D'adam Danid Cama	Amendment	t
Disclosure Report Cover	☐ Yes	X No
Use this form for general report and committee information, must be signed and submitted along wi	th other de	tailed forn

ns. Do not use this form to update information. 1. Committee Information Full Name c. ID Number Marshall 4 Mayor (Maverick United) b. Mailing Address (include City, State and Zip Code) d. Date Filed PO BOX 14223 Durham, NC, 27709 e Phone Number 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2023 07/31/23 12/31/23 Marshall O'Neil Williams Jr. 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) X Candidate Campaign Party Municipal State/County Referendum Organizational Organizational Referendum Organizational Thirty-five day Quarterly Pre-referendum Independent Expenditure I Joint Fundraiser Pre-primary First Final Legal Expense Fund Pre-election Second Supplemental Final 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual X Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Bank of America b. Purpose c. Account Code b. Purpose c. Account Code For Campaign d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. Marshall Williams Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail PERSON Registered Mail Date Postmarked: Hand Delivered Electronically Filed A MET BO GO VO 24 Date Scanned: Signer has not received Date Data Entered: Employee: 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.

Yes

No

 $\boxtimes$ 

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				
Marshall 4 Mayor (Maverick United)	2023 Year End Se	mi -			
	Annual	Total this	Total this		
Start of Election Cycle: January 1,	2023	Reporting Period			
4) Cash on Hand at Start		\$	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 405	\$ 405		
6) Contributions from Individuals	(CRO-1210)	\$ 6700	\$ 6700		
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 Organizat	ions (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, 1	1c, 11d and 11e)	\$ 7105	\$ 7105		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 6782.78	\$ 6782.78		
13b) Contributions to Candidates/Political Comm	ittees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 90.77	\$ 90.77		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$ 113	\$ 113		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 6986.55	\$ 6986.55		
19) Cash on Hand at End (Add lines 4 and 12 together, then sa	ibtract line 18)	\$ 118.45	\$ 118.45		
ADDITIONAL INFORMATION			-		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campai	gns) <i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support IN PERSON	(CRO-1710)	\$	\$		
26) Forgiven Loans JAN 2 6 2024	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded DURHAM BOE	(CRO-1215)	\$	\$		
CDO 1100 NC State Board of F			August 2009		

		n Individuals		Pg	_1 of		Yes	No No
				or contributions unde	er \$50 if form CR			
1. Comm	ittee Full Name (	and Fund if applica	ble)			2. ID Nu	mber	
Marshall	4 Mayor (Maverio	k United)						
3. Contri	butor Informatio	n		Add Ren	nove			
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Commer	ıts	
	city, state, & zip)			Barber				
Leroy Mo	Knight			c. Employer's Name/Sp	esific Field	+		
3305 Mes	adowrun Dr			Self - Employed	ecinc Field	-		
	NC, 27707			Son Employed		e. Election	Sum to Date	
,								
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Credit			8/21/2	023	\$	100
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
a. Full Nan	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Adjunct Professor				
Jane Smit	h							
16114 N	T			c. Employer's Name/Spo		-		
17	ursery Lane ourg, MD, 20878			Montgomery Colleg	ge	e Election	Sum to Date	
Gaitticist	uig, MD, 20070							
	·	· · · · · · · · · · · · · · · · · · ·				\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Credit			8/22/20	023	\$	100
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Diversity and inclus	sion			
Tony Jeff	reys			c. Employer's Name/Spe	ecific Field	-		
2620 Free	estone Lane			Fidelity Investment		1		
1	NC, 27603				_	e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y)	/yy)	k. Amount	
	M1	Credit			8/22/2	023	\$	100
							\$	
				IN PERSON			\$	
4. Total	only this Page	e	1			\$		300
	of ALL CRO			JAN 2 6 2024	THE RESERVE OF			
		Detailed Summary Page C	RO-1100	))		\$		6700

CRO-1210

NC State Bolt and BOE

		m Individuals			Pg		12		No No
		vidual contributions of		or contributi	ions unde	r \$50 if form CR	O 1205 is n	ot used	
1. Comm	ittee Full Name	and Fund if applica	ble)				2. ID Nui	nber	
Marshall	4 Mayor (Maverie	ck United)							
3. Contri	ibutor Informatio	on		Add	Ren	nove			
	ne, Mailing Address	& Phone		b. Job Title/P			d. Commen	ts	
Jamie Spa	city, state, & zip)			Not Emplo	yed				
Janne Spa	adaiora			c. Employer's	Name/Sne	ecific Field			
5820 Fan	rington Road			Not Emplo					
	iil, NC, 27517			1			e. Election S	Sum to Date	
							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	1	j. Date (mm/dd/yyyy)		k. Amount	
	M1	Credit				8/22/20	\$	100	
								\$	
					_			\$	
3. Contri	ibutor Informatio	on .		Add 🔲	Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Commen	ts	
	city, state, & zip)			Not Emplo	yed				
Maceo Sl	loan				** **	10 10 11			
1610 Por	wfin Lane Apt 2			c. Employer's		eine Kield	-		
	Beach, NC, 28428			Not Emplo	yeu		e. Election S	Sum to Date	
Curonna	110, 20120	•							
			,				\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	1	j. Date (mm/dd/yyyy)		k. Amount	
	M1	Credit				8/23/20	123	\$	250
								\$	
								\$	
	ibutor Informatio			Add	Rem	nove			
	ne, Mailing Address &	& Phone		b. Job Title/P			d. Commen	ts	
(include Donald M	city, state, & zip)			Mental He	alth				
Donaid iv	ACIVIIIIAII			c. Employer's	Name/Sne	ecific Field			
9800 Naj	ma St			Donald Mo					
_	NC, 27613						e. Election 8	Sum to Date	
							\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	9	j. Date (mm/dd/yy	уу)	k. Amount	
	M1	Credit		N PERS	NC	8/30/20	)23	\$	250
								\$	
				JAN 2.6 7	1/4			\$	
4. Total	l only this Pag	e		DURHAM	BOE		\$ 6		600
5. Total	of ALL CRO	-1210 Pages		50,			\$		6700
(This line	e must be on line 6 of	Detailed Summary Page C	CRO-1100	9)			•		0700

		n Individuals		Pg	3 0		Yes	No No
				or contributions unde	r \$50 if form CI			
1. Comm	ittee Full Name (	and Fund if applica	ble)			2. ID Nu	nber	
Marshall	4 Mayor (Maverio	ck United)						
	butor Informatio			Add Rem	ove			
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Sales				
Cozell M	cQueen			c. Employer's Name/Spe	cific Field	-		
1916 broo	igen Ln			Pharma	A TORG	1		
	NC, 27703					e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	j. Date (mm/dd/y		k. Amount	
LITTO			1. 111-1	and Description				100
	M1	Credit			9/04/2	3023	\$	100
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rem	ove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Attorney				
Derek Hu	nter							
6 I adv A	ster Court			c. Employer's Name/Spe NC Department of J		-		
	NC, 27712			NC Department of 3	ustice	e. Election S	Sum to Date	
Dunain, 140, 27712					\$	100		
f. Prior	g. Account Code	h. Form of Payment	i. Iu-l	Kind Description	j. Date (mm/dd/y	vvv)	k. Amount	
	M1	Credit		•	9/07/2		\$	100
							\$	
							\$	
3. Contri	butor Informatio	)n		Add Rem	ove			
a. Full Nan	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Not Employed				
Alice Ow	en			c. Employer's Name/Spe	eific Field	+		
711 Derb	v Court			Not Employed	CINC FICIG			
	NC, 27707			1		e. Election S	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Credit			9/12/2	023	\$	100
				IN PERSON			\$	
				JAN 2 6 2024			\$	
4. Total	only this Pag	e		DUDI IAM DOL		\$		300
5. Total	of ALL CRO	-1210 Pages		DURHAM BOI		d.		EPA.C
(This line	must be on line 6 of.	Detailed Summary Page (	CRO-1100	))		\$		6700

		n Individuals	PEC	\		Pg	4 of	12	Yes	No No
		vidual contributions of and Fund if applica		or contrib	ution	s under	r \$50 if form CR	2. ID Nur		
	4 Mayor (Maverio		ole)					2. ID Nu	nber	
	butor Informatio			Add [	7	Rem	ove			
	ne, Mailing Address &			b. Job Title	i e/Profe		OVC	d. Commen	ts	
	city, state, & zip)			Not Emp				u. Commen		
Karen Pro										
				c. Employe	r's Na	me/Spe	cific Field			
Po box 52				Not Emp	oloyed	j				
Durham,	NC, 27717							e. Election S	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descript	ion		j. Date (mm/dd/yyyy)		k. Amount	
	M1	Credit					9/13/20	023	\$	100
									\$	
									\$	
3. Contri	butor Informatio	n		Add [		Rem	ove			
a. Full Nau	ie, Mailing Address &	& Phone		b. Job Title	/Profe	ession		d. Commen	ts	
	city, state, & zip)			Attorney	,					
Reuben a	nd Pamela Young							-		
102 Uahh	lebrook Court			c. Employe State of 1				-		
Cary, NC				State of I	NOLLI	. Caron	ша	e. Election S	Sum to Date	
Oury, 110	, =, 5.10									
		<b>.</b>						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	ion		j. Date (mm/dd/yy	уу)	k. Amount	
	M1	Credit					9/13/20	)23	\$	250
									\$	
									\$	
3. Contri	butor Informatio	n		Add [		Rem	ove			
	e, Mailing Address &	k Phone		b. Job Title	/Profe	ession		d. Commen	ts	
	city, state, & zip)			Auditor						
Alfreada	Hildreth Sanders			c. Employe	wie Nie	ma/Ena	aiga Fiald	-		
1537 Ede	n Rose Pl			Nissan	1 5 14a	messher	eme ricia	-		
Nolensville, TN, 37135				11105441				e. Election S	Sum to Date	
								\$	250	2
f. Prior	g. Account Code	b. Form of Payment	i. In-K	ind Descripti	ion		j. Date (mm/dd/yy	yy)	k. Amount	
	M1	Credit	11	N PERS	ON		9/14/20	)23	\$	250
				IAN O C 2	024				\$	
				JAN 2 6 2	UZ4				\$	
4. Total	only this Page	e	D	URHAM E	30E	\$		600		
5. Total	of ALL CRO	-1210 Pages						d.		6700

		m Individuals			Pg		of <u>12</u>	☐ Ye	s 🛛 No
		vidual contributions		or contribution	s unde	r \$50 if form C			
		and Fund if applica	DIE)				2. ID Nu	mber	
Marshall	4 Mayor (Maverio	ck United)							
	butor Informatio			Add	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Prof			d. Comme	nts	
Nicole Jo	city, state, & zip)			Business Own	ner				
TVICOIC 30	1103			c. Employer's Na	me/Spe	cific Field			
4010 Lila	Blue Ln			Self Employe					
Raleigh, 1	NC, 27612						e. Election	Sum to Date	
							\$	350	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Description		j. Date (mm/dd/	уууу)	k. Amount	1
	M1	Credit				9/15/	2023	\$	250
	M1	Credit				9/15	/2023	\$	100
								\$	
3. Contri	butor Informatio	on		Add	Rem	ove			
	ne, Mailing Address &			b. Job Title/Prof			d. Comme	nts	
	city, state, & zip)			Attorney					
Sherrod I	Banks			. ENie		.ie. Till	_		
1125 Che	roh I ane			c. Employer's Na The Banks La			-		
1	NC, 27713			THE BUILD DO		LA	e. Election	Sum to Date	
,,						\$	250		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	-Kind Description j.		j. Date (mm/dd/yyyy)		k. Amount	
	M1	Credit				9/20/	2023	\$	250
								\$	
								\$	
	butor Informatio			Add 🗌	Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Comme	nts	
Tonya Je	city, state, & zip)			Supply chain					
1 onya se.	incys			c. Employer's Na	ıme/Spe	cific Field	_		
2620 Free	estone Ln			Dell Technolo					
Raleigh,	NC, 27603						e. Election	Sum to Date	
							\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description		j. Date (mm/dd/	/уууу)	k. Amount	-,
	M1	Credit		N PERSON	1	9/20/	2023	\$	200
				IAN 9 E 2004				\$	
				JAN 2 6 2024				\$	
	l only this Pag		D	DURHAM BOE			\$ 800		800
5. Tota	of ALL CRO	-1210 Pages				\$ 67		6700	
(This lin	e must be on line 6 of	Detailed Summary Page C	CRO-1100	))			-		3700

		m Individuals	over \$50	0 or conti	ributio	Pg is unde	<u>6</u> of r \$50 if form CR			l 🔯 No
		(and Fund if applica						2. ID N		
Marshal	l 4 Mayor (Maveri	ick United)								
3. Conti	ributor Informati	on		Add		Rem	ove			
	me, Mailing Address	& Phone		b. Job T				d. Comm	ents	
	e city, state, & zip)			Ophth	almolo	gist				
Dwight	гепту			c. Empl	over's N	ame/Spe	cific Field	-		
2207 Vi	ntage Hill Drive				Health					
Durham	, NC, 27712							e. Election	n Sum to Date	
								\$	500	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y	d/yyyy) k. Amount		
	M1	Credit					9/22/20	023	\$	500
									\$	
									\$	
3. Conti	ributor Informati	on		Add		Rem	ove			
a. Full Na	me, Mailing Address	& Phone		b. Job T				d. Commo	ents	
	e city, state, & zip)			Securi	ity Off	icer				
Bernice	Kussen			c. Empl	over's N	ame/Sne	cific Field	-		
107 wrig	ght hill dr				nstitute					
Durham	, NC, 27712							e. Election	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Descr	iption		j. Date (mm/dd/y	nm/dd/yyyy) k. Amo		
	M1	Credit					9/23/20	023	\$	100
									\$	
									\$	
	ributor Informati			Add		Rem	ove			
	me, Mailing Address	& Phone		b. Job T				d. Comme	ents	
	e city, state, & zip) n Crumpler			Not E	mploy	ed				
111501110	ii Orampioi			c. Empl	oyer's N	ame/Spe	cific Field			
	ee ind blvd #6378			Not E	mploy	ed				
Suwane	e, GA, 30024							e. Election	n Sum to Date	
		_						\$	1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/y		k. Amount	
	M1	Credit					9/25/2	023	\$	1000
			IN	PERS	ON				\$	
			JA	N 2 6 20	174				\$	
	al only this Pag							\$		1600
5. Tota	al of ALL CRO	)-1210 Pages	DUF	RHAM E	BOE			\$		6700

6700

		m Individuals vidual contributions of	over \$50	or conti	ribution	Pg as unde	_7 of r \$50 if form CR		Amendmen Yes ot used	No
1. Comm	ittee Full Name (	and Fund if applica	ble)					2. ID Nu	mber	
Marshall	4 Mayor (Maverio	ck United)								
3, Contri	butor Informatio	n		Add		Rem	ove			
	ie, Mailing Address &	& Phone			itle/Pro			d. Commen	its	
	city, state, & zip)			Not E	mploye	ed				
Lisa Mor	gan			c. Empl	over's N	ame/Sne	cific Field	-		
4205 Rice	eland Dr				mploye		cante a term	1		
Durham,	NC, 27705							e. Election	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	М1	Credit					9/27/2	023	\$	100
									\$	
									\$	
3. Contri	butor Informatio	)ri		Add	П	Rem	ove			
	ne, Mailing Address &			b. Job T	itle/Prof			d. Commen	ts	
	city, state, & zip)			Retire	d					
Sandra W	hite-Olden									
10 Oneil	Ridge Rd.			c. Emple		ame/Spe	cific Field	-		
-	NC, 27705			Kelic	u			e. Election S	Sum to Date	
,	,							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	. In-Kind Description			j. Date (mm/dd/yyyy)		k. Amount	
	M1	Check					9/20/2	023	\$	100
									\$	
									\$	
3. Contri	butor Informatio	)n		Add		Rem	ove			
	ie, Mailing Address &	& Phone		b. Job T				d. Commen	ts	
	city, state, & zip) Williams			Finaci	al Adv	isor				
Quantena	Williams			c. Emple	over's N	ame/Spe	cific Field	-		
412 Old I	Buggly Trail				uan Co					
Hillsboro	ugh, NC, 27278							e. Election S	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Gind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Check	INI	DEDO			9/27/2	023	\$	100
				PERS	UN				\$	
			JA	N 2 6 202	24				\$	
4. Total	only this Pag	e	DUR	HAM BO	2=			\$		300
5. Total	of ALL CRO	-1210 Pages		WIN R	JE			¢		6700

\$

6700

_		m Individuals	over \$5	0 or cont	ribution	Pg s under	8 of		Amendment Yes not used	No No
1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID No	ımber	
Marshall	4 Mayor (Maveri	ck United)								
3. Contr	ibutor Informati	on		Add		Rem	ove	1-11-11-11		
a. Full Nar	ne, Mailing Address	& Phone		b. Job 7	Title/Prof	ession		d. Comme	ents	
	city, state, & zip)			Radio	logy					
Leroy Ro								-		
_	ne Roberts Theory Circle						eific Field edia Center	-		
	NC, 27712			Сарс	rcai va	ncy w	cuia Center	e. Election	Sum to Date	
Durinum,	110, 27, 12							\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	ription		j. Date (mm/dd/y		k. Amount	
	M1	Check					9/27/2	023	\$	100
П									\$	
	<del>/</del>								\$	
3 Contr	ibutor Informati	OB		Add		Rem	ove			
	ne, Mailing Address		البا		Fitle/Profe		010	d. Comme	nts	
	city, state, & zip)			_	ct Profe					
-	ene Johnson									
David Jo							cific Field			
	neberry Dr.			1	Carolin	a Cent	ral			
Durham,	NC, 27713			Unive	ersity\			e. Election	Sum to Date	
								\$ 100		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desci	ription		j. Date (mm/dd/y			
	M1	Check					9/27/2	023	\$	100
									\$	
									\$	
3. Contr	ibutor Informati	on		Add		Rem	ove			
a. Full Na	ne, Mailing Address	& Phone		b. Job T	litle/Profi	ession		d. Comme	ents	
	city, state, & zip)			Guida	ince Cou	ınselor				
Carla Joh	inson			- D			- A - A - A - A - A - A - A - A - A - A	-		
14501 G	uilford Ridge Rd.				na Schoo		cific Field	-		
	cet, VA, 20169			Vilgii	ia senoi	or syst	Cili	e. Election	Sum to Date	
	,,							\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Desci	ription		j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Check		IN PE	Deal		9/28/2	023	\$	250
				HAFE	HOU	٧			\$	
			1	JAN 2	6 2024				\$	
4. Tota	l only this Pag	re	1	DURHA	MPO			\$		450
	l of ALL CRO			JULIA	UVI DUI					£200

Contri	ibutions fro	m Individuals				Pg	_9 of	12	Yes	No.
Use this f	orm to report indi	ividual contributions of	over \$50	or contri	ibution		r \$50 if form CR	O 1205 is n	ot used	<del></del>
1. Comm	ittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber	
Marshall	4 Mayor (Maverie	ck United)								
3. Contri	butor Informatio	on		Add		Rem	ove			
1	e, Mailing Address	& Phone		b. Job Ti		ession		d. Commer	its	
Cameron	city, state, & zip)			Attorne	ey					
Cameron	Detton			c. Emplo	yer's Na	ame/Spe	cific Field	-		
2620 Tee	rmark Ln			Belton						
Durham,	NC, 27703							e. Election	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	L Kind Descri	ption		j. Date (mm/dd/y	ууу)	k. Amount	
	M1	Credit					9/27/2	023	\$	100
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove		- J. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	e, Mailing Address &	& Phone		b. Job Ti	itle/Prof	ession		d. Commer	its	
	city, state, & zip)			Directo	or of E	ırollm	ent Managem			
Kemi No	nez			e Emplo	ver's No	me/Sne	cific Field	-		
202 Ashn	nont Ln			Durhar			cinc riciu	-		
Durham,	NC, 27713					-		e. Election	Sum to Date	
								\$	250	
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Descri	ption		j. Date (mm/dd/y)	ууу)	k. Amount	
	M1	Credit					9/27/20	023	\$	250
									\$	
	- 0								\$	
	butor Informatio			Add		Rem	ove			
	e, Mailing Address d	& Phone		b. Job Ti				d. Commer	its	
Brenda T	city, state, & zip)			Admin	istrativ	e Supp	oort Special			
13102400 1				c. Emplo	yer's Na	ıme/Spe	cific Field			
	eaver Street			NCCU						
Durham,	NC, 27707							e. Election	Sum to Date	
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Cind Descri	ption		j. Date (mm/dd/y	yyy)	k. Amount	
	MI	Credit		IN PEI	RSA	N	9/28/20	023	\$	100
									\$	
				JAN 2	6 2024				\$	
THE RESERVE OF THE PERSON NAMED IN	only this Pag			DURHAM BOE			\$ 450		450	
5. Total	of ALL CRO	-1210 Pages			50			\$		6700
(This line	must be on line 6 of	Detailed Summary Page (	CRO-1100	")				The state of the s		0700

		m Individuals			Pg	<u>10</u> of	12_	Yes	No No	
		vidual contributions		or contribution	s unde	r \$50 if form CR	~			
1. Comm	ittee Full Name (	and Fund if applica	ble)				2, ID Nui	nber		
Marshall	4 Mayor (Maverio	ck United)								
	butor Informatio			Add 🗌	Rem	ove				
	ne, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Commen	ts		
	city, state, & zip) Henderson			dentist						
516 W Ri	dgeway St n, NC, 27589			c. Employer's No		cific Field	e Flection	c. Election Sum to Date		
Warrence	u, 140, 2730)						\$	100		
f. Prior	g. Account Code	h. Form of Payment	1 1-1	Kind Description		: Data (mm/dd/m		k. Amount		
I, Prior			L. 18-F	Mad Description		j. Date (mm/dd/y)				
	M1	Credit				9/29/20	J23 	\$	100	
								\$		
								\$		
3. Contri	butor Informatio	on		Add 🗍	Rem	ove				
	ie, Mailing Address &			b. Job Title/Prof	ession		d. Commen	ts		
	city, state, & zip)			Tech Leader						
Sheronda	Jeffries			W 1 . 1 . N	<b>6</b> 0	*** NO. E.S.				
27 Lakahi	urst Court			c. Employer's Na	ıme/Spe	cine Field				
	NC, 27713			Cisco			e. Election S	Sum to Date		
Duirmii, 110, 21115						\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	/vv)	k. Amount		
	M1	Credit		-		9/30/20		\$	100	
								\$		
								\$		
3. Contri	butor Informatio	)n		Add 🔲	Rem	ove				
a. Full Nam	e, Mailing Address d	& Phone		b. Job Title/Prof			d. Commen	ts		
	city, state, & zip)			Real Estate B	roker					
Michelle	Stanback			c. Employer's Na	ma/Sna	cific Field	-			
4011 Cro	wn Hill Drive					HomeService	-			
	NC, 27707						e. Election S	Sum to Date		
							\$	250		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	уу)	k. Amount		
	M1	Credit				10/01/2	023	\$	250	
			1	NPERSON	1			\$		
								\$		
<u> </u>				0 2024						
4. Total	only this Pag	e		JAN 2 6 2024			\$		450	
	only this Pag			JAN 2 6 2024 DURHAM BC	)E		\$		450 6700	

Amendment **Contributions from Individuals** Yes 🖂 11 No Pg of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Marshall 4 Mayor (Maverick United) 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Change Agent Gregory Hill c. Employer's Name/Specific Field 5015 Miller Drive Minority Trailblazer Media Durham, NC, 27704 e. Election Sum to Date 250 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount M1 Credit 10/3/2023 250 П \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney William Thomas c. Employer's Name/Specific Field 407 HOGANS VALLEY WAY b ThomasFerguson and Beskind e. Election Sum to Date CARY, NC, 27513 100 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П M1 \$ Credit 10/7/2023 100 \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) **Business Owner** Nicole Jones c. Employer's Name/Specific Field 4010 Lila Blue Ln Self Employed Raleigh, NC, 27612 e. Election Sum to Date 250 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П M1 Credit 10/15/2023 \$ 250 \$ N PERSON \$ JAN 2 6 2024 4. Total only this Page \$ 600

5. Total of ALL CRO-1210 Pages

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

**DURHAM BOE** 

6700

\$

**Contributions from Individuals** M Yes No Pg 12 of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Marshall 4 Mayor (Maverick United) Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney Janis Ernst c. Employer's Name/Specific Field 1707 Haddington Dr. Self Durham, NC, 27712 e. Election Sum to Date 250 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount M1 Credit 9/25/2023 \$ 250 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date f. Prior i. In-Kind Description h. Form of Payment j. Date (mm/dd/yyyy) g. Account Code k. Amount \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount IN PERSON \$ \$ JAN 2 6 2024 4. Total only this Page \$ 250 5. Total of ALL CRO-1210 Pages DURHAM BOF \$ 6700

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

Disbursem	ents				Amendment		
		res from the committ	Pg tee for; operating expenses,		3 Yes No		
committees and			we for, operating expenses,	contributions to	candidate/pointear		
	the same of the same of the same of	Fund if applicable)			2. ID Number		
Marshall 4 May							
3. Type of Disb	ursement (	Please use separate (	CRO-1310 forms for each t	vpe of Disbursen	nent.)		
Operating E	xpenses	Contributions to Ca	andidates/Political Committees	C	oordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove			
a. Full Name, Maili	ng Address & Phon	e	b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
Carolina Prints	LLC						
			c. Level Registered (Specify)				
121 Norwood C			Federal	County:			
Mebane, NC, 27	7302		State	Municipality:	e. Election Sum to Date		
					\$ 1275		
f. Account Code	a Farm of Dayma	nt b. Purpose Code	i Data (mm/dd/mm)	I Amaunt	I. Daniba I Danib		
I. Account Code	g. Form of Payme	III M. I di post code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
M1	Debit Card	В	9/18/2023	\$637.50	Campaign Yard Signs		
141	Dala Card	D	0/00/0000	0.007.50	Campaign Yard		
M1	Debit Card	В	9/22/2023	\$637.50	Signs		
4. Payee Inform	ation		Add	Remove			
a. Fuli Name, Maili	ng Address & Phon	e	b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
Carolina Prints	LLC						
			c. Level Registered (Specify)				
121 Norwood C			Federal	County:			
Mebane, NC, 27	/302		State	Municipality:	e. Election Sum to Date		
					\$ 265		
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MI	Dahit Cand		0/06/0000	6265	Vinyl Sign		
M1	Debit Card	A	9/26/2023	\$265	-		
				\$			
4. Payee Inform			Add	Remove	Y		
a. Full Name, Maili	•	e	b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
Popshelf			a Y and Desistened (Conside)				
6807 Fayettevill	a DA STE 103		c. Level Registered (Specify)	County:	-		
Durham, NC, 27			State	Municipality:	e. Election Sum to Date		
Durnam, NO, 2	713			within cipality.	e. Election Sum to Date		
					\$ 11.83		
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
M1	Debit Card	О	9/27/2023	\$11.83	Fundraising		
					Material		
				\$			
5. Total only thi	s Page				\$ 1551.81		
6. Total of ALL		es			, IDD1101		
		Summary Page CRO-110	00 if Operating Expenses)		\$ (700 70		
(This line goes in	line 13b of Detailed	Summary Page CRO-110	00 if Contrib to Candidates/Politic	cal Comm)	\$ 6782.78		
			00 if Coordinate Na BERRIO	789			
		l expenditure code in					
A* - Media	B* - Printing				her Candidate		
E - Salaries I - Postage	F* - Equipm J - Penalties		ice Expenses		g Public Office Expenses on to Legal Expense Fund		
O* - Other	- A chimeles	, ax - VIII	-		on to regai ryhense r unu		
	e detailed expla	nation in required r	DURHAM BO	E			

Disbursem				Pg		<u>3</u>	☐ Yes ⊠ No
			tee	for; operating expenses	s, contributions to	candid	ate/political
And in case of the last of the	coordinated party ex	A STATE OF THE PARTY OF THE PAR					A TO M
	ull Name (and Fun or (Maverick United						2. ID Number
			nn/	1210 farms for mak	tune of Dichage	wand l	
3. Type of Disb				1310 forms for each lates/Political Committees			ed Party Expenditures
4. Payee Inform		Contributions to Ca	_	Add	Remove	Ordinate	a raty expellments
	ing Address & Phone		_	. Coordinated Committee 1		A.C	mments
(include city, state,	-		F	Cool dimated Committee 1	· · · · · · · · · · · · · · · · · · ·	4,00	Januara Carto
Walmart	с шрј		1				
			c	. Level Registered (Specify)	)		
1001 Shiloh Glo	enn Dr.			Federal	County:		
Morrisville, NC, 27560				State	Municipality:	e. Ele	ection Sum to Date
						\$	83.15
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
M1	Debit Card	0		9/27/2023	\$83.15	Fund Mate	draising
					\$	Iviat	Cital
4. Pavee Inform	ation			Add 🗍	Remove		
	ng Address & Phone		_	. Coordinated Committee I		d. Co	omments
(include city, state,	•					1	
Office Depot	CC 2.0)		1			-	
			c	Level Registered (Specify)	)		
5600 S Miami I	Blvd.			Federal	County:		
Morrisville, NC	, 27560			State	Municipality:	e. Ek	ection Sum to Date
						\$	93.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		j. Amount	k. Re	quired Remarks
M1	Debit Card	0		9/27/2023	\$93.29	Fundraising	
IVII	Debit Card	U		912112023	393.29	Mat	erial
					\$		
4. Payee Inform	ation		A	Add	Remove		
	ing Address & Phone		b. Coordinated Committee Name			d. Co	omments
(include city, state,	& zip)						
Café Parizade						_	
			c. Level Registered (Specify)				
2200 W Main S				Federal	County:		
Durham, NC, 2	7705		L	State	Municipality:	e. Ele	ection Sum to Date
						\$	1715.70
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		equired Remarks
М	Debit Card	С		9/27/23	\$1715.70		nt Rented
			-			Space	ce
					\$		
5. Total only th						\$	1892.24
W 15 118 5 1 1 1 5 5	CRO-1310 Pages						
	line 13a of Detailed Sur		_			\$	6782.78
(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)							
			_		uures)		
A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fun			D - To Anot	her Can	didate
E - Salaries	F* - Equipment	C Polit	ical	Dorty	Ut . Ualdin		c Office Expenses
I - Postage	J - Penalties	K* - Off	ice l	Expenses DURHAM BOE	Q* - Donati		egal Expense Fund
O* - Other				DURHAM BOI			
* Codes requir	e detailed explanat	ion in required i	em	arks field (k)			

Disburseme	ents			Pg		<u>3</u>	of	3	Yes	$\boxtimes$	No
			ee 1	for; operating expense					idate/political		
committees and coordinated party expenditures.  1. Committee Full Name (and Fund if applicable)  2. ID Number											
	ull Name (and Fundor) or (Mayerick United		_						2. ID Number		
3. Type of Disbu			PO	1-1310 forms for each	fu	ne of Dis	hurs	oment	)		
Operating Ex			_	ates/Political Committees	1.9	DE OF DES	]		ated Party Expenditures		
4. Payee Inform			_	dd 🔲		Remove					
a. Full Name, Mailie			-	Coordinated Committee	Na			d.	Comments		
(include city, state,											
Costco											
				Level Registered (Specify	y)						
1510 North Pointe Drive				Federal		County:				_	
Durham, NC, 27	7705		L	State		Municipa	lity:	e.	Election Sum to Date		
								\$	338.73		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	П	j. Amoun	t	lk.	Required Remarks		_
									ood for		
M1	Debit Card	О		10/08/2023		\$338.73	•	C	ampaign Worker		
						\$					
4. Payee Inform			-	dd 🔲		Remove	9				
· ·	ng Address & Phone		b.	. Coordinated Committee	Nai	me		d.	Comments		
(include city, state,	& zip)										
Seven&Four5z			a Level Desistance (Smeathy)								
5009 Wineberry	De		c. Level Registered (Specify)  Federal County:								
Durham, NC 27			State Municipality:			e.	e. Election Sum to Date				
Durnam, NC 27	713										
								\$	1500		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amour	t	k.	Required Remarks		
M1	Debit Card	A		10/27/2023		\$1500			arketing &		
1411	Doon Card	71		10/21/2025	_	Ψ1500		W	ebsite		
						\$					
4. Payee Inform	otion		^	\dd		Remove	<b>a</b>				
	ng Address & Phone		b. Coordinated Committee Name			d.	Comments				
(include city, state,	_		-								
Hung Kpa											
			c.	Level Registered (Specify	y)						
840 Darby St.			Federal County:								
Raleigh, NC, 27	610		State		Municipality:		e.	Election Sum to Date			
								S	1500		
	45	h. Purpose Code	_	10.4 (111.)	_						_
f. Account Code	g. Form of Payment	n. rarpose Coue	_	i. Date (mm/dd/yyyy)	-	j. Amour	ıt	K.	Required Remarks		
M1	Debit Card	E		11/04/2023		\$1500					
			-								
						\$					
5. Total only this Page								\$	3338.73		
6. Total of ALL	CRO-1310 Pages										
	line 13a of Detailed Sun		_					\$	6782.78		
				Contrib to Candidates/Pol				1	0.040.0		
				Coordinated Party	4(1)	ues) [/]					
7. Purpose Code A* - Media	es (List detailed ex B* - Printing	penditure code in C* - Fun				D _ 7	Co. A.	other C	andidate		
E - Salaries	F* - Equipment				ž 20				blic Office Expenses		
I - Postage	J - Penalties	K* - Offi		Expenses		Q* -			Legal Expense Fund	I	
O* - Other	O* - Other  * Codes require detailed explanation in required remarks field (k)										

\* Codes require detailed explanation in required remarks field (k)

In-Kind Contributions			]	Pg 1 of	1	Yes No
Use this form to report non-monetary contributes CRO-1215 if In-Kind Contributions we			rvic	es provided to the	_	
1. Committee Full Name (and Fund if app		iod widdin 7	duy	(3)	2 II	Number
Marshall 4 Mayor (Maverick United)	nicatore)				1	I VUINIOUI
3. Contributor Information	Add	Remove			1	
a. Full Name, Mailing Address & Phone			of C	ontributor	c. Co	mments
(include city, state, & zip)			ndiv	vidual		
Hung Kpa			Cand	lidate		
		I I	Party	/		
840 Darby St.		I I	PAC			
Raleigh, NC, 27610		I I	Refe	rendum	d. Ele	ection Sum to Date
			Othe	r Receipt Source	\$	113
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Campaign Post Office Box				7/20/2023	3	\$ 113
						\$
						\$
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone			of C	ontributor	c. Co	mments
(include city, state, & zip)			ndiv	vidual		
			Cand	lidate		
		□ F	arty	,		
			PAC			
		-		rendum	d. Ele	ection Sum to Date
			Othe	r Receipt Source	\$	
e. Description				f. Date (mm/dd/yy	уу)	g. Fair Market Amount
						\$
						\$
						\$
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone				ontributor	e. Co	mments
(include city, state, & zip)				ridual		
				lidate		
			Party PAC			
				rendum	d Flo	ection Sum to Date
				r Receipt Source		COOR Sum to Date
					\$	T
e. Description	IN DE	7000	_	f. Date (mm/dd/y)	yy)	g. Fair Market Amount
		RSON				\$
	JAN 2	6 2024				\$
	DURHAI	M BOE				\$
4. Total only this Page					\$	113
5. Total of ALL CRO-1510 Pages					6	112

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

113

Aggregated	Non-Media	<b>Expenditures</b>
------------	-----------	---------------------

1 2 Amendment Yes \( \text{No} \)

aggregated Non-Media Expenditures	Page of	res	
ntional form used to report NC Non-Media Expenditures of \$50 or less.			

4		ort NC Non-Mediand Fund if application	2. ID Number					
	Mayor (Maveri		-confe					
3. Payee In	formation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks		
Add Remove	M1	Draft	С	8/21/2023	\$ 1.50	Fundraising Processing Fee		
Add Remove	M1	Draft	С	8/22/2023	\$ 4.50	Fundraising Processing Fee		
Add Remove	M1	Draft	С	8/23/2023	\$ 3.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	8/30/2023	\$ 3.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/4/2023	\$ 1.50	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/7/2023	\$ 1.88	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/10/2023	\$ 0.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/12/2023	\$ 1.50	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/13/2023	\$ 5.25	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/14/2023	\$ 3.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/15/2023	\$ 5.25	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/16/2023	\$ 0.38	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/20/2023	\$ 6.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/22/2023	\$ 7.88	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/23/2023	\$ 1.50	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/25/2023	\$ 15.00	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/27/2023	\$ 6.75	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/28/2023	\$ 3.00	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/29/2023	\$ 1.88	Fundraising Processing Fee		
Add Remove	M1	Draft	С	9/30/2023	\$ 1.50	Fundraising Processing Fee		
	only this Page				\$78.02	\$78.02		
	of ALL CRO-		CDO TIGO		\$90.77			
The second second		Detailed Summary Page detailed expendi		1) above)				
E - Salaries F* - Equipment G - Political Party H* -					Fo Another Candid Holding Public ( Donations to Leg	Office Expenses		
		ed explanation in	required rema	rks field (g)				
RO-1315			tate Board of Election	s INPE	RSON	December 200		

Aggregated	Non-Media	<b>Expenditures</b>
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2 2 Amendment Page Yes V No

Optional i	form used to re	port NC Non-Medi	ia Expenditures	of \$50 or less.		
		and Fund if applica	2. ID Number	2. ID Number		
Marshall	4 Mayor (Mave	rick United)				
3. Payee In	nformation					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy	f. Amount	g. Required Remarks
Add Remove	M1	Draft	С	10/1/2023	\$ 3.75	Fundraising Processing Fee
Add Remove	M1	Draft	С	10/3/2023	\$ 3.75	Fundraising Processing Fee
Add Remove	M1	Draft	С	10/7/2023	\$ 1.5	Fundraising Processing Fee
Add Remove	M1	Draft	С	10/15/2023	\$ 3.75	Fundraising Processing Fee
Add Remove					\$	
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4. Total	only this Page	e			\$12.75	
5. Total	of ALL CRO	-1315 Pages	- CDA 1100	******	\$90.77	
		Detailed Summary Pag		d) about		
o. Furbo	se Codes (LIS R*	t detailed expend - Printing	C* - Fundi	raising D	- To Another Car	ndidate
E - Sala		- Equipment	G - Politica			ic Office Expenses
I - Posta	ge J-	Penalties	K* - Office			Legal Expense Fund
0* - Ot						
* Codes	require detail	led explanation in	required rem:	arks field (2)		

CRO-1315

NC State Board of Elections

IN PERSON

December 2009