Notice must be filed within 48 hours of r Quarter-Plus report period and ends the day and ends the day of the General Election.	ay of the Primary Election	and begins the day after the last day of	the 3rd Quarter-Plus report period
This notice may be faxed in order to m			
1. Committee Information			THE NY I
A. I. Co. a. Donah and Co. a. i. data Co. a. a.			c. ID Number
AJ for Durham Candidate Comn	muee		OAAK307
b. Mailing Address (include City, State and Zi	p Code)	RECEIVED	d. Report Date
1410 Chapel Hill Street Durham, NC 27707		AUG 3 1 2021	08/31/2021
	STATE	E BOARD OF ELECTIONS	e. Phone Number
	Olivie		919-323-1398
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone	Add Add	a. Full Name, Mailing Address & Pho	me Add
(include city, state, and zip)	Remove	(include city, state, and zip)	Remove
Kenny Dalsheimer		Laura Ritchie	
1607 Hermitage Ct Durham, NC 27707		108 Forestwood Drive Durham, NC 27707	MAIL
			SEP 1 3 2021
b. Type of Contributor		b. Type of Contributor	
Political Party	d, must specify b2 and b3) d, must specify b1)	Political Party	if checked, must specify bland b3)
Other Source:	d, must specify b4)	Other Source:	f checked, must specify b4)
b1. Type of Committee		bl. Type of Committee	
Federal County: State Municipality:		Federal County:  State Municipalit	y:
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Film maker		unemployed	
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
self employed	visa	N/A	visa
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
08/04/2021	\$ 2,800	08/06/2021	\$ 5,600
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
401406113	\$ 2,800	401714789	\$ 5,600
3. Total Contributions THIS Page	(sum all the '2f' entries o	on this page)	\$ 8,400
4. Total Contributions ALL Pages	(îf multi-page, only list o	on page 1)	\$ 8,400
CERTIFICATION  I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true, correct and that more than 48 hours prior to this notice lalso be reported on the next scheduled of Samuel Rogers	funds are commingled wit t I have been trained by th being filed. I understand t campaign disclosure repor	th prohibited or other non-disclosed fi the NC State Board of Elections. The c that all contributions including those i	unds. I further certify that this contributions were received no reported on this notice must
D: 4 137 CO:		1000	***

Page

48-Hour Notice

Use this form to report all contributions of \$1,000 or more.

<sup>1</sup> Amendment

Yes

## **Detailed Summary**

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Nu	
AJ for Durham Candidate Committee			OAAK30	07
Start of Election Cycle: January 1,	2021	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 10,234.04	\$	10,234.04
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		\$ 0	\$	0
EXPENDITURES				
13) Disbursements			The state of	
13a) Operating Expenditures	(CRO-1310)	\$ 5,856.04	\$	5,856.04
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	s	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15 5	(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, 13	-	\$ 5,856.04	\$	5,856.04
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 4,377.04	\$	4,377.04
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		MAI
21) Outstanding Loans (incl ones from other campaign	ns) (CRO-1430)	\$	6,5	1417 (1
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	Min T	SEP 1 3
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		DURHAM
25) Administrative Support	(CRO-1710)	\$	\$	
26) Forgiven Loans	(CRO-1449)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 8, 43,771.90	1 '	2 43-771 00 SA
		6,400:00		1.4.00.mx
28) Contributions to be Refunded	(CRO-1215)	9	\$	I

AJ for Durham Candidat  3. Type of Disbursemen  Operating Expenses	Committ					2. ID Number
Operating Expenses	Committee	ee				OAAK307
	(Plea	ise use separate (	RO	-1310 forms for each	type of Disburse	ment)
		Contributions to Ca	ndid	ates/Political Committees		Coordinated Party Expenditures
k. Payee Information			A	dd	Remove	
. Full Name, Mailing Addres	& Phone		b.	Coordinated Committee N	lame	d. Comments
include city, state, & zip)	02554		-			
Capital Promotions Ivn.#	83334		-	I and Bariston & (Caraita)		_
			F.	Level Registered (Specify) Federal	County:	-
				State	Municipality:	c. Election Sum to Date
			-		remaining.	
						\$ 4,828.00
Account Code g. Form	f Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 debit c	red	0		08/12/2021	\$4,828.00	yard signs
1 GOOD C				VVI I.M. ZVZ I.	ΨT,020.00	
					\$	
l. Payee Information			A	dd 🗍	Remove	
. Payee Information . Full Name, Mailing Addres	& Phone		-	.00 Coordinated Committee N		d. Comments
include city, state, & zip)	Jeun I ad		0.	Continuent Communicati		to Comments
Zoom Invoice 102 49431	9		†			
			c.	Level Registered (Specify)		
			I	Federal	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 149.90
Account Code g. Form	f Payment	h. Purpose Code	┧	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 debit c	nevi	K		08/16/2021	\$149.90	zoom voice comm
1 dcon c		K		00/10/2021	\$147.70	
			- 1		\$	
l. Payee Information	_		-	dd 🗍	Domovio	
. Full Name, Mailing Addres	& Phone		T	Coordinated Committee N	Remove	d. Comments
include city, state, & zip)	CK I HUME		-	Continuated Committee	Mark C	d. Commicats
MHTP/HSTR INVOICE	0127		1			
			e.	Level Registered (Specify)		
				Federal	County:	
				State	Municipality:	e. Election Sum to Date
						\$ 480.00
Account Code g. Form	f Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1 debit c	ırd	K		08/06/2021	\$480.00	design project
					\$	
5. Total only this Page					1	¢ 5 457 00
o. Total of ALL CRO-13	10 Pages				-	\$ 5,457.90
(This line goes in line 13a of		nmary Page CRO-110	10 if 6	Operating Expenses)		IVIA
(This line goes in line 13b of			-		cal Comm)	\$ 5,856.04
(This line goes in line 13c of	Detailed Sau	unary Page CRO-110	0 if (	Coordinated Party Expendit	uras)	SEP 1 8
. Purpose Codes (List					WY COMPLETE	
	Printing Equipment	C* - Fun G - Politi				ther Candidate  Public Office Expenses  DURHAN

	coordinated party ex full Name (and Fun	the same of the sa				ayıs Tu	2. ID Number	sie, toky
AJ for Durham	Candidate Committe	ee					OAAK	307
3. Type of Dish	ursement (Plea	ise use separate (	RO-1310 forms for e	ach t	ppe of D	isbursen	nent.)	
Operating I	Expenses	Contributions to Car	ndidates/Political Committe	es		□ C	oordinated Party Expenditures	3
. Payee Inform	nation		Add		Remo	ve		
. Full Name, Mail	ing Address & Phone		b. Coordinated Commi	ttee Na	ame		d. Comments	
include city, state,	, & zip)							
Fedex Office								
			c. Level Registered (Spe	cify)				
			Federal		County	:		
			State		Munici	pality:	e. Election Sum to Date	
	0	÷					\$ 26.88	
Account Code	g. Form of Payment	h. Parpose Code	i. Date (mm/dd/yyyy	7)	j. Amou	am£	k. Required Remarks	
1	debit card	K	08/21/2021		\$26.88	2	mailings	
	don card	IX.	00/21/2021		.020.0t			
					\$			
1. Payee Inform	nation		Add		Remo	ve		
	ing Address & Phone		b. Coordinated Commit	ttee Na	nere .		d. Comments	
include city, state,	, & zip)							
Office Depot								
			c. Level Registered (Spe	ecify)				
			Federal	님	County			
			State	Ц_	Munici	pahily:	c. Election Sum to Date	
						_	\$ 72.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	)	ј. Ашог	ent	k. Required Remarks customer banner	
1	debit card	О	08/05/2021		\$72.99	•	oustomer burner	
					\$			
4. Payee Inform	nation		Add		Remo	ve		
a. Fuli Name, Mail	ing Address & Phone		b. Coordinated Commi	ttee Na	me		d. Comments	
include city, state,	, & zip)							
Monuts LLC								
			c. Level Registered (Spe	ecify)				
			Federal		County	:		
			State		Municip	pality:	e. Election Sum to Date	
							\$ 135.45	
E Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	)	j. Amor	omt	k. Required Remarks	
1	debit card	0	08/01/2021		\$135.4	45	Bakery & Cafe	
					\$			
5. Total only th	ie Page				1		\$ 235.32	
	L CRO-1310 Pages					1000	Φ 233.3Z	N IL M
(This line goes in	i line 13a of Detailed Sun		,				\$	IVIA
,	•		0 if Contrib to Candidates/		,	}	,	CED 1 n
			9 if Coordinated Party Exp	endilu	res)	1.50		SEP 13
	les (List detailed ex				-	To A	L- C- X-	HIMMI
A* - Media E - Salaries I - Postage	B* - Printing F* - Equipment J - Penalties				H*	- Holdin	her Candidate g Public Office Expenses on to Legal Expense Fund	URHAM
O* - Other	J - renames re detailed explanat		•		Ų.	- Debai	он 10 тебят гурсизе Кин	. V.V.

Disbursements

	Full Name (and Fun	d if applicable)					2. ID Number
	Candidate Committe						OAAK307
3. Type of Disb	ursement (Plea	ise use separate (	CRC	0-1310 forms for each	type of D	sbursen	
Operating I		and the same of th		lates/Political Committees		~	ordinated Party Expenditures
4. Payee Inform	nation		A	\dd	Remov	re .	
a. Full Name, Mail	ing Address & Phone		b	. Coordinated Committee	Name		d. Comments
(include city, state,	& zip)						
Strive Digital I	nv 86422408						
			€,	Level Registered (Specify	)		
			I	Federal	County:		
				State	Municip	ality:	e. Election Sum to Date
							\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amov	nt	k. Required Remarks
1	debit card	K		08/30/2021	\$50.00		August plan
					\$		
4. Payee Inform	nation		A	Add	Remov	re e	
a. Full Name, Mail	ing Address & Phone		b.	. Coordinated Committee	Name		d. Comments
(include city, state,	& zip)						
Reminiscent							
			c.	Level Registered (Specify			
			L	Federal	County:		
			L	State	Municip	ality:	e. Election Sum to Date
							\$ 37.63
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1	debit card	K		08/02/2021	\$37.63		monany pian
					\$		
4. Payee Inform	nation		A	\dd	Remov	re	
	nation ing Address & Phone		_	Add  Coordinated Committee	Remov	re	d. Comments
a. Full Name, Mail	ing Address & Phone		_		Remov	re	d. Comments
a. Full Name, Mail	ing Address & Phone , & zip)		b.	Coordinated Committee	Remov	7e	d. Comments
a. Full Name, Mail (include city, state,	ing Address & Phone , & zip)		b.	Coordinated Committee  Level Registered (Specify	Remov		d. Comments
a. Full Name, Mail (include city, state,	ing Address & Phone , & zip)		b.	Coordinated Committee  Level Registered (Specify  Federal	Remove Name		
a. Full Name, Mail (include city, state,	ing Address & Phone , & zip)		b.	Coordinated Committee  Level Registered (Specify	Remov		d. Comments  c. Election Sum to Date
a. Full Name, Mail (include city, state,	ing Address & Phone , & zip)		b.	Coordinated Committee  Level Registered (Specify  Federal	Remove Name		
a. Full Name, Mail (include city, state, Hometown App	ing Address & Phone , & zip)	b. Purpose Code	b.	Coordinated Committee  Level Registered (Specify  Federal	Remove Name	ality:	c. Election Sum to Date
a. Full Name, Mail (include city, state, Hometown App	ing Address & Phone & zip) parel	h. Purpose Code F	b.	Coordinated Committee  Level Registered (Specify Federal	Remove Name  County: Municip	ality: nt	e. Election Sum to Date \$ 75.19
a. Full Name, Mail (include city, state, Hometown App f. Account Code	ing Address & Phone & zip) parel g. Form of Payment		b.	Coordinated Committee  Level Registered (Specify Federat State	Remove Name  County: Municip	ality: nt	c. Election Sam to Date \$ 75.19 k. Required Remarks
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Disbursements

Amendment

☐ No