state, & zip)			LEGAL ASSI	Γ				
1	WILLIAMS				40				
	ALSTON AVE M, NC 27707			c. Employer's Na		ecific Field			
DUKHA	WI, NC 27707			STATE OF N	C		e. Election S	um to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
		CHECK				03/03/20)22	\$	200.00
								\$	
								\$	
3. Contr	ibutor Informatio	n		Add \square	Rem	iove		ET N	
	ne, Mailing Address &			b. Job Title/Profe	ssion		d. Comment	s	
(include	city, state, & zip)			RETIRED					
CHARLI	ES HUNT								
6015 GR	ANDALE DRIVE			c. Employer's Na	me/Spe	ecific Field			
DIIDHA	M, NC 27713						e. Election S	um to Data	
DUKHA	WI, INC 27713								
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount	
		CHECK				03/03/20	022	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	n		Add 🔲	Ren	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ssion		d. Comment	s	
	city, state, & zip)			ATTORNEY					
	A SMITH	EL DD ADT 102		. Emplements No.	/C	aiga Eiald			
	ONTERREY CREI M, NC 27713	EK DK, AP1. 103		c. Employer's Na		ecinc Field			
DOMIA	WI, NC 27713			STATE OF IV	C		e. Election S	um to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/yy		k. Amount	
		CHECK				03/03/20	022	\$	75.00
								\$	
				IN PERSO	NC			\$	

JUN 0 1 2022

NO State Board of Elections

4. Total only this Page

5. Total of ALL CRO-1210 Pages

375.00

\$

\$

		n Individuals	over \$50	Pg O or contributions unde	of r \$50 if form CR		Amendment Yes Of used	No No
P		and Fund if applica		or commoditions unde		2. ID Nun		
	NS FOR CLERK						3	
3. Contri	ibutor Informatio	n		Add Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			ATTORNEY				
	DE WATFORD							
	STREET			c. Employer's Name/Spe SELF-EMPLOYED				
EKWIN,	NC 28339			SELF-EMPLOYED	·	e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		CC			03/16/2	022	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	n		Add Rem	ove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			RETIRED				
	KNIGHT			T 1 1 27 70	10 7111			
2005 S. A	ALSTON AVE			c. Employer's Name/Spe	ecilic Field			
DURHA	M, NC 27707					e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		CC			03/03/2	022	\$	100.00
							\$	
							\$	
3. Centr	ibutor Informatio	on		Add Rem	iove			
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			SECURITY PROFI	ESSIONAL			
INEZ BA		_						
	LSTEAD STREE	Γ		c. Employer's Name/Spo				
ALLENI	TOWN, PA 18109			DELTA SECURITY	1,1 NC	e. Election S	Sum to Date	
	_	Y				\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount	
		CC			03/06/2	022	\$	1000.00
							\$	
				IN PERSON			\$	
4. Tota	l only this Pag	e	Til	una o 1 2022		\$		1200.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

JUN 0 1 2022

\$

Use this f	form to report indi	vidual contributions of	ver \$50	or contrib	utions un	der \$50 if form Cl	RO 1205 is no	t used		
1. Committee Full Name (and Fund if applicable) 2. ID Number										
STEPHE	NS FOR CLERK									
3. Contri	butor Informatio	n		Add	Re	move				
a. Full Nan	ne, Mailing Address &	& Phone	Q. C.	b. Job Titl	le/Profession	1	d. Comments	S		
(include	city, state, & zip)			EDUCA	TOR/EN	ΓERTAINER				
CLAY A	IKEN									
						pecific Field				
				SELF-E	MPLOYE	ED .				
							e. Election S	um to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/y	ууу)	k. Amount		
		CC				04/09/	2022	\$	500.00	
								\$		
								\$	4	
3. Contri	butor Informatio	on		Add	Re	move				
	ne, Mailing Address &	& Phone			e/Professio	1	d. Comments	S		
	city, state, & zip)			ATTOR	NEY					
ROBERY							_			
8 CASPIAN CRT						pecific Field	-			
DUDITAM NG 27712				PERKY	PERRY I	ERRY	e. Election S	um to Doto		
DURHAM, NC 27713							\$	200.00		
						T				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd/y)			ууу)	k. Amount		
		CC				04/14/	2022	\$	/200.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Re	move	I SEL P	1		
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Titl	le/Professio	1	d. Comment	s		
	city, state, & zip)			PARAL	EGAL					
	CE GRAFTON									
	CY ROAD					pecific Field				
DURHAI	M, NC 27713			PERRY	PERRY I	PERRY	. 171	4 - D - 4 -		
							e. Election S	um to Date		
			1	\$	50.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	tion	j. Date (mm/dd/	уууу)	k. Amount		
СС					04/14/	2022	\$	50.00		
								\$		
				IN PE	RSON		14	\$		
4. Total	l only this Page	e					\$			
5. Total	. Total of ALL CRO-1210 Pages JUN 0 1 2022									
OTT 1 11		n . 17 . 7 n	ma 1100	n main i	T TANK		\$			

Contributions from Individuals

Amendment

Yes

No

Contri	ibutions fron	n Individuals				Pg	of		Yes	No No
Use this f	form to report indi	vidual contributions of	ver \$50	or contri	bution	s unde	r \$50 if form CR	O 1205 is no	ot used	
1. Comm	ittee Full Name (and Fund if applica	ble)	1000 200	- 1			2. ID Nun	nber	
STEPHE	NS FOR CLERK									
3. Contri	ibutor Informatio	n		Add		Rem	ove	1 8 6		X = Y X
	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Comment	ts	
	city, state, & zip)			ATTO	RNEY					
	ETTE BURWELI	_		. Emple	la Ma		aida Fiald	=		
1	EHURST COURT M, NC 27713			STATE			cific Field			
DOMIA	vi, 14C 27715			517111	2 01 10			e. Election S	oum to Date	
								\$		
									500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
		CHECK					03/03/20	022	\$	500.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	k Phone	40-300	b. Job Ti	itle/Prof	ession		d. Comment	ts	
	city, state, & zip)			RETIR	ED					
1	IA PASLEY									
3604 WE	3604 WEATHERBY DRIVE					me/Spe	cific Field			
 Durhat	M, NC 27703							e. Election S	Sum to Date	
DOMIA	vi, 14C 27703									
			101					\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd/y			j. Date (mm/dd/yy	уу)	k. Amount	
		CC					05/04/2	022	\$	150.00
			a Marke						\$	
	ibutor Informatio			Add		Rem	iove			
	ne, Mailing Address &	k Phone		b. Job Ti		ession		d. Comment	ts	
	city, state, & zip) TA OSHODI			RETIR	ŒD					
	GAR PINE LANE			c. Emplo	ver's Na	me/Spe	ecific Field	_		
ı	M, NC 27705									
								e. Election S	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
		CHECK					003/03/	202	\$	250.00
									\$	
						IAC			\$	
4. Tota	l only this Pag	e		INPE	HOU	אוע		\$		
5. Tota	of ALL CRO	-1210 Pages		43 45 £	0 = 0[177		\$		
(This lin	e must be on line 6 of	Detailed Summary Page (RO-1100	NUL (0120) C.L.		φ		

Contri	ibutions fror	n Individuals			Pg	of		Yes	No No	
Use this f	form to report indi-	vidual contributions o	ver \$50) or contri	ibutions unde	er \$50 if form CR	O 1205 is no	t used		
1. Comm	ittee Full Name (and Fund if applical	ole)				2. ID Num	ber		
STEPHE	NS FOR CLERK									
3. Contri	ibutor Informatio	n		Add	Ren	nove				
	ne, Mailing Address &	k Phone			itle/Profession		d. Comment	S		
40	city, state, & zip)	,		ATTO	RNEY					
	ONROE JENKINS DLEY CIRCLE	S		a Emplo	yer's Name/Sp	agific Field				
	M, NC 27713				EMPLOYEL					
BOIGH	vi, 110 27713			ODE!	Divil DO I DE		e. Election S	um to Date		
							•	100.00		
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount		
		CHECK				03/04/20	022	\$	100.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n	Ď	Add	Ren	nove				
	ne, Mailing Address &	k Phone			itle/Profession		d. Comment	s		
	city, state, & zip)			RETIR	ŒD					
BILIAMEEN OSHODI 4112 SUGAR PINE LANE				FI-	1- NI10	e. 12:14				
	GAR PINE LANE M, NC 27705			c. Employer's Name/Specific Field			-			
DUKHAI	MI, INC 27703						e. Election S	um to Date		
			,				\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd			уу)	k. Amount		
		CHECK				03/03/20	022	\$	200.00	
								\$		
								\$		
3. Contri	ibutor Informatio	n		Add	Ren	nove		1,		
	ne, Mailing Address &	k Phone		b. Job Ti	itle/Profession		d. Comment	S		
(include	city, state, & zip)			-						
				c Emplo	yer's Name/Sp	ecific Field				
				c. Emplo	yei sivanie/sp	ecine Field	-			
							e. Election S	um to Date		
							\$	00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount		
								\$		
								\$		
				DEI	RSON			\$		
4. Total	l only this Page	e		MAR		Ę	\$	-		
	l of ALL CRO			n ini	0 1 2022					
J. IVIA	LOLLEGISCH CHO	****A * 48.00		JUN 6	J 1	5	\$			

CRO-1210

(This line must be on line 6 of Detailed Summary Page CRO-1100) NG SURHAMOPHETIONS

Refunds/Reimbursements To the Committee

				Amen	dment		
Pg	<u>1</u>	of	1		Yes	\boxtimes	No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full	Name (and Fund if appli	cable)					2. ID Number	r	
STEPHENS FOR	CLERK									
				_						
3. Contributor In					Add		Remove		- 0	
a. Full Name, Mailing (include city, state,		: Pnone			а. тур ———————————————————————————————————	Candid		PAC	g. C	Comments
CITY OF DURHA				-		Refere		Party		
PARKS AND RE)N			e. Level Registered (Specify)					Priginal Expenditure Date
101 CITY HALL						Federa		County:		12/28/2021
DURHAM, NC 27						State		Municipality:		
ŕ									i. O	riginal Expenditure Amt
				0					\$	775.00
1 7 1 000 to 6 1			/G +# TP 13		c D					
b. Job Title/Profession	l	c. Employer's Name	Specific Field		f. Pur	pose UND ()E		J. E	lection Sum to Date
						OSIT)r		\$	
k. Account Code	l. Form o	f Payment	m. In-Kind I	Descrip			n. Date (mm/d	d/yyyy)		o. Amount
							01	/12/2022		\$ 775.00
3. Contributor In	formatio	n			Add		Remove			
a. Full Name, Mailing	Address &	Phone			d. Typ	e of Cor	nmittee		g. C	Comments
(include city, state,	& zip)					Candid		PAC		
						Refere		Party		
					e. Lev		ered (Specify)		h. C	Original Expenditure Date
					H	Federa State	'	County:		
						State		Municipality:	i, O	riginal Expenditure Amt
									\$	
b. Job Title/Profession	1	c. Employer's Name	e/Specific Field	l	f. Pur	pose			j. El	lection Sum to Date
									\$	
k. Account Code	l. Form o	f Payment	m. In-Kind I)escrip	tion		n. Date (mm/d	ld/yyyy)		o. Amount
										\$
3. Contributor In	formatio	n			Add		Remove		n i	V-V-12 V -1 -1
a. Full Name, Mailing	Address &	Phone			d. Typ	pe of Cor	nmittee		g. C	Comments
(include city, state,	& zip)					Candio	=	PAC		
					ĻĻ	Refere		Party		
					e. Lev		tered (Specify)	01	h. C	Original Expenditure Date
					H	Federa State	' H	County: Municipality:		
						State		winding parity.	i O	riginal Expenditure Amt
			<u>:#:</u>							I ginni Daponditute zame
									\$	
b. Job Title/Profession	1	c. Employer's Nam	e/Specific Field	ì	f. Pur	pose			j. E	lection Sum to Date
									\$	
k. Account Code	l. Form o	of Payment	m. In-Kind I)escrip	tion		n. Date (mm/d	ld/yyyy)		o. Amount
										\$
4. Total only this	Paga			NP	ERS	ON			\$	
5. Total of ALL C		0 Pages						9		
		Detailed Summary P	age CRO-1100)	111	N 0 1	2022			\$	

			Pg ee for; operating expenses	_	Amendment 3 Yes No candidate/political			
	ull Name (and Fun	d if applicable)	BAY 1		2. ID Number			
STEPHENS FO		_						
3. Type of Disb			RO-1310 forms for each					
Operating E		Contributions to Can	adidates/Political Committees		oordinated Party Expenditures			
4. Payee Inform	***************************************		Add	Remove	d. Comments			
(include city, state,	ng Address & Phone		b. Cool dinated Committee 1	vame	MEDIA FLYERS			
OVERNIGHT I					WIEDINTELEKS			
	SAS BLVD., STE. 4	87	c. Level Registered (Specify)	1				
LAS VEGAS, N			Federal 🖂	County:				
,			State	Municipality:	e. Election Sum to Date			
					ď.			
					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	CC		01/31/2022	\$517.15	MEDIA			
				\$				
4. Payee Inform	ation		Add	Remove				
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments			
VISTAGO PRI DIRT CHEAP S	NT, LLC SIGNS		c. Level Registered (Specify)		YARD SIGNS			
6706 LOHMAN LAGO VISTA,			Federal State	County: Municipality:	e. Election Sum to Date			
LAGO VISTA,	1X 70043		State	Municipanty.	\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1. Account Code	CC CC	and an post code	02/11/2022	\$2103.06	MEDIA			
				\$				
4. Payee Inforn	ration		Add 🔲	Remove				
	ing Address & Phone		b. Coordinated Committee		d. Comments			
(include city, state, LATOYA NUN CUSTOMS WI 214 CISCO ST	& zip) IN LOVE		c. Level Registered (Specify) Federal	County:	TSHIRTS			
DURHAM, NC	27707		State	Municipality:	e. Election Sum to Date			
DOMIAM, NO	21101		State	rramoipanty.	\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
A. AVEV BHE COUL	CC	,	4/11/2022	\$322.50	MEDIA			
				\$				
5. Total only th	is Page				\$			
	CRO-1310 Pages				-			

B* - Printing C* - Fundraising A* - Media E - Salaries F^* - Equipment

7. Purpose Codes (List detailed expenditure code in (h.) about

(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 Execuditures)

D - To Another Candidate

\$

I - Postage J - Penalties K* - Office Expensel 0 1 2022

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* - Other * Codes require detailed explanation in required remarks field (NAM BOE

Disbursem	ients			Pg	,	2 of	3	Amendment Yes	7 No	
Use'this form to	report expenditures	from the commit	tee	for; operating expense	es,	contributions to	candid:	ate/political		
committees and	coordinated party e	xpenditures.						F		
	Full Name (and Fur	id if applicable)						2. ID Number	2 11 =	
STEPHENS FO		es como de la como de	arcov.							
3. Type of Dist Operating		ase use separate (R	0-1310 forms for each	t					
4. Payee Inform		Contributions to Ca	_	dates/Political Committees	1		coordinate	d Party Expenditures		
	ling Address & Phone		7	Add	NI.	Remove	1.0			
(include city, state			b. Coordinated Committee Name				_	mments		
NC VOTERCO			1				ILERS W TAGE			
65 TOWN MO	UNTAIN ROAD		C	. Level Registered (Specify	v)		- 103	TAGE		
ASHEVILLE,			T	Federal X	_	County:	-			
			Ī	State		Municipality:	e. Ele	ction Sum to Date		
		T-					\$			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Red	quired Remarks		
	CC			4/26/2022		\$5100.00	MEL	DIA		
						45100.00				
						\$	ł			
4. Payee Inform	nátion		A	vdd 🗆		Damasus				
	ing Address & Phone		1	. Coordinated Committee	Na	Remove	d Co	nments		
(include city, state,			1	Coordinated Committee	1 486	m¢ .	u. Coi	iments		
VISTAGO PRI			1				YAF	RD SIGNS		
DIRT CHEAP	SIGNS		c.	Level Registered (Specify	v)		1711	W 510145		
6706 LOHMAN	N FORD ROAD		Federal Cou			County:	1			
LAGO VISTA,	TX 78645			State		Municipality:	e. Elec	tion Sum to Date		
							\$			
f. Account Code	TO CD	h D	_		_					
1. Account Code	g. Form of Payment	h. Purpose Code	-	i. Date (mm/dd/yyyy)	-	j. Amount		uired Remarks		
	CC			04/04/2022		\$1502.11	MED	IA		
				-		+				
						\$				
4. Payee Inform	ation		A	dd 🗆		Remove				
a. Full Name, Maili	ng Address & Phone		_	Coordinated Committee	Nai		d. Con	ments	20,1	
(include city, state,	& zip)									
TRUISE						WIRE FEE				
5407 S MIAMI	c.	Level Registered (Specify)							
DUDINALANO	2==02			Federal 🖂		County:				
DURHAM, NC	27703		L	State		Municipality:	e. Elec	tion Sum to Date		
							\$			
f. Account Code	g. Form of Payment	h. Purpose Code		i Data (mm/dd/man)	T	1 Amount				
		and a process of the		i. Date (mm/dd/yyyy)	+	j. Amount	_	uired Remarks		
	CC			04/26/2022		\$72.00	BAN	K FEE		
					+					
						\$				
5. Total only thi					ľ		\$			
	CRO-1310 Pages						No. of Contract of			
	line 13a of Detailed Sum						\$			
(Inis line goes in	une 13b of Detailed Sum	mary Page CRO-1100	if (Contrib to Candidates/Polit	ica	l Comm)	Φ			
				Coordinated Party Expendi	ture	25)				
A* - Media	B* - Printing	C* Fund	n.)	above)		D T 4 4		1		
E - Salaries	F* - Equipment	G - Politic					nother Candidate ding Public Office Expenses			
I - Postage	J - Penalties					Q* - Donatio	on to Leg	al Expense Fund		
O* - Other	alatatic t t		-							
CRO-1310	e detailed explanati	on in required re	ma	rks field (k) Board of Elections 20E		No. of the last of		-D-11 - 27		
CILV-1JIU		NC' N	STKI	DUSTRIOT Elections (3)				ъ .	0000	

											Amend	lment	
D	isbur	seme	nts				Pg	<u>3</u>	of	<u>3</u>		Yes	N
				4.4								4	

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	d if applicable)					2. ID Number	
STEPHENS FO	R CLERK							
3. Type of Disb	ursement (Plea	se use separate C	RO	-1310 forms for each t	vpe of Disbursen	ient.)		
Operating E	xpenses	Contributions to Car	ndida	ates/Political Committees	Co	ordinate	ed Party Expenditures	
4. Payee Inform	ation		A	dd 🔲	Remove			
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Co	omments	
(include city, state,	& zip)					PRO	OCESSING	
PAY PAL						FEI	ES	
			c.	Level Registered (Specify)				
				Federal 🔀				
				State	Municipality:	e. Ele	ection Sum to Date	
						\$		
£ Assaumt Cada	a Farm of Daymant	h. Purpose Code	<u>_</u>	: D-4- ((11/)		_		
f. Account Code	g. Form of Payment	n. I ui pose Coue	-	i. Date (mm/dd/yyyy)	j. Amount		equired Remarks	
	CC				\$88.96	FEE	25	
			1					
					\$			
4. Payee Inform			_	dd 🔲	Remove			
	ng Address & Phone		b.	Coordinated Committee N	ame	d. Co	omments	
(include city, state,								
LIBRIA STEPH			_			SNACKS		
6136 CASTELI			c.	Level Registered (Specify)				
DURHAM, NC	27713		ΙĿ	Federal 🔀	County:			
			L	State	Municipality:	e. Ele	ection Sum to Date	
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
	CASH			04/28/2022	\$90.00	SNA	ACKS	
					\$			
4. Payee Inform	ation		A	dd 🗆	Remove			
	ng Address & Phone		_	Coordinated Committee N		d. Co	omments	
(include city, state,	0							
include city, state,	or zipj		1					
			c.	Level Registered (Specify)		1		
			Federal County:					
			State Municipality:			e. Ele	ection Sum to Date	
			Ī		. ,	\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks	
					\$			
					\$			
] *			
5. Total only th			-	are some office and		\$		
# A	CRO-1310 Pages	mami Dana CDO 110	0:0	Onanativa E-mana				
_	•		90 if Operating Expenses) 90 if Contrib to Candidates/Political Comm)			\$		
	•			Contrib to Canaidates/Poutle Coordinated Party Expended				
	es (List detailed ex		_		1 (3)			
A* - Media	B* - Printing	C* - Fundame C*		ising Ma	D - To Anoth	ner Can	didate	
E - Salaries	F* - Equipment			Party 1011	H* - Holdin		ic Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce E	Expenses JUN U 1	Q* - Donati		egal Expense Fund	
O* - Other	No. 17 Tay	yes a	~	arks field UKARHAM E	OE			
* Codes requir	e detailed explanat	ion in required re	ema	arks field (k) aHAM L				