| Amendment |             |
|-----------|-------------|
| Yes       | <b>✓</b> No |

Use this form for general report and committee information, must be signed and submitted along with other detailed forms

| 1. Committee Ir     | rm to update information                | - 77     | 2011               | _                       |                   |          |  |  |
|---------------------|---|----------|--------------------|-------------------------|-------------------|----------|--|--|
| a. Full Name        |   |          |                    | winter-                 |                   | c. ID    | Number                                     |  |
|                     | Elect Mike Woodard                      |          |                    |                         |                   |          |  |  |
| THE COMMISSION TO   | Eloc mino voodara                       |          |                    |                         |                   |          |  |  |
|                     |   |          |                    |                         |                   |          |  |  |
|                     | ss (include City, State and Zip         | Code)    |                    |                         |                   |          | ate Filed                                  |  |
| 732 9th St          | ne 4002                                 |          |                    |                         |                   | 01/2     | 6/2024                                     |  |
| Durham, NC 2770     | J3-48U3                                 |          |                    |                         |                   | e. Pi    | hone Number                                |  |
|                     |   |          |                    |                         |                   |          |  |  |
| 2. Report Year      | 3. Period Start Date (mm/dd/y           | v)       | 4. Period End D    | ate (                   | mm/dd/vvvv)       | 5. Tre   | asurer Full Name                           |  |
| 2024                | 10/24/2023                              | ,,       |                    | 31/20                   |                   | Ronal    | ld B Richardson                            |  |
| 2024                | 70.22020                                |          |                    |                         |                   |          |  |  |
| 6 Type of Comm      | ittee (Check one)                       | 9 Tyr    | e of Report (ch    | ork                     | only one type o   | of reno  | ert from one category)                     |  |
| _                   |   | Munic    |                    | GUK                     | State/County      |          | Referendum                                 |  |
| Candidate Can       |   | По       | rganizational      |                         | Organizatio       | nal      | Organizational                             |  |
| PAC                 | Referendum                              | - Land   | nirty-five day     |                         | Quarterly         |          | Pre-referendum                             |  |
| independent E       | xpenditure                              |          | re-primary         |                         | First             |          | Final                                      |  |
| Legal Expense       | Fund                                    |          | re-election        |                         | Second            | - 1      | Supplemental Final                         |  |
| Į.                  |   |          | re-runoff          |                         | Third             | - 1      | Annual                                     |  |
| 7. Type of Fund     | (if applicable, check one)              | 1 –      | Semi-annual        |                         | Fourth            | - 1      | Special                                    |  |
| "Booster Fund       | 4"                                      | l – `    | Mid Year           |                         | Semi-annu         | ا ا      |  |  |
| Building Fund       |   | ╽╬       | Year End           |                         |                   | 1        | 10. Special Report Name                    |  |
|                     |   | ريين     |                    |                         | Mid Yea           |          |  |  |
| Other: NC C         | andidates Financing Fund                | Fi       |                    |                         |                   | "        |  |  |
| 8. Number of Fur    | ndraisers this Report                   | LIS      | pecial             |                         | Final             | 1        |  |  |
| 0                   |   | 1        |                    |                         | Special           |          |  |  |
| 11. Account Info    | mation                                  |          |                    |                         |                   |          |  |  |
| a. Financial Instit | tution Full Name                        |          |                    |                         |                   |          |  |  |
| Pinnacle (formerly  | Bank of North Carolina)                 |          |                    |                         |                   |          |  |  |
| b. Purpose          |   |          |                    | c. A                    | Account Code      |          |  |  |
| Campaign Checki     | ng Account                              |          |                    | 002                     |                   |          |  |  |
|                     |   |          |                    |                         |                   |          |  |  |
| 1                   |   |          |                    | d. Period Begin Balance |                   |          |  |  |
| 1                   |   |          |                    | \$ 0                    | 0.00              |          |  |  |
| CERTIFICATION       |   |          |                    | _                       |                   | _        |  |  |
| I certify that the  | Committee or Fund is in complian        | ce with  | all applicable pro | visio                   | ns of Article 22A | A, 22B   | & 22D-22M of Chapter                       |  |
| 163 of the NC G     | eneral Statutes and that no funds       | are co   | mmingled with pro  | ohibit                  | ed or other undi  | isclose  | d funds. I further certify                 |  |
| I ( /               | complete, true and correct and t        | hat I ha | ve been trained b  | y the                   | NC State Board    | d of Ele | ections. 1 26 24                           |  |
| (ONN                | Name of Signer                          | S        | ignature of Appoir | ated :                  | Treasurer         | _        | Date                                       |  |
|                     |   |          | gridiano or rippon | itou                    | 170000101         |          |  |  |
| FOR OFFICE US       | A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |          | 1/2                | V                       | ALL               | <u> </u> | Delivery Method                            |  |
| Date Receive        | d: Dar O                                | E        | mplovee:           | W                       | ALL               |          | Normal Mail                                |  |
| Date Postma         | rked: 0/26/2+                           | E        | mplovee:           | YL                      | 4                 | _ [      | Registered Mail                            |  |
| D-4 0               |   |          | manles see a :     | FEB                     | 0 1 2024          |          | Hand Delivered                             |  |
| Date Scanne         | a:                                      |          | mplovee:           |                         |                   | -        | Electronically Filed                       |  |
| Date Data En        | ntered:                                 | E        | mployee:           | JRH                     | AM BOE            |          | Signer has not received mandatory training |  |
| Please Note:        | This form cannot be used to a           | nend c   | ommittee informa   | tion                    | such as the cor   | nmitee   | address, treasurer,                        |  |
|                     |   |          | todian of books in |                         |                   |          |  |  |
| You                 | ı must amend the Statement of           |          |                    |                         | ) to make comm    | nitee cl |  |  |
| PO-1000             |   | NC Sta   | te Board of Flecti | ione                    |                   |          | August 2008                                |  |

## **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 Number                   |                           |  |
|---|-----------------------|--------------------------------|---------------------------|--|
| The Committee to Elect Mike Woodard                                       |                       | 2024 Final                     |                           |  |
| Start of Election Cycle: January 1, 2022                                  |                       | Total this<br>Reporting Period | Total this Election Cycle |  |
| t) Cash on Hand at Start  |                       | \$14,199.85                    | \$0.00                    |  |
| RECEIPTS  |                       |                                |                           |  |
| 5) Aggregated Contributions from Individuals                              | (CRO-1205)            | \$554.00                       | \$2,914.00                |  |
| 6) Contributions from Individuals   | (CRO-1210)            | \$8,950.00                     | \$64,811.04               |  |
| 7) Contributions from Political Party Committees                          | (CRO-1220)            | \$0.00                         | \$1,050.00                |  |
| B) Contributions from Other Political Committees                          | (CRO-1230)            | \$1,000.00                     | \$9,400.00                |  |
| B) Loan Proceeds  | (CRO-1410)            | \$0.00                         | \$0.00                    |  |
| 10) Refunds/Reimbursements To the Committee                               | (CRO-1240)            | \$0.00                         | \$0.00                    |  |
| 11) Other Receipt Sources   |                       |                                |                           |  |
| 11a) Interest on Bank Accounts  | (CRO-1250)            | \$0.00                         | \$0.00                    |  |
| 11b) Contributions from Not-for-Profit Organizations                      | (CRO-1250)            | \$0.00                         | \$0.00                    |  |
| 11c) Outside Sources of Income  | (CRO-1250)            | \$0.00                         | \$0.00                    |  |
| 11d) Legal Expense Fund - Other Sources                                   | (CRO-1270)            | \$0.00                         | \$0.00                    |  |
| 11e) Exempt Purchase Price Sales  | (CRO-1265)            | \$0.00                         | \$0.00                    |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1         | 11d, and 11e)         | \$10,504.00                    | \$78,175.04               |  |
| EXPENDITURES  |                       |                                |                           |  |
| 13) Disbursements   |                       |                                |                           |  |
| 13a) Operating Expenditures   | (CRO-1310)            | \$24,134.85                    | \$75,189.26               |  |
| 13b) Contributions to Candidates/Political Committees                     | (CRO-1310)            | \$500.00                       | \$500.00                  |  |
| 13c) Coordinated Party Expenditures                                       | (CRO-1310)            | \$0.00                         | \$0.00                    |  |
| 14) Aggregated Non-Media Expenditures                                     | (CRO-1315)            | \$69.00                        | \$149.70                  |  |
| 15) Loan Repayments   | (CRO-1420)            | \$0.00                         | \$0.00                    |  |
| 16) Refunds/Reimbursements From the Committee                             | (CRO-1320)            | \$0.00                         | \$1,168.04                |  |
| 17) In-Kind Contributions   | (CRO-1510)            | \$0.00                         | \$1,168.04                |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16               | and 17)               | \$24,703.85                    | \$78,175.04               |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then suk<br>ine 18) | otract                | \$0.00                         | \$0.00                    |  |
| ADDITIONAL INFORMATION  |                       |                                |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees                          | (CRO-1330)            | \$0.00                         |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns)                   | (CRO-1430)            | \$0.00                         |                           |  |
| 22) Debts and Obligations owed By the Committee                           | (CRO-1610)            | \$0.00                         |                           |  |
| 23) Debts and Obligations owed To the Committee                           | (CRO-1620)            | \$0.00                         |                           |  |
| 24) Account Transfers Within the Committee                                | (CRO-1720)            | \$0.00                         |                           |  |
| 25) Administrative Support  | (CRO-1710)            | \$0.00                         | \$0.00                    |  |
| 26) Forgiven Loans  | (CRO-1440)            | \$0.00                         | \$0.00                    |  |
| 27) 48-Hour Notice Reports Sum  | (CRO-2220)            | \$0.00                         | \$0.00                    |  |
| 28) Contributions to be Refunded  | (CRO-1215)            | \$0.00                         | \$0.00                    |  |
|   | to Poord of Floations |                                | August 2009               |  |

CRO-1100 NC State Board of Elections August 2008

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|              | Il Name (and Fund if                  |                              | Individuals of \$50 or I |             | 2. ID Numb | er         |
|--------------|---------------------------------------|------------------------------|--------------------------|-------------|------------|------------|
| The Commit   | tee to Elect Mike V                   | <b>V</b> oodard              |                          |             |            |            |
| . Contribute | or Information                        |                              |                          | 1157        |            |            |
| . Amend      | b. Account Code                       | c. Form of Payment           | d. In Kind Description   | e. Date (mr | n/dd/yyyy) | f. Amount  |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/31/      | /2023      | \$25.00    |
| Add Remove   | 002                                   | Check                        |                          | 11/03       | /2023      | \$25.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/26       | /2023      | \$25.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/27       | /2023      | \$50.00    |
| Add Remove   | 002                                   | Check                        |                          | 11/03       | /2023      | \$25.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/26       | /2023      | \$50.00    |
| Add Remove   | 002                                   | Check                        |                          | 11/07       | /2023      | \$25.00    |
| Add Remove   | 002                                   | Check                        |                          | 11/03       | /2023      | \$25.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/29       | /2023      | \$50.00    |
| Add Remove   | 002                                   | Check                        |                          | 11/03       | 3/2023     | \$5.00     |
| Add Remove   | 002                                   | Check                        |                          | 10/30       | 0/2023     | \$50.00    |
| Add Remove   | 002                                   | Check                        |                          | 10/30       | )/2023     | \$24.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/27       | 7/2023     | \$25.00    |
| Add Remove   | 002                                   | Check                        |                          | 10/30       | )/2023     | \$50.00    |
| Add Remove   | 002                                   | Credit Card                  |                          | 10/27       | 7/2023     | \$50.00    |
| 4. Total onl | y this Page                           |                              |                          |             |            | \$504.00   |
|              | ALL CRO-1205 be on line 5 of Detailed | Pages<br>Summary Page CRO-11 | (00)                     | MAIL        |            | \$554.00   |
| CRC-1205     |                                       |                              | te Board of Elections    | WHAT        |            | April 2007 |

CRC-1205

FEB 0 1 2024

| Aggregate   | d Contribution        | s from Individua   | I <b>IS</b> Page _        | 4 of 31     |            | dment<br>∕es ☑ No |  |  |  |
|---|-----------------------|--------------------|---------------------------|-------------|------------|-------------------|--|--|--|
| Optional form   | used to report NC     | Contributions From | Individuals of \$50 or le | ess         |            |                   |  |  |  |
| 1. Committee F  | ull Name (and Fund if | applicable)        |                           |             | 2. ID Numb | ber               |  |  |  |
| The Committee to Elect Mike Woodard  3. Contributor Information |                       |                    |                           |             |            |                   |  |  |  |
| a. Amend  | b. Account Code       | c. Form of Payment | d. In Kind Description    | e. Date (mr | n/dd/yyyy) | f. Amount         |  |  |  |
| Add Remove  | 002                   | Check              |                           | 11/07       | /2023      | \$50.00           |  |  |  |

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DURHAM BOE

| 4. Total only this Page   | \$50.00  |
|---|----------|
| 5. Total of ALL CRO-1205 Pages                                  | \$554.00 |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |          |

|  |                         |                    | 0 or   | Page 5 of 3 contributions under \$50 if form CR | _           | Amendm<br>Yes           | ent<br>✓No |
|--|-------------------------|--------------------|--|---|-------------|-------------------------|------------|
|  | ttee Full Name (and F   | und if applicable) |  |   |             | 2. ID Nu                | ımber      |
| The Comn   | nittee to Elect Mike Wo | odard              |  |   |             |                         |            |
| 3. Contri  | butor Information       |                    | Add  | Remove  |             |                         |            |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) |                         |                    |  | Job Title/Profession                            | d. Co       | mments                  |            |
| Carol Walton Anderson  |                         |                    | 0.   | WI IOI  |             |                         |            |
| 922 Deme   |                         |                    | C.   | Employer's Name/Specific Field                  |             |                         |            |
| Duindin, i   | 10 27701 1000           |                    | Va   | aguely Reminiscent                              | e. Ele      | ction Sum               | to Date    |
|  |                         |                    |  |   |             |                         | \$150.00   |
| f. Prior   | g. Account Code         | h. Form of Payment |  | i. In-Kind Description                          | j. D        | ate                     | k. Amount  |
|  | 002                     | Check              |  |   | 11/0        | 07/2023                 | \$150.00   |
| 3. Contri  | butor Information       |                    | Add  | Remove  |             |                         |            |
| a. Full Na   | me, Mailing Address     | & Phone            | b.   | Job Title/Profession                            | d. Comments |                         |            |
| (includ  | e city, state, & zip)   |                    | An   | chitect   |             |                         |            |
| John Atkir<br>3915 Eton  |                         |                    | c. Employer's Name/Specific Field O'Brien Atkins |   |             |                         |            |
|  | NC 27707-5121           |                    |  |   |             |                         |            |
|  |                         |                    |  |   |             | e, Election Sum to Date |            |
|  |                         |                    | L  |   |             |                         | \$250.00   |
| f. Prior   | g. Account Code         | h. Form of Payment |  | i. In-Kind Description                          | j. D        | ate                     | k. Amount  |
|  | 002                     | Credit Card        |  |   | 10/2        | 27/2023                 | \$250.00   |
| 3. Contri  | butor information       |                    | Add  | Remove  |             |                         |            |
|  | me, Mailing Address     | & Phone            |  | Job Title/Profession                            | d. Co       | mments                  |            |
| (includ  | e city, state, & zip)   |                    | Re   | ealtor  |             |                         |            |
| Joan M Au<br>701 Watts   |                         |                    |  |   |             |                         |            |
| Durham, NC 27701-1725  |                         |                    | Employer's Name/Specific Field                   |   |             |                         |            |
|  |                         | MAR                |  |   | ction Sun   | to Date                 |            |
|  |                         |                    |  |   |             |                         | \$100.00   |
| f. Prior   | g. Account Code         | h. Form of Payment |  | i. In-Kind Description                          | j. D        | ate                     | k. Amount  |
|  | 002                     | Credit Card        |  |   | 10/2        | 26/2023                 | \$100.00   |

| 4. Total only this page   | \$500.00   |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

CRO-1210 NC State Board of Elections April 2007

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|   |  |  | 0 or   | Page 6 of 3 contributions under \$50 if form CR |                         | Amendm<br>Yes | ent V No  |
|---|--|--|--|---|-------------------------|---------------|-----------|
| 1. Comm   | ttee Full Name (and F                          | und if applicable)                             |  |   |                         | 2. ID No      | umber     |
| The Com   | nittee to Elect Mike Wo                        | odard  |  |   |                         |               |           |
| 3. Contr  | ibutor Information                             |  | Add  | Remove  | -                       |               |           |
| a. Full Name, Mailing Address & Phone     (include city, state, & zip)                    |  |  |  | Job Title/Profession<br>gal Assistant           | d. C                    | omments       |           |
| Julia Borbely-Brown<br>1013 Watts St<br>Durham, NC 27701-1534                             |  |  | c. Employer's Name/Specific Field Self-Help Credit Union |   | e. Election Sum to Date |               |           |
|   | · · · · · · · · · · · · · · · · · · ·          |  |  |   |                         |               | \$100.00  |
| f. Prior  | g. Account Code                                | h. Form of Payment                             |  | i. In-Kind Description                          | ÷                       | Date          | k. Amount |
| Ш   | 002  | Credit Card                                    |  |   | 10                      | 0/26/2023     | \$100.00  |
| 3. Contr  | ibutor information                             |  | Add  | Remove  |                         | 0             |           |
| (include city, state, & zip)  David L.S. Brook 1216 Meadow Hill PI Raleigh, NC 27609-5582 |  |  | c. Employer's Name/Specific Field Not Employed           |   | e. Election Sum to Date |               |           |
|   |  |  |  |   | \$100.0                 |               |           |
| f. Prior  | g. Account Code                                | h. Form of Payment                             |  | i. In-Kind Description                          | j.                      | Date          | k. Amount |
|   | 002  | Credit Card                                    |  |   | 10                      | 0/24/2023     | \$50.00   |
| 3. Contr  | ibutor Information                             |  | Add  | Remove  |                         |               |           |
|   | nme, Mailing Address<br>le city, state, & zip) | & Phone  |  | Job Title/Profession of Employed                | d. C                    | omments       |           |
| David L.S. Brook<br>1216 Meadow Hill Pl<br>Raleigh, NC 27609-5582                         |  | c. Employer's Name/Specific Field Not Employed |  | e. Election Sum to Date                         |                         |               |           |
| f. Prior  | g. Account Code                                | h. Form of Payment                             |  | i. In-Kind Description                          | l j.                    | Date          | k. Amount |
|   | 002  | Credit Card                                    |  |   | Ť                       | 1/05/2023     | \$50.00   |

| 4. Total only this page   | \$200.00   |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

CRO-1210 NC State Board of Elections April 2007



|  |                              |                    | D or (                         | Page 7 of 3 contributions under \$50 if form CR |                                     | Amendm  Yes | ent<br>No |
|--|------------------------------|--------------------|--------------------------------|---|-------------------------------------|-------------|-----------|
| The second secon | ttee Full Name (and F        | und if applicable) |                                |   |                                     | 2. ID No    | ımber     |
| The Comn   | nittee to Elect Mike Wo      | odard              |                                |   |                                     |             |           |
| 3. Contri  | butor Information            |                    | Add                            | Remove  |                                     |             |           |
| a. Full Name, Mailing Address & Phone  |                              |                    | b.,                            | Job Title/Profession                            | d. Cor                              | nments      |           |
| (includ  | (include city, state, & zip) |                    |                                | ner/Realtor                                     |                                     |             |           |
| Eugene A Brown   |                              |                    |                                |   |                                     |             |           |
| 2 Marigolo   | I PI                         |                    | c. I                           | Employer's Name/Specific Field                  |                                     |             |           |
| Durham, N  | NC 27705-1958                |                    |                                | tinctive Properties                             |                                     |             |           |
|  |                              |                    | Dio                            | and to the position                             | e. Ele                              | ction Sum   | to Date   |
|  |                              |                    |                                |   |                                     |             | \$100.00  |
| f. Prior   | g. Account Code              | h. Form of Payment | t i. In-Kind Description       |   |                                     | ate         | k. Amount |
|  | 002                          | Check              |                                |   | 11/0                                | 7/2023      | \$100.00  |
| 3. Contr   | butor information            |                    | Add                            | Remove  |                                     | 20          |           |
| a. Full Na   | me, Mailing Address          | & Phone            | b                              | Job Title/Profession                            | d. Comments                         |             |           |
| (includ  | e city, state, & zip)        |                    | Co                             | nsultant  |                                     |             |           |
| Madaliaa   | Onder                        |                    |                                |   |                                     |             | Į.        |
| Madeline<br>714 Shep   |                              |                    |                                |   |                                     |             | 1         |
| Apt B  |                              |                    |                                | Employer's Name/Specific Field                  |                                     |             |           |
| Durnam, i  | NC 27701-3135                |                    | IVId                           | deline Mandy Crter                              | e. Election Sum to Date             |             |           |
|  |                              |                    |                                |   |                                     |             | \$100.00  |
| f. Prior   | g. Account Code              | h. Form of Payment | Т                              | i. In-Kind Description                          | j. Da                               | ate         | k. Amount |
|  | 002                          | Credit Card        |                                |   | 10/2                                | 24/2023     | \$100.00  |
| 3. Contr   | ibutor Information           |                    | Add                            | Remove  |                                     |             |           |
|  | me, Mailing Address          | & Phone            | b                              | Job Title/Profession                            | d. Cor                              | mments      |           |
|  | e city, state, & zip)        |                    |                                | omey  |                                     |             |           |
|  |                              |                    |                                |   |                                     |             |           |
| Ted Corvette 2215 Elmwood Ave Durham, NC 27707-1009  |                              |                    |                                |   |                                     |             |           |
|  |                              |                    | Employer's Name/Specific Field |   |                                     |             |           |
|  |                              | sel                | f employed                     | e Fle   | ction Sum                           | to Date     |           |
|  |                              |                    |                                |   | e. Election Sum to Date<br>\$250.00 |             |           |
| f. Prior   | g. Account Code              | h. Form of Payment |                                | i. In-Kind Description                          | j. Da                               | ate         | k. Amount |
|  | 002                          | Credit Card        |                                |   | 10/2                                | 28/2023     | \$250.00  |

| 4. Total only this page   | \$450.00   |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

NC State Board of Elections CRO-1210 April 2007

|   |   |  | Page 8 of 3 or contributions under \$50 if form CF |                                     | nent<br>✓ No |  |
|---|---|--|--|-------------------------------------|--------------|--|
| 1. Commi  | ittee Full Name (and F  | und if applicable)                             |  | 2. ID N                             | umber        |  |
| The Com   | mittee to Elect Mike Wo   | odard  |  |                                     |              |  |
| 3. Contr  | ibutor Information  | □A   | dd Remove  |                                     |              |  |
| a. Full Na  | me, Mailing Address   | & Phone  | b. Job Title/Profession                            | d. Comments                         |              |  |
| (includ   | fe city, state, & zip)  |  | Nonprofit executive                                |                                     |              |  |
|   | Alesha Daughtrey  |  |  |                                     |              |  |
| 2402 W C  | Club Blvd<br>NC 27705-3125  |  | c. Employer's Name/Specific Field                  |                                     |              |  |
|   |   |  | Mira Education                                     | a Election Cun                      | a to Data    |  |
|   |   |  |  | e. Election Sum to Date<br>\$100.00 |              |  |
| f. Prior  | g. Account Code   | h. Form of Payment                             | i. In-Kind Description                             | j. Date                             | k. Amount    |  |
|   | 002   | Credit Card                                    |  | 10/29/2023                          | \$100.00     |  |
| 2 Contr   | ibutor Information  |  | Add Remove   |                                     |              |  |
|   | ame, Mailing Address  | bound  | b. Job Title/Profession                            | d. Comments                         |              |  |
| (include Bailey J. 10 Gatlin  | (include city, state, & zip)  Bailey J. Farrin 10 Gatlin Ct Durham, NC 27707-5395 |  | c. Employer's Name/Specific Field                  |                                     |              |  |
|   |   | 1  | The Lopez Law Firm PLLC                            | e. Election Sum to Date             |              |  |
| 1   |   |  |  | \$250.00                            |              |  |
| f. Prior  | g. Account Code   | h. Form of Payment                             | i. In-Kind Description                             | j. Date                             | k. Amount    |  |
|   | 002   | Credit Card                                    |  | 11/04/2023                          | \$250.00     |  |
| 3. Contr  | ibutor Information  |  | Add Remove   |                                     |              |  |
| a. Full Na  | ame, Mailing Address  | & Phone  | b. Job Title/Profession                            | d. Comments                         |              |  |
| (include city, state, & zip)  franklin Freeman Jr. 3728 Lassiter Mill Rd Raleigh, NC 27609-7043 |   |  | Lawyer   |                                     |              |  |
|   |   | c. Employer's Name/Specific Field McGuireWoods |  |                                     |              |  |
| l   |   |  |  | e. Election Sum to Date             |              |  |
|   |   |  |  | L                                   | \$1,000.00   |  |
| f. Prior  | g. Account Code   | h. Form of Payment                             | i. In-Kind Description                             | j. Date                             | k. Amount    |  |

| 4. Total only this page   | \$1,350.00 |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

NC State Board of Elections CRO-1210

Credit Card

002

10/25/2023

\$1,000.00

|  |                                       |                    | 0 or   | Page 9 of 3 contributions under \$50 if form CR |                         | \mendm<br>Yes | ent<br>✓No |  |
|--|---------------------------------------|--------------------|--|---|-------------------------|---------------|------------|--|
| 1. Commi   | ttee Full Name (and F                 | und if applicable) |  |   | 1                       | 2. ID N       | ımber      |  |
| The Comm   | nittee to Elect Mike Wo               | odard              | Ī  |   |                         |               |            |  |
| 3. Contri  | butor Information                     |                    | Add  | Remove  |                         |               |            |  |
| a. Full Na   | a. Full Name, Mailing Address & Phone |                    |  | Job Title/Profession                            | d. Com                  | ments         |            |  |
| (includ  | (include city, state, & zip)          |                    |  | ot Employed                                     |                         |               |            |  |
| Cavett H French  |                                       |                    |  |   |                         |               |            |  |
|  | mouth Ave                             |                    | C.   | Employer's Name/Specific Field                  |                         |               |            |  |
| Dumam, i   | NC 27701-1711                         |                    |  | ot Employed                                     |                         |               |            |  |
|  |                                       |                    |  |   | e. Electi               | ion Sum       | to Date    |  |
|  |                                       |                    |  |   |                         |               | \$200.00   |  |
| f. Prior   | g. Account Code                       | h. Form of Payment |  | i. In-Kind Description                          | j. Date                 | 9             | k. Amount  |  |
|  | 002                                   | Credit Card        |  |   | 10/27/                  | /2023         | \$200.00   |  |
| 3. Contri  | butor Information                     |                    | Add  | Remove  |                         |               |            |  |
| a. Fuli Na   | me, Mailing Address                   | & Phone            | b. Job Title/Profession                        |   |                         | d. Comments   |            |  |
| (includ  | e city, state, & zip)                 |                    | Not Employed                                   |   |                         |               |            |  |
| H. Wade  | Greeham                               |                    | c. Employer's Name/Specific Field Not Employed |   |                         |               |            |  |
| 3629 Hath  | naway Rd                              |                    |  |   |                         |               |            |  |
| Durham, i  | NC 27707-5138                         |                    |  |   |                         |               |            |  |
|  |                                       |                    |  |   | e. Election Sum to Date |               |            |  |
|  |                                       |                    |  |   | \$500.00                |               |            |  |
| f. Prior   | g. Account Code                       | h. Form of Payment |  | i. In-Kind Description                          | j. Date                 | Ð             | k. Amount  |  |
|  | 002                                   | Check              |  |   | 11/07/                  | /2023         | \$500.00   |  |
| 3. Contr   | butor Information                     |                    | Add  | Remove  |                         |               |            |  |
| a. Full Na   | me, Mailing Address                   | & Phone            | b.   | Job Title/Profession                            | d. Comments             |               |            |  |
| (includ  | e city, state, & zip)                 |                    | No   | ot Employed                                     |                         |               |            |  |
| Pohert All   | an Gutman                             |                    |  |   |                         |               |            |  |
| Robert Allan Gutman<br>310 Watts St<br>Durham, NC 27701-2039 |                                       |                    | _  | Employer's Name/Specific Field                  |                         |               |            |  |
|  |                                       |                    |  | ot Employed                                     |                         |               |            |  |
|  |                                       | 140                | от Етгрюуеа                                    | e. Electi                                       | ion Sun                 | to Date       |            |  |
|  |                                       |                    |  |   | \$100.00                |               |            |  |
| f. Prior   | g. Account Code                       | h. Form of Payment |  | i. In-Kind Description                          | j. Date                 | 9             | k. Amount  |  |
|  | 002                                   | Credit Card        |  |   | 10/27/                  | /2023         | \$100.00   |  |

| 4. Total only this page                                  |  | \$800.00   |
|--|--|------------|
| 5. Total of ALL CRO-1210<br>(This line must be on line 6 | D Pages 6 of Detailed Summary Page CRO-1100) | \$8,950.00 |
| CRO-1210   | NC State Board of Elections                  | April 2007 |

|                              |                                       |                    | 0 or                              | Page 10 of 3 contributions under \$50 if form CR |                         | Amendm<br>Yes | ent<br>✓ No |
|------------------------------|---------------------------------------|--------------------|-----------------------------------|--|-------------------------|---------------|-------------|
| 1. Commi                     | ttee Full Name (and F                 | und if applicable) |                                   |  |                         | 2. ID N       | umber       |
| The Comm                     | nittee to Elect Mike Wo               | odard              |                                   |  |                         |               |             |
| 3. Contri                    | ibutor Information                    |                    | Add                               | Remove   |                         |               |             |
| a. Full Na                   | a. Full Name, Mailing Address & Phone |                    |                                   | Job Title/Profession                             | d. Co                   | mments        |             |
| (include city, state, & zip) |                                       |                    | No                                | ot Employed                                      |                         |               |             |
| Stephen E. Hancock           |                                       |                    |                                   |  |                         |               |             |
| 3609 Hath                    |                                       |                    | C.                                | Employer's Name/Specific Field                   |                         |               |             |
| Dumam, i                     | Durham, NC 27707-5138                 |                    |                                   | ot Employed                                      |                         |               |             |
|                              |                                       |                    |                                   |  | e. Ele                  | ction Sun     | to Date     |
|                              |                                       |                    |                                   |  |                         |               | \$100.00    |
| f. Prior                     | g. Account Code                       | h. Form of Payment |                                   | i. In-Kind Description                           | j. D                    | ate           | k. Amount   |
|                              | 002                                   | Check              |                                   |  | 11/                     | 03/2023       | \$100.00    |
| 3. Contr                     | butor Information                     |                    | Add                               | Remove   |                         |               |             |
| a. Full Na                   | me, Mailing Address                   | & Phone            | b.                                | b. Job Title/Profession d. Comments              |                         |               |             |
| (includ                      | e city, state, & zip)                 |                    | Driver                            |  |                         |               |             |
| David L H                    | arrie                                 |                    | c. Employer's Name/Specific Field |  |                         |               |             |
| 609 Sadd                     | le Ridge Ave                          |                    |                                   |  |                         |               |             |
| Durham, I                    | NC 27704-1236                         |                    |                                   | err Drug   |                         |               |             |
|                              |                                       |                    | Neil Diug                         |  | e. Election Sum to Date |               |             |
|                              |                                       |                    |                                   |  | \$100.00                |               |             |
| f. Prior                     | g. Account Code                       | h. Form of Payment |                                   | i. In-Kind Description                           | J. D                    | ate           | k. Amount   |
|                              | 002                                   | Check              |                                   |  | 11/                     | 03/2023       | \$100.00    |
| 3. Contr                     | ibutor Information                    |                    | Add                               | Remove   |                         |               |             |
| a. Full Na                   | me, Mailing Address                   | & Phone            | b.                                | Job Title/Profession                             | d. Co                   | mments        |             |
| (includ                      | e city, state, & zip)                 |                    | No                                | ot Employed                                      |                         |               |             |
| William Ka                   | alkhof                                |                    |                                   |  |                         |               |             |
| 39 Westri                    | dge Dr                                |                    | -                                 | Employer's Name/Specific Field                   |                         |               |             |
| Durham, NC 27713-7700        |                                       |                    |                                   | ot Employed                                      |                         |               |             |
|                              |                                       | Taor Employed      |                                   | e. Ele   | ction Sun               | n to Date     |             |
|                              |                                       |                    |                                   |  |                         |               | \$100.00    |
| f. Prior                     | g. Account Code                       | h. Form of Payment |                                   | i. In-Kind Description                           | j. D                    | ate           | k. Amount   |
|                              | 002                                   | Credit Card        |                                   |  | 10/                     | 28/2023       | \$100.00    |

| 4. Total only this page   | \$300.00   |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

CRO-1210 NC State Board of Elections April 2007



| Contributions from Individuals  Page 11 of 31 Amendment Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO  Yes Vo |                         |                    |                         |                                       |                         |              |            |  |
|--|-------------------------|--------------------|-------------------------|---------------------------------------|-------------------------|--------------|------------|--|
| 1. Commi   | ttee Full Name (and F   | und if applicable) |                         |                                       |                         | 2. ID Nu     | ımber      |  |
| The Comm   | nittee to Elect Mike Wo | odard              |                         |                                       |                         |              |            |  |
|  | butor Information       |                    | Add                     | Remove                                |                         |              |            |  |
| a. Full Na   | me, Mailing Address     | & Phone            | b.                      | Job Title/Profession                  | d. (                    | Comments     |            |  |
| (includ  | e city, state, & zip)   |                    | RE                      | ETIRED                                |                         |              |            |  |
| Margaret Q Keller<br>18 Old Oak Ct<br>Durham, NC 27705-5644  |                         |                    |                         | Employer's Name/Specific Field  TIRED |                         |              |            |  |
|  |                         |                    |                         |                                       | e. t                    | Election Sum |            |  |
|  |                         |                    |                         |                                       | 1.                      |              | \$500.00   |  |
| f. Prior   | g. Account Code         | h. Form of Payment |                         | i. In-Kind Description                | Ť                       | . Date       | k. Amount  |  |
|  | 002                     | Check              |                         |                                       | 1                       | 1/03/2023    | \$500.00   |  |
| 3. Contri  | butor information       |                    | Add                     | Remove                                |                         |              |            |  |
| a. Full Na   | me, Mailing Address     | 8 Phone            | b. Job Title/Profession |                                       |                         | d. Comments  |            |  |
| (includ  | e city, state, & zip)   |                    | Investment Advisor      |                                       |                         |              |            |  |
| Mark A. K  | uhn                     |                    | Ï                       |                                       |                         |              |            |  |
| 2821 Wad   | le Rd<br>NC 27705-5622  |                    |                         |                                       |                         |              |            |  |
| Dumani, i  | NC 27705-3022           |                    |                         |                                       |                         |              |            |  |
|  |                         |                    |                         |                                       | e. Election Sum to Date |              |            |  |
|  |                         |                    |                         |                                       | \$2,000.00              |              |            |  |
| f. Prior   | g. Account Code         | h. Form of Payment |                         | i. In-Kind Description                | J.                      | . Date       | k. Amount  |  |
|  | 002                     | Credit Card        |                         |                                       | 1                       | 10/30/2023   | \$2,000.00 |  |
| 3. Contri  | butor Information       |                    | Add                     | Remove                                |                         |              |            |  |
| a. Full Na   | me, Mailing Address     | & Phone            | b.                      | Job Title/Profession                  | d. Comments             |              |            |  |
| (includ  | e city, state, & zip)   |                    | co                      | nsultant                              |                         |              |            |  |
| Robert La  | mme                     |                    |                         |                                       |                         |              |            |  |
| 116 N Eas  |                         |                    | C.                      | Employer's Name/Specific Field        |                         |              |            |  |
| Raleigh, NC 27601-1112   |                         | se                 | elf employed            |                                       |                         |              |            |  |
|  |                         |                    |                         | e. I                                  | Election Sum            |              |            |  |
|  |                         |                    |                         |                                       |                         |              | \$250.00   |  |
| f. Prior   | g. Account Code         | h. Form of Payment |                         | i. In-Kind Description                | j.                      | . Date       | k. Amount  |  |
|  | 002                     | Credit Card        |                         |                                       | 1                       | 10/24/2023   | \$250.00   |  |

| 4. Total only this page    |                                      | \$2,750.00 |
|----------------------------|--------------------------------------|------------|
| 5. Total of ALL CRO-121    | \$8,950.00                           |            |
| (This line must be on line | 6 of Detailed Summary Page CRO-1100) |            |
| CRO-1210                   | NC State Board of Elections          | April 2007 |

|            |   |                    | 0 or                                  | Page 12 of 3 contributions under \$50 if form CR |                         | Amendm<br>Yes | ent<br>No |
|------------|---|--------------------|---------------------------------------|--|-------------------------|---------------|-----------|
| 1. Commi   | ttee Full Name (and F                           | und if applicable) |                                       |  |                         | 2. ID Nu      | ımbər     |
| The Comr   | nittee to Elect Mike Wo                         | odard              |                                       |  |                         |               |           |
| 3. Contr   | ibutor Information                              |                    | Add                                   | Remove   |                         |               |           |
| a. Full Na | me, Mailing Address                             | & Phone            | b.                                    | Job Title/Profession                             | d. C                    | omments       |           |
| (includ    | (include city, state, & zip)                    |                    |                                       | omey   |                         |               |           |
| Elainae M  | arshall   |                    |                                       |  |                         |               |           |
| 3800 Cam   | 3800 Camp Mangum Wynd<br>Raleigh, NC 27612-5340 |                    |                                       | Employer's Name/Specific Field                   |                         |               |           |
| Raleigh, N |   |                    |                                       |  |                         |               |           |
| l          |   |                    |                                       |  | e. E                    | lection Sum   | to Date   |
|            |   |                    |                                       |  |                         |               | \$100.00  |
| f. Prior   | g. Account Code                                 | h. Form of Payment | t i. In-Kind Description              |  |                         | Date          | k. Amount |
|            | 002   | Credit Card        |                                       |  | 10/29/2023              |               | \$100.00  |
| 3. Contr   | ibutor Information                              |                    | Add                                   | Remove   |                         |               |           |
| a. Full Na | me, Mailing Address                             | & Phone            | b. Job Title/Profession<br>consultant |  | d. Comments             |               |           |
| (includ    | e city, state, & zip)                           |                    |                                       |  |                         |               |           |
| Don Lelar  | nd Moffitt                                      |                    |                                       |  |                         |               |           |
| 2114 Wils  | on St   | }                  | c. Employer's Name/Specific Field     |  |                         |               |           |
| Durham, I  | NC 27705-3226                                   | 1                  |                                       | ail finance                                      |                         |               |           |
| l          |   |                    | letas ilitatice                       |  | e. Election Sum to Date |               |           |
|            |   |                    |                                       |  | \$200.00                |               |           |
| f. Prior   | g. Account Code                                 | h. Form of Payment |                                       | i. In-Kind Description                           | J.                      | Date          | k. Amount |
|            | 002   | Credit Card        |                                       |  | 10                      | 0/28/2023     | \$200.00  |
| 3. Contr   | ibutor Information                              |                    | Add                                   | Remove   |                         |               |           |
| a. Full Na | me, Mailing Address                             | & Phone            | b.                                    | Job Title/Profession                             | d. Comments             |               |           |
| (includ    | e city, state, & zip)                           |                    | No                                    | ot employed                                      |                         |               |           |
| Vicky Pat  | lon   |                    |                                       |  |                         |               |           |
| 2525 Lani  |   | -                  | _                                     | Employer's Name/Specific Field                   |                         |               |           |
| Durham, I  | NC 27705-5005                                   | İ                  |                                       | et employed                                      | l                       |               |           |
|            |   | 140                | n employed                            | e. E   | lection Sum             | to Date       |           |
|            |   |                    |                                       |  |                         |               | \$250.00  |
| f. Prior   | g. Account Code                                 | h. Form of Payment |                                       | i. In-Kind Description                           | j.                      | Date          | k. Amount |
|            | 002   | Credit Card        |                                       |  | 10                      | )/26/2023     | \$250.00  |

| 4. Total only this page   | \$550.00    |
|---|-------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | <del></del> |

CRO-1210 NC State Board of Elections



| Contri<br>Use this for   |  | ndividuals<br>Il contributions over \$50 | or o                           | Page 13 of 3<br>contributions under \$50 if form CR | _                                   | Amendme Yes  | ent<br>No |  |
|--|--|--|--------------------------------|---|-------------------------------------|--------------|-----------|--|
|  | ttee Full Name (and F  | und if applicable)                       |                                |   |                                     | 2. ID Nu     | ımber     |  |
| The Comr   | mittee to Elect Mike Wo  | oodard                                   |                                |   |                                     |              |           |  |
| 3. Contr   | ibutor Information   |  | Add                            | Remove  |                                     |              |           |  |
| a. Full Na   | me, Mailing Address  | & Phone                                  | b.,                            | Job Title/Profession                                | d.                                  | Comments     |           |  |
| (includ  | le city, state, & zip)   |  | Re                             | tired   |                                     |              |           |  |
| Charles L. Recktenwald<br>4617 Cheek Rd<br>Durham, NC 27704-8579 |  |  |                                | Employer's Name/Specific Field                      |                                     |              |           |  |
|  |  |  |                                | l l   | e,                                  | Election Sum |           |  |
|  |  |  |                                |   | \$100.00                            |              |           |  |
| f. Prior   | g. Account Code  | h. Form of Payment                       |                                | i. In-Kind Description                              | 1.                                  | j. Date      | k. Amount |  |
|  | 002  | Check                                    |                                |   | 1                                   | 11/07/2023   | \$100.00  |  |
| 3. Contr   | ibutor information   |  | Add                            | Remove  |                                     |              |           |  |
| a. Full Na   | ame, Mailing Address   | & Phone                                  | b, Job Title/Profession        |   |                                     | d. Comments  |           |  |
| Peter B.   | (include city, state, & zip) Peter B. Strickland 2030 Wheeler Dr |  |                                | c. Employer's Name/Specific Field                   |                                     |              |           |  |
| Aligiei, N   | 0 27301-0020   |  | State of North Carolina        |   | e, Election Sum to Date             |              |           |  |
| 1  |  |  |                                |   | \$100.00                            |              |           |  |
|  |  | T  | L                              |   | _                                   | 1 B.4.       |           |  |
| f. Prior   | g. Account Code  | h. Form of Payment                       | :                              | i. In-Kind Description                              | -                                   | j. Date      | k. Amount |  |
|  | 002  | Credit Card                              |                                |   |                                     | 11/08/2023   | \$100.00  |  |
| 3. Conti   | ributor Information  |  | Add                            | Remove  |                                     |              |           |  |
| a. Full N  | ame, Mailing Address   | & Phone                                  | b.                             | Job Title/Profession                                | d.                                  | Comments     |           |  |
| (includ  | de city, state, & zip)   |  | Νι                             | urse Practitioner                                   |                                     |              |           |  |
| Laurie Szoka<br>6922 Surrey Rd<br>Fayetteville, NC 28306-2554    |  | , C.                                     | Employer's Name/Specific Field |   |                                     |              |           |  |
| ", ", ", ", "  | i dyottorino, ito 20000 2001                                     |  | Re                             | equested  | -                                   | Election Sun | n to Date |  |
|  |  |  |                                |   | e. Election Sum to Date<br>\$500.00 |              |           |  |
| f. Prior   | g. Account Code  | h. Form of Payment                       | t                              | i. In-Kind Description                              | +                                   | j. Date      | k. Amount |  |
|  | 000  | Chock                                    |                                |   | $\dashv$                            | 10/30/2023   | \$500.00  |  |

| 4. Total only this page      |                                    | \$700.00   |
|------------------------------|------------------------------------|------------|
| 5. Total of ALL CRO-1210     | Pages                              | \$8,950.00 |
| (This line must be on line 6 | of Detailed Summary Page CRO-1100) |            |
| CRO-1210                     | NC State Board of Elections        | April 2007 |

- 20

| Contribution     | ons from Other                               | Political (   | Committees   | Pg 15 Of 3                     | 31 A      | mendment        |
|------------------|--|---------------|--|--------------------------------|-----------|-----------------|
| Use this form to | report contributions from                    | other candida | te, referendum or  | PAC committee                  | 5 L       | Yes V No        |
|                  | Full Name (and Fund if to Elect Mike Woodard | applicable)   |  | 2. ID                          | Number    |                 |
| 3. Contribut     | or   |               | Add  | Remo                           | ve        |                 |
| city, state & zi | ect Mike Woodard                             | ne (include   | b. Type of Co Candidate Referendu c. Level Regis Federal State | PAC m stered (Specify) County: | e. Elec C | eyc Sum to Date |
| f. Account Cor   | le g. Form of Payment                        | h. In-Kind De | escription   | i. Date (mm/d                  | d/yyyy)   | j. Amount       |
| 002              | Check  |               |  | 12/12/20                       | )23       | \$1,000.00      |

| 4. Total on this Page   | \$1,000.00 |
|---|------------|
| 5. Total of ALL CRO-1230 Pages                                  | \$1,000.00 |
| (This line must be on line 8 of Detailed Summary Page CRO-1100) | \$1,000.00 |

April 2007

CRO-1230

FEB 0 1 2024

|             |                          |                    | 0 or | Page 14 of 3<br>contributions under \$50 if form CR |    | AmendmYes               | ent<br>No  |  |
|-------------|--------------------------|--------------------|------|---|----|-------------------------|------------|--|
| 1. Commit   | ttee Full Name (and F    | und if applicable) |      |   |    | 2. ID No                | ımber      |  |
| The Comm    | nittee to Elect Mike Woo | odard              |      |   |    |                         |            |  |
| 3. Contri   | butor Information        |                    | Add  | Remove  |    |                         |            |  |
| a. Full Na  | me, Mailing Address      | & Phone            | b    | Job Title/Profession                                | d. | Comments                |            |  |
| (includ     | e city, state, & zip)    |                    | Att  | orney   |    |                         |            |  |
| Michael L.  | Weisel                   |                    |      |   |    |                         |            |  |
| 1907 Victo  | oria Rd<br>IC 27608-1139 |                    | C.   | Employer's Name/Specific Field                      |    |                         |            |  |
| Raieign, N  | C 27000-1139             |                    | Ca   | pital Law Group                                     |    |                         |            |  |
|             |                          |                    |      |   | e. | Election Sun            |            |  |
|             |                          |                    |      |   |    |                         | \$250.00   |  |
| f. Prior    | g. Account Code          | h. Form of Payment |      | i. In-Kind Description                              |    | j. Date                 | k. Amount  |  |
|             | 002                      | Credit Card        |      |   |    | 11/01/2023              | \$250.00   |  |
| 3. Contri   | butor Information        |                    | Add  | Remove  |    |                         |            |  |
| a. Full Na  | me, Mailing Address      | & Phone            | b.   | Job Title/Profession                                | d, | Comments                |            |  |
| (includ     | e city, state, & zip)    |                    | lav  | vyer  |    |                         |            |  |
| allen weild | nns                      |                    |      |   |    |                         |            |  |
| 609 Hanc    | ock St                   |                    | C.   | Employer's Name/Specific Field                      |    |                         |            |  |
| Smithfield  | , NC 27577-4007          |                    | se   |   |    |                         |            |  |
|             |                          |                    | Sun  |   |    | e. Election Sum to Date |            |  |
|             |                          |                    |      |   |    |                         | \$1,100.00 |  |
| f. Prior    | g. Account Code          | h. Form of Payment |      | i. In-Kind Description                              | 1  | j. Date                 | k. Amount  |  |
|             | 002                      | Credit Card        |      |   |    | 11/05/2023              | \$1,000.00 |  |
| 3. Contri   | butor Information        |                    | Add  | Remove  |    |                         |            |  |
| a. Full Na  | me, Mailing Address      | & Phone            | b.   | Job Title/Profession                                | d  | Comments                |            |  |
| (includ     | e city, state, & zip)    |                    | Sta  | aff Assist  |    |                         |            |  |
| Katharina   | Whitmore                 |                    |      |   |    |                         |            |  |
|             | lewood Ave               |                    | -    | Employer's Name/Specific Field                      |    |                         |            |  |
| Durham, I   | NC 27705-4011            |                    |      | ike University                                      | 1  |                         |            |  |
| l           |                          |                    |      | Cristolois,   | e  | Election Sun            | n to Date  |  |
|             |                          |                    |      |   |    |                         | \$100.00   |  |
| f. Prior    | g. Account Code          | h. Form of Payment |      | i. In-Kind Description                              |    | j. Date                 | k. Amount  |  |
|             | 002                      | Credit Card        |      |   |    | 10/26/2023              | \$100.00   |  |

| 4. Total only this page   | \$1,350.00 |
|---|------------|
| 5. Total of ALL CRO-1210 Pages                                  | \$8,950.00 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) |            |

April 2007

|                                   |   |         |                    | D.,                     | - 40         | -6 04                   |   | mendment       |  |
|-----------------------------------|---|---------|--------------------|-------------------------|--------------|-------------------------|---|----------------|--|
| Disbursemen                       |   |         | taa fam anaasii    |                         | ge <u>16</u> |                         |   | Yes            | ✓ No   |
| •                                 | rt expenditures from the<br>dinated party expenditure |         | tee for; operation | ng expenses, contribu   | tions to c   | andidat                 | e/poilt                                 | icai           |  |
|                                   | ame (and Fund if applic                               |         |                    | 11-2-11-1915-111        | 100          | 2.                      | ID Nu                                   | mber           |  |
| The Committee to                  | Elect Mike Woodard                                    |         |                    |                         |              |                         |   |                |  |
| 3. Type of Disburse               | ment (Please use seo                                  | arate C | RO-1310 forms      | s for each type of Dis  | burseme      | nt.)                    |   |                |  |
| ✓ Operating Expension             | ses Contribution                                      | s to Ca | ndidates/Politica  | al Committees           | ]Coordina    | ated Pa                 | rty Exp                                 | enditures      |  |
| 4. Payee Informa                  | tion  | Ī       | Add                | emove                   | N. LE        |                         |   |                |  |
| a. Full Name. Mailir              | ng Address & Phone                                    | -       | S                  | ed Committee Name       | d. Co        | ommen                   | fs                                      |                |  |
| (include city, state              | -   |         |                    |                         | 10.00        | Jimnoin                 |   |                |  |
|                                   | ,   |         | -                  |                         | _            |                         |   |                |  |
| Barefoot Press<br>731 Pershing Rd |   |         |                    | stered (Specify)        |              |                         |   |                |  |
| Raleigh, NC 27608-                | 2711  |         | Federal State      | County:                 | a Fl         | ection S                | Sum to                                  | ) Date         |  |
|                                   |   |         | State              |                         | - O. L.      | \$00011 <b>\</b>        | Juni u                                  | 7000           | \$1,277.35   |
| f. Account Code                   | g. Form of Payment                                    | h. Pı   | irpose Code        | i. Date (mm/dd/yyyy     | ) i. Amou    | unt                     | k. Rec                                  | uired Rem      |  |
| 002                               | Check   | В       |                    | 12/01/2023              |              | 277.35                  | 27.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7. | -              |  |
| 002                               | Oncor   | -       |                    |                         |              |                         | . 0                                     |                |  |
| 4. Payee Informa                  | tion  | ि       | Add R              | emove                   |              |                         |   |                |  |
| a. Full Name. Mailir              | ng Address & Phone                                    |         |                    | ed Committee Name       | d. Co        | ommen                   | ts                                      |                |  |
| (include city, state              |   |         |                    |                         | -            |                         |   |                |  |
|                                   | .,  |         | L                  |                         | _            |                         |   |                |  |
| Bojangles<br>4831 NC-55           |   |         |                    | stered (Specify)        |              |                         |   |                |  |
| Durham, NC 27713                  |   |         | Federal            | County:                 | o El         | ection S                | Sum to                                  | Dato           |  |
|                                   |   |         | State              | Municipality:           | 6. El        | BCUOII                  | ouin u                                  | Date           | \$146.90   |
| f. Account Code                   | g. Form of Payment                                    | h Pı    | rpose Code         | i. Date (mm/dd/yyyy     | ) i Amou     | int                     | k Rec                                   | uired Rem      |  |
| 002                               | Debit Card  | 0       | in pood Godo       | 10/27/2023              |              | \$38.16                 |   |                | ign workers  |
| 552                               | Book out  |         |                    |                         |              |                         |   |                | ng.r rromoro                                       |
| 4. Payee Informa                  | tion  | Г       | Add   R            | emove                   |              |                         |   |                |  |
| a. Full Name. Mailir              | ng Address & Phone                                    |         |                    | ed Committee Name       | d Ce         | ommen                   | te                                      |                |  |
| (include city, state              |   |         |                    |                         | u. 0.        | J                       |   |                |  |
|                                   | of  |         |                    |                         |              |                         |   |                |  |
| Bojangles<br>4831 NC-55           |   |         |                    | stered (Specify)        | _            |                         |   |                |  |
| Durham, NC 27713                  |   |         | Federal            | County:                 | o El         | e. Election Sum to Date |   |                |  |
|                                   |   |         | State              | Municipality:           | e. El        | ecuon                   | ouin u                                  | Date           | \$146.90   |
| f. Account Code                   | g. Form of Payment                                    | h Pi    | urpose Code        | i. Date (mm/dd/yyyy     | ı) i Amoı    | unt                     | k Rec                                   | uired Rem      |  |
| 002                               | Debit Card  | 0       | ar poss oode       | 10/30/2023              | 7 1. 74.1104 | \$36.01                 |   |                | ign workers  |
| 002                               | DODIT OUT   |         |                    |                         |              |                         | Luiio                                   | ii ioi odilipe | ngii womero  |
| E Tital ambs this                 |   |         |                    |                         |              | ==                      |   |                | A4 054 50  |
| 5. Total only this                |   |         |                    |                         |              |                         |   |                | \$1,351.52<br>———————————————————————————————————— |
| 6. Total of ALL C                 | RO-1310 Pages   |         |                    |                         |              |                         |   |                |  |
| (This line goes in lin            | e 13a of Detailed Summa                               | ry Page | CRO-1100 if C      | perating Expenses)      |              |                         |   |                | \$24,134.85  |
| (This line goes in lin            | e 13b of Detailed Summa                               | ry Page | CRO-1100 if C      | Contrib to Candidates/P | olitical Co  | omm)                    |   |                |  |
| (This line goes in lin            | e 13c of Detailed Summa                               | ry Page | CRO-1100 if C      | oordinated Party Expe   | enditures)   |                         |   |                |  |
| 7. Purpose Code                   | s (List detailed Exper                                | diture  | code in (h.)       | above)                  |              |                         | 15-1-                                   |                |  |
| A* - Media                        | B* - Printing   |         | C* - Fur           | idraising l             | D - To An    | other C                 | andida                                  | ate            |  |
| E - salaries                      | F* - Equipment  |         | G - Polit          | ical Party I            | H* - Hold    | ing Pul                 | blic Of                                 | fice Exper     | ises   |
| I - postage                       | J - Penalties   |         | K* - Offi          | ce Expenses             | Q* - Dona    | ation to                | Lega                                    | l Expense      | Fund   |
| O* - Other                        |   |         |                    | N/                      | ΔΙΙ          |                         |   |                |  |
| *Codes require d                  | etailed explanation in                                | requi   | red remarks        | field (k)               | 1 115        |                         |   |                |  |
| CRO-1310                          |   | NC S    | State Board of E   | lections                | - 000        |                         |   | De             | ecember 2009                                       |

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| Disbursement   | ts  |  |   | Pa   | ige <u>17</u> of <u>3</u> | Amendment  1 Yes No                |
|--|---|--|---|--|---------------------------|------------------------------------|
| Use this form to repor   | t expenditures from the   |  | ee for; operatii  | ng expenses, contribu  | utions to candida         | te/political                       |
|  | dinated party expenditure ame (and Fund if application)   | THE RESERVE TO SERVE THE PERSON NAMED IN COLUMN TWO IN COL |   |  | 15                        | , ID Number                        |
|  |   | 1019)  |   |  | -                         | . ID Number                        |
| The Committee to E   | nent (Please use sen  | arata CI   | 20_1310 forms   | for each type of Dis   | shursement )              |                                    |
| Operating Expens   |   |  |   | _  | _                         | arty Expenditures                  |
| 4. Payee Informat  |   | y A.   |   |  |                           |                                    |
|  | Company of the second   |  |   | emove  |                           |                                    |
| a. Full Name, Mailin   | _   |  | b. Coordinate   | ed Committee Name  | d. Comme                  | nts                                |
| (include city, state   | , & zip)  |  |   |  |                           |                                    |
| Bojangles  |   |  | c. Level Reai   | stered (Specify)   |                           |                                    |
| 4831 NC-55<br>Durham, NC 27713   |   |  | Federal   | County:  |                           |                                    |
| 20110111, 110 21110  |   |  | State   | Municipality   | e. Election               | Sum to Date                        |
|  |   |  |   |  | Nº 4                      | \$146.90                           |
| f. Account Code  | g. Form of Payment  |  | rpose Code  | i. Date (mm/dd/yyy)<br>11/02/2023  | y) J. Amount<br>\$36.5    | k. Required Remarks                |
| 002  | Debit Card  | 0  |   | 11/02/2023   | \$30.5                    | Lunch for campaign workers         |
| 4. Payee Informat  | ion   | [7   | ]Add []R  | emove  | THE PARTY                 |                                    |
| a. Full Name, Mailin   | g Address & Phone   |  | b. Coordinate   | ed Committee Name  | d. Comme                  | nts                                |
| (include city, state   | , & zip)  |  |   |  |                           |                                    |
| Bojangles  |   |  | c. Level Regi   | stered (Specify)   |                           |                                    |
| 4831 NC-55   |   |  | Federal   | County:  |                           |                                    |
| Durham, NC 27713   |   |  | State   | Municipality   | e. Election               | Sum to Date                        |
|  |   |  | _   |  |                           | \$146.90                           |
| f. Account Code  | g. Form of Payment  | h. Pu  | rpose Code  | i. Date (mm/dd/yyy   | y) j. Amount              | k. Required Remarks                |
| 002  | Debit Card  | 0  |   | 11/04/2023   | \$36.2                    | 2 Lunch for campaign workers       |
| 4. Payee Informat  | tion  | Ĺ  | Add R   | emove  |                           |                                    |
| a. Full Name, Mailin   | g Address & Phone   |  | b. Coordinate   | ed Committee Name  | d. Comme                  | nts                                |
| (include city, state   | e, & zip)   |  |   |  |                           |                                    |
| Erica Bradley  |   |  | c. Level Regi   | stered (Specify)   |                           |                                    |
| 3914 Colorado Ave  |   |  | Federal   | County:  |                           |                                    |
| Durham, NC 27707-  | 5364  |  | State   | Municipality   | e. Election               | Sum to Date                        |
|  |   |  |   |  |                           | \$165.00                           |
| f. Account Code  | g. Form of Payment  | h. Pu  | rpose Code  | i. Date (mm/dd/yyy   |                           | k. Required Remarks                |
| 002  | Check   | 0  |   | 11/09/2023   | \$165.0                   | D Pollworker                       |
| 5. Total only this   | page  |  |   |  |                           | \$237.73                           |
| 6. Total of ALL C  | RO-1310 Pages   |  |   |  |                           |                                    |
| (This line goes in line  |   | •  |   | Inorating Evacaces   |                           | \$24,134.85                        |
| , ,  | e 13a of Detailed Summa   | ry Page  | CRO-1100 if C   | peraung expenses)  |                           |                                    |
| (This line goes in line  | e 13a of Detailed Summa<br>e 13b of Detailed Summa  | -  |   |  | Political Comm)           |                                    |
|  |   | ry Page  | CRO-1100 if 0   | Contrib to Candidates/   |                           |                                    |
| (This line goes in lin   | e 13b of Detailed Summa   | ry Page<br>ry Page   | CRO-1100 if C<br>CRO-1100 if C  | Contrib to Candidates/<br>Coordinated Party Exp  |                           |                                    |
| (This line goes in lin   | e 13b of Detailed Summa<br>e 13c of Detailed Summa  | ry Page<br>ry Page   | CRO-1100 if C<br>CRO-1100 if C<br>code in (h.)                                      | Contrib to Candidates/<br>Coordinated Party Exp  |                           | Candidate                          |
| (This line goes in line 7. Purpose Code  | e 13b of Detailed Summa<br>e 13c of Detailed Summa<br>s (List detailed Exper                                    | ry Page<br>ry Page<br>I <b>diture</b>  | CRO-1100 if C<br>CRO-1100 if C<br>code in (h.)<br>C* - Fur                          | Contrib to Candidates/<br>Coordinated Party Exp<br>above)                              | enditures) D - To Another | Candidate<br>ublic Office Expenses |
| (This line goes in line 7. Purpose Code A* - Media   | e 13b of Detailed Summa<br>e 13c of Detailed Summa<br>s (List detailed Exper<br>B* - Printing                   | ry Page<br>ry Page<br>I <b>diture</b>  | CRO-1100 if C<br>CRO-1100 if C<br>code in (h.)<br>C* - Fur<br>G - Polit             | Contrib to Candidates/<br>Coordinated Party Exp<br>above)<br>adraising                 | D - To Another            |                                    |
| (This line goes in lin  7. Purpose Code  A* - Media  E - salaries  I - postage  O* - Other | e 13b of Detailed Summa<br>e 13c of Detailed Summa<br>s (List detailed Exper<br>B* - Printing<br>F* - Equipment | ry Page<br>ry Page<br><b>nditure</b>   | CRO-1100 if C<br>CRO-1100 if C<br>code in (h.)<br>C* - Fur<br>G - Polit<br>K* - Off | Contrib to Candidates/ Coordinated Party Exp above) Indraising Ical Party Ice Expenses | D - To Another            | ublic Office Expenses              |

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| -   | ts rt expenditures from the dinated party expenditure |          | ee for; operati                   |                           | Page <u>18</u> of _ |                               |
|---|---|----------|-----------------------------------|---------------------------|---------------------|-------------------------------|
|   | ame (and Fund if applic                               |          |                                   |                           |                     | 2. ID Number                  |
| The Committee to I  | Elect Mike Woodard                                    | 221717   |                                   |                           |                     |                               |
| 3. Type of Disburse                                       |   | arate C  | RO-1310 form:                     | s for each type of D      | isbursement)        |                               |
| Operating Expens  | ses Contribution                                      | s to Car | ididates/Politic                  | al Committees             | Coordinated F       | Party Expenditures            |
| 4. Payee Informati  | tion  |          | Add □R                            | emove                     |                     |                               |
|   |   |          |                                   | ed Committee Nam          | . 4.0               |                               |
| (include city, state                                      | ng Address & Phone<br>o, & zip)                       |          | b. Coordinat                      | ed Committee Nam          | e d. Comme          | ents                          |
| Solomon Burnett<br>1016 Clarendon St<br>Durham, NC 27705- | 4212  |          | Federal                           | stered (Specify)  County: |                     |                               |
|   |   |          | State                             | Municipalit               | e. Election         | Sum to Date                   |
|   |   |          |                                   |                           | - N                 | \$165.00                      |
| f. Account Code   | g. Form of Payment                                    |          | rpose Code                        | i. Date (mm/dd/yy         |                     | k. Required Remarks           |
| 002   | Check   | 0        |                                   | 11/09/2023                | \$165.0             | Pollworker                    |
| 4. Payee informa  | tion  |          | Add R                             | emove                     |                     |                               |
| a. Full Name, Mailir                                      | ng Address & Phone                                    |          | b. Coordinate                     | ed Committee Nam          | e d. Comme          | ents                          |
| (include city, state                                      | e, & zip)   |          |                                   |                           |                     |                               |
| CES Mail Communic   | cations, Inc.   |          | c. Level Real                     | stered (Specify)          |                     |                               |
| 2319 Atlantic Ave<br>Raleigh, NC 27604-                   | 1407  |          | Federal                           | County:                   |                     |                               |
|   |   |          | State                             | Municipalit               | e. Election         | n Sum to Date                 |
|   |   | 7        |                                   |                           |                     | \$559.45                      |
| f. Account Code   | g. Form of Payment                                    |          | rpose Code                        | i. Date (mm/dd/yy         |                     | k. Required Remarks           |
| 002   | Check   | 1        |                                   | 12/01/2023                | \$559.4             | 5 Printing/Mailing of letters |
| 4. Payee Informa  | tion  |          | Add R                             | emove                     |                     |                               |
| a. Full Name, Mailir                                      | ng Address & Phone                                    |          | b. Coordinat                      | ed Committee Nam          | e d. Comme          | ents                          |
| (include city, state                                      | e, & zip)   |          |                                   |                           |                     |                               |
| Chick-Fil-A<br>104 Residence Inn B                        |   |          | c. Level Reg                      | istered (Specify) County: |                     |                               |
| Durham, NC 27713-   | -2200   |          | State                             | Municipali                | e. Electio          | n Sum to Date                 |
| l   |   |          |                                   |                           |                     | \$137.51                      |
| f. Account Code   | g. Form of Payment                                    | h. Pu    | rpose Code                        | i. Date (mm/dd/yy         | yy) j. Amount       | k. Required Remarks           |
| 002   | Debit Card  | 0        |                                   | 10/26/2023                | \$12.9              | Lunch for campaign workers    |
| 5. Total only this  | page  |          |                                   |                           |                     | \$737.35                      |
| 6. Total of ALL C   |   |          |                                   |                           |                     |                               |
| , ,   | e 13a of Detailed Summa                               |          |                                   |                           |                     | \$24,134.85                   |
| ,   | e 13b of Detailed Summa                               |          |                                   |                           | 1                   |                               |
|   | e 13c of Detailed Summa                               |          |                                   |                           | penditures)         |                               |
|   | s (List detailed Exper                                | nditure  |                                   |                           |                     |                               |
| A* - Media  | B* - Printing   |          | C* - Fur                          | ndraising                 | D - To Another      | Candidate                     |
| E - salaries  | F* - Equipment  | 1        | G - Polit                         | ical Party                | H* - Holding P      | ublic Office Expenses         |
| I - postage   | J - Penalties   |          | K* - Off                          | ice Expenses              | Q* - Donation       | to Legal Expense Fund         |
| O* - Other *Codes require d                               | etailed explanation in                                | requir   | red remarks                       | field (k)                 | MALI                |                               |
| NAT SOURCE SURE OF SUPERIORS OF THE PARTY OF THE          |   |          | man and a second of the second of | concern & married.        | 14/1/14/14          |                               |

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| Disbursemen                              | ts rt expenditures from the | committ  | ee for: operati   |                      | age 19 of 3        | town and the same of the same |  |  |
|--|-----------------------------|----------|-------------------|----------------------|--------------------|---|--|--|
|  | dinated party expenditure   |          | ce ioi, operati   | ig expenses, contin  | ations to carraida | te/political  |  |  |
| 1. Committee Full N                      | ame (and Fund if applica    | able)    |                   |                      | 2.                 | ID Number   |  |  |
| The Committee to E                       | Elect Mike Woodard          |          |                   |                      |                    |   |  |  |
| 3. Type of Disburse                      | ment (Please use sen        | arate Cl | RO-1310 forms     | s for each type of D |                    |   |  |  |
| ✓ Operating Expens                       | ses Contribution            | s to Can | ididates/Politica | al Committees [      | Coordinated Pa     | arty Expenditures   |  |  |
| 4. Payee Informat                        | tion                        | 1        | Add R             | emove                |                    |   |  |  |
| a. Full Name, Mailin                     | g Address & Phone           |          | b. Coordinate     | ed Committee Name    | d. Commer          | nts   |  |  |
| (include city, state                     | o, & zip)                   |          |                   |                      |                    |   |  |  |
| Chick-Fil-A                              |                             |          | c. Level Regi     | stered (Specify)     |                    |   |  |  |
| 104 Residence Inn B                      |                             |          | Federal           | County:              |                    |   |  |  |
| Durham, NC 27713-                        | 2200                        |          | State             | Municipality         | e. Election        | Sum to Date   |  |  |
|  |                             |          | - Invited         |                      |                    | \$137.51  |  |  |
| f. Account Code                          | g. Form of Payment          | h. Pu    | rpose Code        | i. Date (mm/dd/yyy   | y) j. Amount       | k. Required Remarks   |  |  |
| 002                                      | Debit Card                  | 0        |                   | 10/27/2023           | \$43.17            | Lunch for campaign workers  |  |  |
| 4. Payee Informat                        | tion                        |          | Add R             | emove                |                    |   |  |  |
| a. Full Name, Mailin                     | g Address & Phone           |          | b. Coordinate     | ed Committee Name    | d. Commer          | nts   |  |  |
| (include city, state                     | e, & zip)                   |          |                   |                      |                    |   |  |  |
| Chick-Fil-A                              |                             |          | c. Level Regi     | stered (Specify)     |                    |   |  |  |
| 104 Residence Inn E                      |                             |          | Federal           | County:              |                    |   |  |  |
| Durham, NC 27713-                        | 2200                        |          | State             | Municipality         | e. Election        | Sum to Date   |  |  |
|  |                             |          |                   |                      |                    | \$137.51  |  |  |
| f. Account Code                          | g. Form of Payment          | h, Pu    | rpose Code        | i. Date (mm/dd/yy)   | /y) j. Amount      | k. Required Remarks   |  |  |
| 002                                      | Debit Card                  | 0        |                   | 11/01/2023           | \$44.93            | Lunch for Campaign workers  |  |  |
| 4. Payee Information                     | tion                        |          |                   | emove                |                    |   |  |  |
|  | ng Address & Phone          |          | b. Coordinate     | ed Committee Name    | d. Comme           | nts   |  |  |
| (include city, state                     | e, & zip)                   |          |                   |                      |                    |   |  |  |
| Chick-Fil-A                              |                             |          | c. Level Regi     | stered (Specify)     |                    |   |  |  |
| 104 Residence Inn E<br>Durham, NC 27713- |                             |          | Federal           | County:              |                    |   |  |  |
| Dulliam, NO 277 13-                      | 2200                        |          | State             | Municipalit          | y: e. Election     | Sum to Date   |  |  |
|  |                             |          |                   |                      |                    | \$137.51  |  |  |
| f. Account Code                          | g. Form of Payment          | -        | rpose Code        | i. Date (mm/dd/yyy   |                    | k. Required Remarks   |  |  |
| 002                                      | Debit Card                  | 0        |                   | 11/03/2023           | \$36.51            | Lunch for Campaign workers  |  |  |
| 5. Total only this                       | page                        |          |                   |                      |                    | \$124.61  |  |  |
| 6. Total of ALL C                        | RO-1310 Pages               |          |                   |                      |                    |   |  |  |
|  | e 13a of Detailed Summa     |          |                   |                      |                    | \$24,134.85   |  |  |
|  | e 13b of Detailed Summa     |          |                   |                      |                    |   |  |  |
|  | e 13c of Detailed Summa     |          |                   |                      | penditures)        |   |  |  |
|  | s (List detailed Expen      | diture   |                   |                      |                    |   |  |  |
| A* - Media                               | B* - Printing               |          |                   | draising             | D - To Another (   |   |  |  |
| E - salaries                             | F* - Equipment              |          |                   | ical Party           | _                  | blic Office Expenses  |  |  |
| I - postage                              | J - Penalties               |          | K* - Off          | ce Expenses          | Q* - Donation t    | o Legal Expense Fund  |  |  |
| O* - Other<br>*Codes require de          | etalled explanation in      | requir   | ed remarks        | field (k)            | AAIL               |   |  |  |

CRO-1310

|   | S t expenditures from the co            |         | ee for; operatir | _                     | e <u>20</u> of <u>31</u><br>ions to candidat | Name and the same |
|---|---|---------|------------------|-----------------------|--|---|
|   | ame (and Fund if applica                | -       |                  |                       | 2.   | ID Number   |
| The Committee to E                                    | lect Mike Woodard                       | -17-11  |                  |                       |  |   |
| 3. Type of Disburser                                  | ment (Please use sepa                   | rate CI | RO-1310 forms    | for each type of Dist | oursement.)                                  |   |
| Operating Expens                                      | es Contributions                        | to Can  | didates/Politica | l Committees          | Coordinated Pa                               | rty Expenditures  |
| 4. Payee Informat                                     | ion                                     |         | Add Re           | move                  |  |   |
| a. Full Name, Mailing                                 | g Address & Phone                       |         | b. Coordinate    | d Committee Name      | d. Commen                                    | ts  |
| (include city, state,                                 | , & zip)                                |         |                  |                       |  |   |
| Convergence Targete<br>1250 Connecticut Av<br>Ste 700 |   |         | Federal          | County:               |  |   |
| Washington, DC 200                                    | 36-2657                                 |         | State            | Municipality:         | e. Election S                                |   |
| f. Account Code                                       | er Favor of Daymant                     | Th. Du  | rpose Code       | i. Date (mm/dd/yyyy)  | Amount                                       | \$2,850.00<br>k. Required Remarks   |
| 002   | g. Form of Payment  Debit Card          | n. Pu   | rpose Code       | 10/27/2023            | \$2,850.00                                   |   |
| 002   | Debit Card                              | ļ '     |                  | 10/2/12020            | \$2,000.00                                   | r aiiii Caius   |
| 4. Payee Informat                                     | ion                                     |         | ]Add  Re         | emove                 |  |   |
| a. Full Name, Mailing                                 | g Address & Phone                       |         | b. Coordinate    | d Committee Name      | d. Commen                                    | ts  |
| (include city, state,                                 | , & zip)                                |         |                  |                       |  |   |
| Jan Cromartie   |   |         | c. Level Real    | stered (Specify)      |  |   |
| 501 Willard St  |   |         | Federal          | County:               |  |   |
| Apt 322<br>Durham, NC 27701-3                         | 3291                                    |         | State            | Municipality:         | e. Election \$                               | Sum to Date   |
|   |   |         |                  |                       |  | \$2,920.00  |
| f. Account Code                                       | g. Form of Payment                      | h. Pu   | rpose Code       | i. Date (mm/dd/yyyy)  | j. Amount                                    | k. Required Remarks   |
| 002   | Check                                   | E       |                  | 10/26/2023            | \$800.00                                     | Campaign Work   |
| 4. Payee Informat                                     | ion                                     |         | Add Re           | emove                 |  |   |
| a. Full Name, Mailin                                  | g Address & Phone                       |         | b. Coordinate    | d Committee Name      | d. Commen                                    | ts  |
| (include city, state                                  | , & zip)                                |         |                  |                       |  |   |
| Inn Cramadia  | ======================================= |         | a Level Besi     | stered (Specify)      | _  |   |
| Jan Cromartie<br>501 Willard St                       |   |         | Federal          | County:               |  |   |
| Apt 322   | 2004                                    |         | State            | Municipality:         | e. Election                                  | Sum to Date   |
| Durham, NC 27701-3                                    | 3291                                    |         |                  |                       |  | \$2,920.00  |
| f. Account Code                                       | g. Form of Payment                      | h. Pu   | rpose Code       | i. Date (mm/dd/yyyy)  | j. Amount                                    | k. Required Remarks   |
| 002   | Check                                   | E       |                  | 11/03/2023            | \$700.00                                     | Campaign Work   |
|   |   |         |                  |                       |  |   |
| 5. Total only this                                    | page                                    |         |                  |                       |  | \$4,350.00  |
| 6. Total of ALL Ci                                    | RO-1310 Pages                           | i d     |                  |                       |  |   |
| (This line goes in line                               | 13a of Detailed Summary                 | / Page  | CRO-1100 if O    | perating Expenses)    |  | \$24,134.85   |
|   | e 13b of Detailed Summary               | _       |                  |                       | olitical Comm)                               |   |
|   | e 13c of Detailed Summary               | _       |                  |                       |  |   |
|   | (List detailed Expend                   |         |                  |                       |  |   |
| A* - Media  | B* - Printing                           |         | C* - Fun         | draising C            | - To Another C                               | andidate  |
| E - salaries  | F* - Equipment                          |         | G - Politi       | cal Party H           | i* - Holding Pul                             | blic Office Expenses  |
| I - postage   | J - Penalties                           |         | K* - Offi        | ce Expenses C         | Q* - Donation to                             | Legal Expense Fund  |
| O* - Other  |   |         |                  | M                     | AL   | -   |
|   |   |         |                  |                       |  |   |
| Coues require de                                      | etailed explanation in I                | requir  | ed remarks f     | ield (k)              |  |   |

FEB 0 1 2024

| Disbursemen                           | <b>ts</b><br>rt expenditures from the | committ  | ee for: operati        |                            | ge 21 of 3        | TOTAL TO THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY |  |  |
|---------------------------------------|---------------------------------------|----------|------------------------|----------------------------|-------------------|---|--|--|
| -                                     | dinated party expenditure             |          | ee ioi, opeialii       | ig expenses, continu       | itions to candida | te/political  |  |  |
|                                       | ame (and Fund if applic               |          |                        |                            | 2                 | . ID Number   |  |  |
| The Committee to I                    | Elect Mike Woodard                    |          |                        |                            |                   |   |  |  |
| 3. Type of Disburse                   | ment (Please use sen                  | arate Cl | RO-1310 forms          | s for each type of Dis     | bursement.)       |   |  |  |
| ✓ Operating Expens                    | ses Contribution                      | s to Car | didates/Politica       | al Committees              | Coordinated Pa    | arty Expenditures   |  |  |
| 4. Payee Informa                      | tion                                  |          | Add Re                 | emove                      |                   |   |  |  |
| a. Full Name, Mailir                  | g Address & Phone                     |          | b. Coordinate          | ed Committee Name          | d. Commer         | nts   |  |  |
| (include city, state                  | e, & zip)                             |          |                        |                            |                   |   |  |  |
| Jan Cromartie                         |                                       |          | c Level Regi           | stered (Specify)           |                   |   |  |  |
| 501 Willard St                        |                                       |          | Federal                | County:                    |                   |   |  |  |
| Apt 322                               | 2004                                  |          | State                  | Municipality:              | e. Election       | Sum to Date   |  |  |
| Durham, NC 27701-                     | 3291                                  |          |                        |                            |                   | \$2,920.00  |  |  |
| f. Account Code                       | g. Form of Payment                    | h. Pu    | rpose Code             | i. Date (mm/dd/yyyy        | /) j. Amount      | k. Required Remarks   |  |  |
| 002                                   | Check                                 | E        | -                      | 11/09/2023                 | \$400.00          | Campaign Work   |  |  |
|                                       |                                       |          |                        |                            |                   |   |  |  |
| 4. Payee Informa                      | tion                                  | Ė        | Add R                  | emove                      |                   |   |  |  |
| a. Full Name, Mailir                  | ng Address & Phone                    |          | b. Coordinate          | ed Committee Name          | d. Commer         | nts   |  |  |
| (include city, state                  | e, & zip)                             |          |                        |                            |                   |   |  |  |
| Durbara County Boo                    | and of Clastians                      |          | a Lavel Bari           | stered (Specify)           |                   |   |  |  |
| Durham County Boa<br>201 N Roxboro St | iid of Elections                      |          | Federal                | County:                    |                   |   |  |  |
| Durham, NC 27701-                     | 3741                                  |          | State                  | Municipality:              | e Flection        | Sum to Date   |  |  |
|                                       |                                       |          | LJGtate                | ividiticipality.           | 0.20000           | \$139.51  |  |  |
| f. Account Code                       | g. Form of Payment                    | h. Pu    | rpose Code             | i. Date (mm/dd/yyyy        | /) i. Amount      | k. Required Remarks   |  |  |
| 002                                   | Check                                 | 0        |                        | 12/04/2023                 | \$139.51          |   |  |  |
| 002                                   | On out                                |          |                        |                            |                   |   |  |  |
| 4. Payee Informa                      | tion                                  | C        | Add R                  | emove                      |                   |   |  |  |
| a. Full Name, Mailir                  | ng Address & Phone                    |          | b. Coordinate          | ed Committee Name          | d. Comme          | nts   |  |  |
| (include city, state                  | e, & zip)                             |          |                        |                            |                   |   |  |  |
| El Toro, LLC                          |                                       |          | c Level Pegi           | stered (Specify)           | _                 |   |  |  |
| 552 E Market St                       |                                       |          | Federal                | County:                    |                   |   |  |  |
| Louisville, KY 40202                  | 2-7105                                |          | State                  | Municipality:              | e. Election       | e. Election Sum to Date   |  |  |
|                                       |                                       |          |                        | L.J. Wallandy and Y.       |                   | \$3,795.00  |  |  |
| f. Account Code                       | g. Form of Payment                    | h. Pu    | rpose Code             | i. Date (mm/dd/yyy)        | y) i. Amount      | k. Required Remarks   |  |  |
| 002                                   | Debit Card                            | Α        |                        | 10/26/2023                 | \$1,500.00        |   |  |  |
|                                       |                                       |          |                        |                            |                   |   |  |  |
| 5. Total only this                    | nage                                  |          |                        |                            |                   | \$2,039.51  |  |  |
| 6. Total of ALL C                     |                                       |          |                        |                            |                   | Ψ2,000.0 /  |  |  |
|                                       | 175 K 175 M                           | -        | 000 4400 %             |                            |                   | <b>****</b>   |  |  |
| , ,                                   | e 13a of Detailed Summa               | -        |                        |                            |                   | \$24,134.85   |  |  |
| , ,                                   | e 13b of Detailed Summa               |          |                        |                            | - 1               |   |  |  |
|                                       | e 13c of Detailed Summa               |          |                        |                            | enditures)        |   |  |  |
|                                       | s (List detailed Exper                | diture   |                        |                            |                   |   |  |  |
| A* - Media                            | B* - Printing                         |          |                        | ndraising                  | D - To Another (  | Candidate   |  |  |
|                                       |                                       |          |                        | July 12 1 1                |                   |   |  |  |
| E - salaries                          | F* - Equipment                        | ì        | G - Polit              | ical Party                 | _                 | ıblic Office Expenses   |  |  |
| E - salaries<br>I - postage           | -                                     | :        | G - Polit              | ical Party                 | _                 | iblic Office Expenses<br>o Legal Expense Fund   |  |  |
| I - postage<br>O* - Other             | F* - Equipment                        |          | G - Polit<br>K* - Offi | ical Party<br>ice Expenses | _                 |   |  |  |

CRO-1310

| Disbursemen                         | its  |          |                                      | I                  | Page _    | 22 of <u>31</u>         | Amendment  ☐ Yes ☑ No             |  |
|-------------------------------------|--|----------|--------------------------------------|--------------------|-----------|-------------------------|-----------------------------------|--|
| ,                                   | ort expenditures from the                              |          | tee for; operatii                    | ng expenses, contr | ributions | to candidate            | e/political                       |  |
|                                     | rdinated party expenditure<br>lame (and Fund if applic |          |                                      |                    | -         | (2)                     | ID Number                         |  |
|                                     |  | aule)    |                                      | 1 100              |           | 2.1                     | io number                         |  |
|                                     | Elect Mike Woodard                                     |          | 00 4040 5                            |                    | Dishara   |                         |                                   |  |
|                                     | ment (Please use sep                                   |          |                                      |                    |           |                         | t. Consultives                    |  |
| Operating Expen                     |  | s to Car | ndidates/Politica                    | ai Committees      | []Coo     | ordinated Par           | ty Expenditures                   |  |
| 4. Payee Informa                    | tion   |          | Add R                                | ernove             |           |                         |                                   |  |
| a. Full Name, Maili                 | ng Address & Phone                                     |          | b. Coordinate                        | ed Committee Nam   | ne        | d. Comment              | is .                              |  |
| (include city, state                | e, & zip)  |          |                                      |                    |           |                         |                                   |  |
| El Toro, LLC                        |  |          | a Lovel Pegi                         | stered (Specify)   |           |                         |                                   |  |
| 552 E Market St                     |  |          | Federal                              | County:            |           |                         |                                   |  |
| Louisville, KY 40202                | 2-7105   |          | State                                | Municipali         | litv:     | e. Election S           | Sum to Date                       |  |
|                                     |  |          | Citato                               | Managan            |           |                         | \$3,795.00                        |  |
| f. Account Code                     | g. Form of Payment                                     | h. Pu    | rpose Code                           | i. Date (mm/dd/y)  | vvv) i. / | Amount                  | k. Required Remarks               |  |
| 002                                 | Debit Card   | A        | •                                    | 11/01/2023         |           | \$2,295.00              | Digital Ads                       |  |
|                                     | 20011  |          |                                      |                    |           |                         |                                   |  |
| 4. Payee Informa                    | tion,  |          | Add   R                              | emove              |           |                         |                                   |  |
| a. Full Name. Mailir                | ng Address & Phone                                     |          |                                      | ed Committee Nam   | ne        | d. Comment              |                                   |  |
| (include city, state                |  |          |                                      |                    |           |                         |                                   |  |
|                                     | o, a. a.p,   |          |                                      |                    |           |                         |                                   |  |
| Antonio Hailey<br>1002 Cleveland St |  |          |                                      | stered (Specify)   |           |                         |                                   |  |
| Durham, NC 27701                    | -2436  |          | Federal                              | County:            | }         | - Marker 6              |                                   |  |
| ,                                   |  |          | State                                | Municipal          | lity:     | e. Election S           |                                   |  |
| f. Account Code                     | In Francis December                                    | 16. 0    | Code                                 | i. Date (mm/dd/y)  | nmaXII (  | h en a cont             | \$1,485.00<br>k. Required Remarks |  |
|                                     | g. Form of Payment                                     | -+       | rpose Code                           | 10/30/2023         | ууу) ]. / | \$555.00                | Campaign Work                     |  |
| 002                                 | Check  | E        |                                      | 10/30/2023         |           | ψ505.00                 | Campaign Work                     |  |
| 4. Payee Informa                    | ition  |          | Add []R                              | emove              |           |                         |                                   |  |
| a. Full Name, Maili                 | ng Address & Phone                                     |          | b. Coordinate                        | ed Committee Nan   | ne        | d. Comment              | ds                                |  |
| (include city, state                | e, & zip)  |          |                                      |                    |           |                         |                                   |  |
| Autorio Hallan                      |  |          | - Level Deel                         |                    |           |                         |                                   |  |
| Antonio Hailey<br>1002 Cleveland St |  |          |                                      | istered (Specify)  | _         |                         |                                   |  |
| Durham, NC 27701                    | -2436  |          | Federal County:  State Municipality: |                    |           | e. Election Sum to Date |                                   |  |
|                                     |  |          | LIState                              |                    | nty.      | o. Licodon c            | \$1,485.00                        |  |
| f. Account Code                     | g. Form of Payment                                     | h Pi     | Irpose Code                          | i. Date (mm/dd/y   | www\i     | Amount                  | k. Required Remarks               |  |
| 002                                 | Check  | E        | ii pood oods                         | 11/09/2023         | 33373.    | \$930.00                | Campaign Work                     |  |
| 002                                 | Official   | _        |                                      |                    |           |                         | Campaign Work                     |  |
| 5. Total only this                  | page   |          |                                      |                    |           |                         | \$3,780.00                        |  |
| 6. Total of ALL C                   |  |          |                                      |                    | -         |                         | 401.00.00                         |  |
| transfer and the street             | A  |          |                                      |                    |           |                         | ****                              |  |
|                                     | ne 13a of Detailed Summa                               | -        |                                      |                    |           |                         | \$24,134.85                       |  |
|                                     | ne 13b of Detailed Summa                               | -        |                                      |                    |           |                         |                                   |  |
|                                     | ne 13c of Detailed Summa                               |          |                                      |                    | xpenditi  | ures)                   |                                   |  |
|                                     | es (List detailed Exper                                | nditure  |                                      |                    |           |                         |                                   |  |
| A* - Media                          | B* - Printing  |          |                                      | ndraising          |           | o Another C             |                                   |  |
| E - salaries                        | F* - Equipment   | t        | G - Polit                            | ical Party         | H* -      | Holding Pub             | olic Office Expenses              |  |
| I - postage                         | J - Penalties  |          | K* - Off                             | ice Expenses       | Q* -      | Donation to             | Legal Expense Fund                |  |
| O* - Other                          | · · · · · · · · · · · · · · · · · · ·                  |          |                                      |                    |           |                         |                                   |  |
| *Codes require d                    | letailed explanation in                                | requi    | red remarks                          | field (k)          | R         | A A 11                  |                                   |  |
| CRO-1310                            |  | NC S     | State Board of E                     | Elections          | IV        | MAIL                    | December 2009                     |  |

|                                   | rt expenditures from the  |        | ee for; operatii |                    | age 23 of 3<br>utions to candida | Section 17 control terror control and materials and 1 control and 1 cont |
|-----------------------------------|---------------------------|--------|------------------|--------------------|----------------------------------|--|
|                                   | dinated party expenditure |        | -                |                    | 10                               | is w   |
| The second property of the second | ame (and Fund if applica  | ible)  |                  |                    | 2                                | . ID Number  |
| The Committee to E                |                           |        | 20 4040 5-       | 4 14 40            | -1                               |  |
|                                   | ment (Please use sepa     |        |                  |                    | _                                | ad . Francostit and  |
| Operating Expens                  |                           | to Can | didates/Politica | ai Committees [    | Coordinated Pa                   | arty Expenditures  |
| 4. Payee Informat                 | ion                       |        | Add R            | emove              |                                  |  |
| a. Full Name, Mailin              | g Address & Phone         |        | b. Coordinate    | ed Committee Name  | d. Commer                        | nts  |
| (include city, state              | , & zip)                  |        |                  |                    |                                  |  |
| Lachita Harwell<br>801 Yancey St  |                           |        | c. Level Regi    | stered (Specify)   |                                  |  |
| Apt B                             | )4FE                      |        | State            | Municipality       | e. Election                      | Sum to Date  |
| Durham, NC 27701-3                | 5155                      |        |                  |                    |                                  | \$165.00   |
| f. Account Code                   | g. Form of Payment        | h. Pu  | rpose Code       | i. Date (mm/dd/yyy | y) j. Amount                     | k. Required Remarks  |
| 002                               | Check                     | 0      |                  | 11/09/2023         | \$165.00                         | Pollworker   |
|                                   |                           |        |                  |                    |                                  |  |
| 4. Payee Informat                 | ion                       | Ε      |                  | emove              |                                  |  |
| a. Full Name, Mailin              | g Address & Phone         |        | b. Coordinate    | ed Committee Name  | d. Commer                        | nts  |
| (include city, state              | , & zip)                  |        |                  |                    |                                  |  |
| Hutchins Garage                   |                           |        | c. Level Reai    | stered (Specify)   | -                                |  |
| 402 GEER St                       |                           |        |                  | County:            |                                  |  |
| Durham, NC 27701                  |                           |        | State            | Municipality       | e. Election                      | Sum to Date  |
|                                   |                           |        |                  |                    |                                  | \$68.75  |
| f. Account Code                   | g. Form of Payment        | h. Pu  | rpose Code       | i. Date (mm/dd/yyy | y) j. Amount                     | k. Required Remarks  |
| 002                               | Debit Card                | 0      |                  | 11/17/2023         | \$68.75                          | Pizzas for Election Night<br>Watch Party   |
| 4. Payee Informat                 | ion                       |        | Add R            | emove              |                                  |  |
| a. Full Name, Mailin              | g Address & Phone         |        | b. Coordinate    | ed Committee Name  | d. Commer                        | nts  |
| (include city, state              | , & zip)                  |        |                  |                    |                                  |  |
| Joseph C. Woodard                 | Printing Co.              |        | c. Level Regi    | stered (Specify)   |                                  |  |
| 2815 S Saunders St                | -                         |        | Federal          | County:            |                                  |  |
| Raleigh, NC 27603-3               | 8519                      |        | State            | Municipality       | e. Election                      | Sum to Date  |
|                                   |                           |        |                  |                    |                                  | \$569.50   |
| f. Account Code                   | g. Form of Payment        | h. Pu  | rpose Code       | i. Date (mm/dd/yyy | y) j. Amount                     | k. Required Remarks  |
| 002                               | Debit Card                | В      |                  | 10/31/2023         | \$569.50                         | Stationary - Letterhead, envelopes   |
| 5. Total only this                | page                      |        |                  |                    |                                  | \$803.25   |
| 6. Total of ALL CI                | RO-1310 Pages             |        |                  |                    |                                  |  |
| -                                 | e 13a of Detailed Summar  | y Page | CRO-1100 if C    | perating Expenses) |                                  | \$24,134.85  |
| , ,                               | e 13b of Detailed Summar  |        |                  |                    | 1                                |  |
|                                   | e 13c of Detailed Summar  | , ,    |                  |                    | enditures)                       |  |
| 7. Purpose Codes                  | s (List detailed Expen    | diture | code in (h.) :   | above)             |                                  |  |
| A* - Media                        | B* - Printing             |        | C* - Fun         | draising           | D - To Another (                 | Candidate  |
| E - salaries                      | F* - Equipment            |        | G - Polit        | ical Party         | H* - Holding Pu                  | blic Office Expenses   |
| l - postage                       | J - Penalties             |        | K* - Offi        | ce Expenses        | Q* - Donation to                 | o Legal Expense Fund   |
| O* - Other<br>*Codes require de   | etailed explanation in    | requir | ed remarks t     | field (k)          |                                  | MAIL   |

|   |   |         |                     | p.                        | ngo 24 of                  | Amendm                          |                   |  |
|---|---|---------|---------------------|---------------------------|----------------------------|---------------------------------|-------------------|--|
| <b>Disbursement</b><br>Use this form to repor | <b>ts</b><br>rt expenditures from the c | ommitte | ee for; operatir    |                           | age 24 of utions to candic |                                 | <b>✓</b> No       |  |
|   | dinated party expenditure               |         |                     |                           |                            |                                 |                   |  |
| 1. Committee Full N                           | ame (and Fund if applica                | ble)    |                     |                           |                            | 2. ID Number                    |                   |  |
| The Committee to E                            | Elect Mike Woodard                      |         |                     |                           |                            |                                 |                   |  |
|   | ment (Please use sepa                   | rate CF | RO-1310 forms       | s for each type of Di     | sbursement.)               |                                 |                   |  |
| Operating Expens                              | ses Contributions                       | to Can  | didates/Politica    | al Committees [           | Coordinated l              | Party Expenditure               | 13.71.73.1        |  |
| 4. Payee Informat                             |   |         |                     | emove                     |                            |                                 | IVI7 VI           |  |
| a. Full Name, Mailin                          | g Address & Phone                       |         | b. Coordinate       | ed Committee Name         | d. Comm                    | ents                            | FFR 0.1           |  |
| (include city, state                          | , & zip)                                |         |                     |                           |                            |                                 |                   |  |
| LouElla<br>316 W Geer St                      |   |         | c. Level Regi       | stered (Specify)  County: |                            |                                 | DURHAM            |  |
|   |   |         | State               | Municipality              | e. Electio                 | n Sum to Date                   |                   |  |
| Danian, 100 21701                             |   |         |                     |                           |                            |                                 | \$276.11          |  |
| f. Account Code                               | g. Form of Payment                      | h. Pu   | rpose Code          | i. Date (mm/dd/yy)        | y) j. Amount               | k. Required R                   | temarks           |  |
| 002   | Debit Card                              | 0       |                     | 11/07/2023                | \$276.                     | 11 Beverages for<br>Watch Party | or Election Night |  |
| 4. Payee Informat                             | tion                                    |         | Add Re              | emove                     |                            |                                 |                   |  |
| a. Full Name, Mailin                          | g Address & Phone                       |         | b. Coordinate       | ed Committee Name         | d. Comm                    | ents                            |                   |  |
| (include city, state                          | e, & zip)                               |         |                     |                           |                            |                                 |                   |  |
| NGP Van, Inc.                                 |   |         | c. Level Regi       | stered (Specify)          |                            |                                 | - 1               |  |
| 655 15th St NW                                |   |         | Federal             | County:                   |                            |                                 |                   |  |
| Ste 650<br>Washington, DC 200                 | 005_5701                                |         | State Municipality: |                           | e. Electio                 | e. Election Sum to Date         |                   |  |
| Washington, DO 200                            | 100-3701                                |         |                     | -                         |                            |                                 | \$1,060.00        |  |
| f. Account Code                               | g. Form of Payment                      | h. Pu   | rpose Code          | i. Date (mm/dd/yy)        | y) j. Amount               | k. Required F                   | temarks           |  |
| 002   | Debit Card                              | 0       |                     | 10/30/2023                | \$530.                     | 00 Database                     |                   |  |
| 4. Payee Informat                             | tion                                    |         | Add R               | emove                     |                            | E STEEL!                        |                   |  |
| a. Full Name, Mailin                          | g Address & Phone                       |         | b. Coordinate       | ed Committee Name         | d. Comm                    | ents                            |                   |  |
| (include city, state                          | _                                       |         |                     |                           |                            |                                 |                   |  |
| NGP Van, Inc.<br>655 15th St NW               |   |         |                     | stered (Specify)          |                            |                                 | 1                 |  |
| Ste 650                                       |   |         | Federal             | County:                   | - P141-                    | - 0 t- Data                     |                   |  |
| Washington, DC 200                            | 005-5701                                |         | State               | Municipalit               | y: e. Electio              | n Sum to Date                   | 01.000.00         |  |
|   |   | 1       |                     | 7. 5                      | - I                        | 1                               | \$1,060.00        |  |
| f. Account Code                               | g. Form of Payment                      | -       | rpose Code          | i. Date (mm/dd/yy)        |                            | k. Required F                   | kemarks           |  |
| 002   | Debit Card                              | 0       |                     | 11/01/2023                | \$530.                     | 00 Database                     |                   |  |
| 5. Total only this                            | page                                    |         |                     |                           |                            |                                 | \$1,336.11        |  |
| 6. Total of ALL C                             | RO-1310 Pages                           | 1770    |                     |                           |                            |                                 |                   |  |
|   | e 13a of Detailed Summar                | y Page  | CRO-1100 if C       | perating Expenses)        |                            |                                 | \$24,134.85       |  |
| ,   | e 13b of Detailed Summar                | -       |                     |                           |                            |                                 |                   |  |
| (This line goes in line                       | e 13c of Detailed Summar                | y Page  | CRO-1100 if C       | coordinated Party Exp     | penditures)                |                                 |                   |  |
| 7. Purpose Code                               | s (List detailed Expen                  | diture  | code in (h.)        | above)                    |                            |                                 |                   |  |
| A* - Media                                    | B* - Printing                           |         | C* - Fur            | ndraising                 | D - To Anothe              | r Candidate                     |                   |  |
| E - salaries                                  | F* - Equipment                          |         | G - Polit           | ical Party                | H* - Holding i             | Public Office Ex                | penses            |  |
| I - postage                                   | J - Penalties                           |         |                     | ice Expenses              | Q* - Donation              | to Legal Exper                  | nse Fund          |  |

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

| Ise this form to renou   | t expenditures from the   | committee for: operat  | ing expenses, contribution   | ons to candidat   | e/political   |  |  |
|--|---|--|--|---|---|--|--|
| committees and coor  | dinated party expenditure   | es   | mg expenses, contribution  |   |   |  |  |
| 1. Committee Full N  | ame (and Fund if applic   | able)  |  | 2.  | ID Number   |  |  |
| The Committee to E   |   |  |  |   |   |  |  |
| 3. Type of Disburse  |   |  | s for each type of Disbu   |   | ti Francisco  |  |  |
| ✓ Operating Expens   |   | s to Candidates/Politic  | al Committees  | Joorginated Pa  | rty Expenditures  |  |  |
| 4. Payee Informat  | ion   | Add F  | lemove   |   | MAIL  |  |  |
| a. Full Name, Mailin   | g Address & Phone   | b. Coordinat   | ed Committee Name  | d. Commen   | ts  |  |  |
| (include city, state   | , & zip)  |  |  |   | FEB 0 1 10  |  |  |
| Pinnacle (formerly B   | ank of North Carolina)  | c. Level Rec   | istered (Specify)  | -   |   |  |  |
| 280 S Mangum St  |   | Federal  | County:  |   | DURHAM  |  |  |
| Durham, NC 27701-  | Durham, NC 27701-3672   |  | Municipality:  | e. Election   | Sum to Date   |  |  |
|  |   |  |  |   | \$30.00   |  |  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount   | k. Required Remarks   |  |  |
| 002  | Check   | 0  | 11/29/2023   | \$30.00   | Bank fee  |  |  |
| 4. Payee Informat  | tion  | Add DF   | Remove   |   |   |  |  |
| a. Full Name, Mailin   | g Address & Phone   | b. Coordinat   | ted Committee Name   | d. Commen   | ts  |  |  |
| (include city, state   | , & zip)  |  |  |   |   |  |  |
| Brenda Richardson  |   | c. Level Rec   | istered (Specify)  |   |   |  |  |
| Pending<br>Durham, NC  |   | Federal  |  |   | e. Election Sum to Date   |  |  |
| Darriam, NO  |   | State  | Municipality:  | e. Election   |   |  |  |
|  |   |  | 11.5   |   | \$885.00  |  |  |
| f. Account Code  | g. Form of Payment  | h. Purpose Code  | i. Date (mm/dd/yyyy)<br>10/30/2023   | <b>\$555.00</b>   | k. Required Remarks   |  |  |
| 002  | Check   | E  | 10/30/2023   | <b>\$333.00</b>   | Campaign Work   |  |  |
| 4 Dayson Informati   |   |  |  |   |   |  |  |
| 4. Payee Informat  | tion'   | AddF   | Remove   | 15  |   |  |  |
|  | tion<br>g Address & Phone   |  | Remove<br>ted Committee Name   | d. Commen   | its   |  |  |
|  | g Address & Phone   |  |  | d. Commen   | ts  |  |  |
| a. Full Name, Mailin<br>(include city, state   | g Address & Phone   | b. Coordina  |  | d. Commen   | its   |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending   | g Address & Phone   | b. Coordina  | ted Committee Name   | d. Commen   | ts  |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson  | g Address & Phone   | b. Coordina  | ted Committee Name   |   | Sum to Date   |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending   | g Address & Phone   | b. Coordina  | vistered (Specify)   |   |   |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending   | g Address & Phone   | b. Coordina  | vistered (Specify)   | e. Election   | Sum to Date   |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending<br>Durham, NC   | ng Address & Phone<br>o, & zip)   | b. Coordinate  | istered (Specify)  County:  Municipality:  | e. Election   | Sum to Date<br>\$885.00<br>k. Required Remarks                              |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending<br>Durham, NC   | g Address & Phone , & zip)  g. Form of Payment Check  | b. Coordina  c. Level Rec  Federal  State  h. Purpose Code   | i. Date (mm/dd/yyyy)   | e. Election   | Sum to Date<br>\$885.00<br>k. Required Remarks                              |  |  |
| a. Full Name, Mailin<br>(include city, state<br>Brenda Richardson<br>Pending<br>Durham, NC<br>f. Account Code<br>002   | g Address & Phone , & zip)  g. Form of Payment Check  page  | b. Coordina  c. Level Rec  Federal  State  h. Purpose Code   | i. Date (mm/dd/yyyy)   | e. Election   | Sum to Date<br>\$885.00<br>k. Required Remarks<br>Campaign Work             |  |  |
| a. Full Name, Mailin (include city, state) Brenda Richardson Pending Durham, NC  f. Account Code 002  5. Total only this 6. Total of ALL C (This line goes in line)  | g Address & Phone  , & zip)  g. Form of Payment  Check  page  RO-1310 Pages  e 13a of Detailed Summa  | b. Coordina  c. Level Rec Federal State  h. Purpose Code  E  | istered (Specify)  County: Municipality:  i. Date (mm/dd/yyyy)  11/09/2023   | e. Election<br>J. Amount<br>\$330.00                                    | Sum to Date<br>\$885.00<br>k. Required Remarks<br>Campaign Work             |  |  |
| a. Full Name, Mailin (include city, state) Brenda Richardson Pending Durham, NC  f. Account Code 002  5. Total only this 6. Total of ALL C (This line goes in line) (This line goes in line)   | g Address & Phone  , & zip)  g. Form of Payment  Check  page  RO-1310 Pages  e 13a of Detailed Summa  e 13b of Detailed Summa   | b. Coordina  c. Level Rec Federal State  h. Purpose Code  E  | istered (Specify)  County: Municipality:  i. Date (mm/dd/yyyy)  11/09/2023  Operating Expenses) Contrib to Candidates/Po   | e. Election  J. Amount \$330.00   | Sum to Date<br>\$885.00<br>k. Required Remarks<br>Campaign Work<br>\$915.00 |  |  |
| a. Full Name, Mailin (include city, state) Brenda Richardson Pending Durham, NC  f. Account Code  002  5. Total only this 6. Total of ALL C (This line goes in line (This line goes in line (This line goes in line (This line goes in line)                             | g. Form of Payment Check  page RO-1310 Pages e 13a of Detailed Summa e 13b of Detailed Summa e 13c of Detailed Summa  | b. Coordinate  c. Level Recomplete Federal State  h. Purpose Code  E  Ty Page CRO-1100 if the | istered (Specify) County: Municipality:  i. Date (mm/dd/yyyy) 11/09/2023  Operating Expenses) Contrib to Candidates/Poi  | e. Election  J. Amount \$330.00   | Sum to Date<br>\$885.00<br>k. Required Remarks<br>Campaign Work<br>\$915.00 |  |  |
| a. Full Name, Mailin (include city, state) Brenda Richardson Pending Durham, NC  f. Account Code 002  5. Total only this 6. Total of ALL C (This line goes in line) (This line goes in line) 7. Purpose Code   | g. Form of Payment Check  Page RO-1310 Pages e 13a of Detailed Summa e 13c of Detailed Summa  | b. Coordina  c. Level Rec Federal State  h. Purpose Code  E  ry Page CRO-1100 if ry Pa | istered (Specify)  County: Municipality:  i. Date (mm/dd/yyyy)  11/09/2023  Operating Expenses) Contrib to Candidates/Po   | e. Election  j. Amount \$330.00  litical Comm) ditures)                 | \$885.00 \$885.00 <b>k. Required Remarks</b> Campaign Work \$915.00         |  |  |
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| Disbursement  | rt expenditures from the  | committ                        | ee for operatio   | na evnenses contributio  | 26 of 31   | - LJ .00 EJ .10   |
|---|---|--------------------------------|---|--|--|---|
|   | dinated party expenditure   |                                | oc for, operation   | ig expenses, contribute  | ono to canalaat  | or political  |
| 1. Committee Full N   | ame (and Fund if applic   | able)                          |   |  | 2.   | ID Number   |
|   | Elect Mike Woodard  |                                |   |  |  |   |
| 3. Type of Disburse   | ment (Please use sen  |                                |   |  |  |   |
| ✓ Operating Expens  | ses Contribution  | s to Can                       | didates/Politica  | al Committees (  | Coordinated Pa   | rty Expenditures  |
| 4. Payee Informat   | tion  |                                | Add R   | emove  |  | MAH   |
| a. Full Name, Mailin  | g Address & Phone   |                                | b. Coordinate   | ed Committee Name  | d. Commen  | ts TVI TE   |
| (include city, state  | , & zip)  |                                |   |  |  | EED 0 4 2024  |
| RR Campaigns  |   |                                | c. Level Regi   | stered (Specify)   | -  | FEB 0 1 2024  |
| PO Box 12588  |   |                                | Federal   | County:  |  |   |
| Rtp, NC 27709-2588  | }   |                                | State   | Municipality:  | e. Election \$   | Sum to Date REAM BUE  |
|   |   |                                |   |  |  | \$4,500.00  |
| f. Account Code g. Form of Payment h.   |   |                                | rpose Code  | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks   |
| 002   | Check   | 0                              |   | 11/02/2023   | \$3,000.00   | Campaign Services   |
| 4. Payee Informat   | tion  |                                | Add TR  | emove ·  |  |   |
| a Full Name Mailin  | g Address & Phone   |                                | b. Coordinate   | ed Committee Name  | d. Commen  | hs.   |
| (include city, state  | -   |                                |   |  |  |   |
|   | ,   |                                |   |  | _  |   |
| RR Campaigns<br>PO Box 12588  | RR Campaigns  |                                |   | stered (Specify)   | -  |   |
| Rtp, NC 27709-2588  | 3   |                                | Federal   | County:  | e Election   | Sum to Date   |
|   |   |                                | State   | Municipality:  | e. Liecdon   | \$4,500.00  |
| f. Account Code   | g. Form of Payment  | h Pu                           | rpose Code  | i. Date (mm/dd/yyyy)   | i Amount   | k. Required Remarks   |
| 002   | Check   | 0                              | iposo sous  | 12/11/2023   | \$1,500.00   |   |
| 002   | Shook   | ľ                              |   |  |  | Sampaign Connection   |
| 4. Payee Informa  | tion  |                                | Add R   | emove  |  |   |
| a. Full Name, Mailir  | a Address 9 Dhama   |                                | b. Coordinate   | ed Committee Name  | d. Commen  | ts  |
| a. i dii itamo, mam   | ig Address & Phone  |                                |   |  |  |   |
| (include city, state  | _   |                                |   |  |  |   |
| (include city, state  | e, & zip)   |                                | c. Level Reg  | stered (Specify)   |  |   |
| (Include city, state<br>The Glass Jug Beer<br>5410 NC-55 V  | e, & zip)   |                                | c. Level Regi   | stered (Specify)   |  |   |
| (include city, state  | e, & zip)   |                                |   |  | e. Election  | Sum to Date   |
| (Include city, state<br>The Glass Jug Beer<br>5410 NC-55 V  | e, & zip)   |                                | Federal   | County:  | e. Election  | Sum to Date \$100.84  |
| (Include city, state<br>The Glass Jug Beer<br>5410 NC-55 V  | e, & zip)   | h. Pu                          | Federal   | County:  |  |   |
| (Include city, state<br>The Glass Jug Beer<br>5410 NC-55 V<br>Durham, NC 27713  | e, & zip)<br>Lab - RTP  | h. Pu                          | Federal State   | ☐ County:<br>☐ Municipality:   |  | \$100.84<br>k. Required Remarks   |
| (Include city, state The Glass Jug Beer 5410 NC-55 V Durham, NC 27713  f. Account Code 002  | g. Form of Payment Debit Card   |                                | Federal State   | County: Municipality:  | j. Amount  | \$100.84  k. Required Remarks  Event Space and Beverages  |
| (Include city, state The Glass Jug Beer 5410 NC-55 V Durham, NC 27713  f. Account Code 002  5. Total only this  | g. Form of Payment Debit Card   |                                | Federal State   | County: Municipality:  | j. Amount  | \$100.84<br>k. Required Remarks   |
| (Include city, state The Glass Jug Beer 5410 NC-55 V Durham, NC 27713  f. Account Code 002  5. Total only this 6. Total of ALL C  | g. Form of Payment Debit Card  page  RO-1310 Pages  | 0                              | Federal State   | County:  Municipality:  i. Date (mm/dd/yyyy)  10/24/2023   | j. Amount  | \$100.84  k. Required Remarks  Event Space and Beverages  \$4,600.84  |
| (Include city, state The Glass Jug Beer 5410 NC-55 V Durham, NC 27713  f. Account Code 002  5. Total only this 6. Total of ALL C (This line goes in line)   | g. Form of Payment Debit Card  page RO-1310 Pages e 13a of Detailed Summa   | O Page                         | Federal State  Trpose Code  CRO-1100 if C   | County:  Municipality:  i. Date (mm/dd/yyyy)  10/24/2023  Operating Expenses)  | j. Amount<br>\$100.84                                      | \$100.84  k. Required Remarks  Event Space and Beverages  |
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| (Include city, state The Glass Jug Beer 5410 NC-55 V Durham, NC 27713  f. Account Code 002  5. Total only this 6. Total of ALL C (This line goes in lin 7. Purpose Code A* - Media | g. Form of Payment Debit Card  page RO-1310 Pages e 13a of Detailed Summa e 13b of Detailed Summa e 13c of Detailed Summa s (List detailed Exper B* - Printing                | O Page ary Page Page and Iture | Federal State  CRO-1100 if C                  | County:  Municipality:  i. Date (mm/dd/yyyy)  10/24/2023  Departing Expenses) Contrib to Candidates/Po Coordinated Party Expensebove)  above) Indraising  D        | j. Amount<br>\$100.84<br>litical Comm)<br>ditures)         | \$100.84  k. Required Remarks  Event Space and Beverages  \$4,600.84  \$24,134.85                                 |
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| -  | S t expenditures from the clinated party expenditure                               |                  | ee for; operatir               |   | ge <u>27</u> of <u>3</u><br>tions to candida | Million Control of the Control of th |
|--|--|------------------|--------------------------------|---|--|--|
|  | ime (and Fund if applica   |                  |                                |   | 2  | . ID Number  |
| The Committee to E   |  |                  |                                |   |  |  |
| 3. Type of Disbursen   |  |                  |                                | for each type of Dis                              |  |  |
| ✓ Operating Expens   | es [Contributions  | to Car           | ididates/Politica              | al Committees                                     | Coordinated P                                | arty Expenditures  |
| 4. Payee Informati   | ion  |                  | Add Re                         | emove   |  | 8.6.6.H  |
| a. Full Name, Mailing<br>(include city, state,                         |  |                  | b. Coordinate                  | ed Committee Name                                 | d. Comme                                     | nts WAIL   |
| The Glass Jug Beer I<br>545 Foster St<br>Unit 10<br>Durham, NC 27701-2 |  |                  | c. Level Regis                 | stered (Specify)  County:  Municipality:          | e. Election                                  | FEB 0 1 2024  Sum to Date URHAM BOE \$93.48  |
| f. Account Code  | g. Form of Payment   | h. Pu            | rpose Code                     | i. Date (mm/dd/yyyy                               | ) j. Amount                                  | k. Required Remarks  |
| 002  | Debit Card   | 0                |                                | 10/31/2023  | \$93.4                                       | Event space and beverages  |
| 4. Payee Informat  | ion  |                  | Add R                          | emove   |  |  |
| a. Full Name, Mailing  | g Address & Phone  |                  | b. Coordinate                  | ed Committee Name                                 | d. Comme                                     | nts  |
| (include city, state,  | & zip)   |                  |                                |   |  |  |
| Jordan Vincent<br>1513 E Geer St<br>Durham, NC 27704-4                 | 717  |                  | c. Level Regi                  | stered (Specify)  County:  Municipality:          | e. Election                                  | Sum to Date \$1,380.00   |
| f. Account Code  | g. Form of Payment   | lh Du            | rpose Code                     | i. Date (mm/dd/yyyy                               | ) i Amount                                   | k. Required Remarks  |
| 002  | Check  | E                | i hoge code                    | 10/30/2023  | \$585.00                                     |  |
| 4. Payee Informat  | ion  | F                | Add R                          | emove   |  |  |
| a. Full Name, Mailin   |  |                  | b. Coordinate                  | ed Committee Name                                 | d. Comme                                     | nts  |
| Jordan Vincent<br>1513 E Geer St<br>Durham, NC 27704-4                 |  |                  | c. Level Regi                  | stered (Specify)  County:  Municipality:          | e. Election                                  | Sum to Date  |
|  |  |                  |                                |   |  | \$1,380.00   |
| f. Account Code  | g. Form of Payment   | h. Pu            | rpose Code                     | i. Date (mm/dd/yyyy                               | ) j. Amount                                  | k. Required Remarks  |
| 002  | Check  | E                |                                | 11/09/2023  | \$795.0                                      | Campaign Work  |
| 5. Total only this   | page   |                  |                                |   |  | \$1,473.48   |
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| A* - Media   | B* - Printing  | anul C           |                                |   | D - To Another                               | Candidate  |
| E - salaries   | F* - Equipment   |                  |                                |   |  | ublic Office Expenses  |
|  | J - Penalties  |                  |                                | •   | •  | o Legal Expense Fund   |
| I - postage  | J - renames  |                  | K - OIII                       | ne Exhauses                                       | w - Dollation I                              | o read exheuse Land  |
| O* - Other *Codes require de   | tailed explanation in  | requir           | ed remarks                     | field (k)   |  |  |

| Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures   Committee Full Name (and Fund if applicable)   | Disbursement              | re.  |             |                  | Pag                    | e 28 of 3             | Amendment  Yes No       |
|--|---------------------------|--|-------------|------------------|------------------------|-----------------------|-------------------------|
| The Committee to Elect Mike Woodard 3. Type of Disbursement.   Please use separate CRO-1310 forms for each type of Disbursement.   |                           | · <del>-</del>   | ommitt      | ee for; operatir | ng expenses, contribut | ions to candidate     |                         |
| The Committee to Elect Mike Woodard 3. Type of Disbursement.   Please use separate CRO-1310 forms for each type of Disbursement.   |                           |  |             |                  |                        | 10                    |                         |
| Please use separate CRO-1310 forms for each type of Dishursement.  |                           |  | DIE)        |                  | Automotive and         | 2.                    | ID Number               |
| Operating Expenses   Contributions to Candidates/Political Committees   Coordinated Party Expenditures   | 1110 00111111111100 10 10 |  | undo Cl     | O 4240 forms     | for analythma of Dial  | at the company of the | 21 12 21 21 21 21 21 22 |
| 4. Payee Information   Add   Remove    5. Full Name, Mailing Address & Phone (Include city, state, & zip)    6. Level Recistered (Specify)    7. Account Code   G. Form of Payment    6. Payee Information   Add   Remove    6. Level Recistered (Specify)    7. Account Code   G. Form of Payment    7. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Payee Information    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Full Name, Mailing Address & Phone (Include city, state, & zip)    8. Form of Payment    8. Purpose Code    8. Total only this page    8. Total only this page    8. Total only this page    8. Total of ALL CRO-1310 Pages    8. Total of Lit detailed Summary Page CRO-1100 if Coordinated Political Comm (This line goes in line 13a of Detailed Summary Page CRO-1100 if Coordinated Political Comm (This line goes in line 13b of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)    8. Printing    8. Printing    8. Printing    8. Political Party    8. Political Party    8. Political Party    8. Political Party   |                           | the state of the s |             |                  |                        |                       | rty Evnenditures        |
| a. Full Name, Mailing Address & Phone (include city, state, & zip)  Vistaprint 95 Hayden Ave Lexington, MA 02421-7942  Check B   |                           |  |             |                  |                        | Coordinated i a       | Ity Experiences         |
| Vistaprin' 95 Heyden Ave Lexington, MA 02421-7942    Federal   County:   State   County:   State   Municipality:   Election Sum to Date  |                           |  |             |                  |                        |                       |                         |
| Federal   County   State   S   |                           |  |             | b. Coordinate    | ed Committee Name      | d. Commen             | TER 0 1 2024            |
| Federal   County   State   S   | Viotanzint                |  |             | a Lavel Pagi     | starnd (Spacify)       | _                     |                         |
| State  |                           |  |             |                  | -                      |                       | DURHAM BO               |
| Substitution   Subs   | Lexington, MA 02421       | -7942  |             |                  |                        | e. Election           | Sum to Date             |
| 4. Payee Information  Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Jacqueline Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-6027  Federal County: State Municipality: State Municipality:  C. Level Registered (Specify) State Municipality:  Account Code G. Form of Payment Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-6027  F. Account Code G. Form of Payment Denise Code In Date (mm/ddfyyyy) J. Amount Required Remarks Septial Denise Wagstaff 3308 Coachmans Way Durham, NC 27703-6027  F. Account Code G. Form of Payment Denise Code In Date (mm/ddfyyyy) J. Amount Required Remarks Septial Denise Wagstaff 3308 Coachmans Way Durham, NC 27703-4325  Salaie Whaley C. Level Registered (Specify) State Municipality: E. Election Sum to Date Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff State Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denis Wagstaff Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denise Wagstaff Septial Denise Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Septial Denis Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Septial Denis Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Municipality: E. Election Sum to Date Septial Denis Wagstaff Municipality: E. E   |                           |  |             |                  |                        |                       | \$496.45                |
| 4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Jacqueline Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-8027    State   | f. Account Code           | g. Form of Payment   | h. Pu       | rpose Code       | i. Date (mm/dd/yyyy    | j. Amount             | k. Required Remarks     |
| a. Full Name, Mailing Address & Phone (include city, state, & zip)  Jacqueline Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-6027    Gederal   County-    State   Municipality:   e. Election Sum to Date     \$224.00 | 002                       | Check  | В           |                  | 12/04/2023             | \$496.45              | Printing                |
| (include city, state, & zip)  Jacqueline Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-6027  C. Level Registered (Specify) State   County:   State   Municipality:   e. Election Sum to Date   | 4. Payee Informat         | ion  |             | Add R            | emove                  |                       |                         |
| (include city, state, & zip)  Jacqueline Denise Wagstaff 3308 Coachmans Way Durham, NC 27705-6027  C. Level Registered (Specify) State   County:   State   Municipality:   e. Election Sum to Date   | a. Full Name. Mailin      | a Address & Phone  |             | b. Coordinate    | ed Committee Name      | d. Commen             | ts                      |
| Federal   County:   State   Municipality:   Selection Sum to Date   Selectio   |                           | -  |             |                  |                        |                       |                         |
| Federal   County:   State   Municipality:   Selection Sum to Date   Selectio   | Jacqueline Denise W       | /aostaff   |             | c. Level Regi    | stered (Specify)       |                       |                         |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  O2 Check O I1//09/2023 \$224.00 Pollworker  4. Payee Information Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325  C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date  \$1,500.00  f. Account Code g. Form of Payment h. Purpose Code I. Date (mm/dd/yyyy) j. Amount k. Required Remarks  O2 Check E 10/30/2023 \$570.00 Campaign Work  5. Total only this page \$1,290.45  6. Total of ALL CRO-1310 Pages  (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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Contrib to Candidates/Politica   | 3308 Coachmans Way        |  |             |                  |                        |                       |                         |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  O2 Check O I1//09/2023 \$224.00 Pollworker  4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325  C. Level Registered (Specify) State Municipality:  E. Election Sum to Date  \$1,500.00  f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  O2 Check E 10/30/2023 \$570.00 Campaign Work  5. Total only this page \$1,290.45  6. Total of ALL CRO-1310 Pages  (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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c 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 Contrib to Candidates/Political Comm)  (This line goes in line 13c of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)  (This line goes i   | Durham, NC 27705-6        | 6027   |             | State            | Municipality:          | e. Election           | Sum to Date             |
| 4. Payee Information  Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325  6. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  Check E 10/30/2023 \$570.00 Campaign Work  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)  (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)  A* - Media B* - Printing C* - Fundralsing D - To Another Candidate  E - salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses  Q* - Donation to Legal Expense Fund  O* - Other  |                           |  |             |                  |                        |                       | \$224.00                |
| 4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325  C. Level Registered (Specify)  Federal County: State Municipality: e. Election Sum to Date \$1,500.00  f. Account Code Check  E 10/30/2023 \$570.00 Campaign Work  5. Total only this page  \$1,290.45  6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13a 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)  A* - Media B' - Printing C' - Fundralsing D - To Another Candidate E - salaries F' - Equipment G - Political Party H' - Holding Public Office Expenses I - postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O' - Other  | f. Account Code           | g. Form of Payment   | h. Pu       | rpose Code       | i. Date (mm/dd/yyyy    | j. Amount             | k. Required Remarks     |
| a. Full Name, Mailing Address & Phone (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325  C. Level Registered (Specify)    Federal  | 002                       | Check  | 0           |                  | 11/09/2023             | \$224.00              | Pollworker              |
| (include city, state, & zip)  Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325    State   | 4. Payee Informat         | ion  |             | Add R            | emove                  |                       |                         |
| Salaie Whaley 2746 Weldon Ter Durham, NC 27703-4325    Federal   | a. Full Name, Mailin      | g Address & Phone  |             | b. Coordinate    | ed Committee Name      | d. Commer             | its                     |
| 2746 Weldon Ter Durham, NC 27703-4325    Federal   | (include city, state      | , & zip)   |             |                  |                        |                       |                         |
| 2746 Weldon Ter Durham, NC 27703-4325    Federal   | Salaie Whaley             |  |             | c. Level Regi    | stered (Specify)       |                       |                         |
| ## State   Municipality:   e. Election Sum to Date   \$1,500.00    ## Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    ## S70.00   Campaign Work  | 2746 Weldon Ter           |  |             |                  |                        |                       |                         |
| f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks  10/30/2023 \$570.00 Campaign Work  5. Total only this page \$1,290.45  6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$24,134.85  (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)  A*- Media B*- Printing C*- Fundralsing D- To Another Candidate  E - salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses  I - postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund  O*- Other  | Durham, NC 27703-4        | 1325   |             | State            | Municipality:          | e. Election           | Sum to Date             |
| 5. Total only this page \$1,290.45  6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$24,134.85  (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)  A*- Media B*- Printing C*- Fundraising D- To Another Candidate  E - salaries F*- Equipment G - Political Party H*- Holding Public Office Expenses  I - postage J - Penalties K*- Office Expenses Q*- Donation to Legal Expense Fund  O*- Other  |                           |  |             |                  |                        |                       | \$1,500.00              |
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| 6. Total of ALL CRO-1310 Pages  (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 Expenditures)  7. Purpose Codes (List detailed Expenditure code in (h.) above)  A* - Media  B* - Printing  C* - Fundraising  D - To Another Candidate  E - salaries  F* - Equipment  G - Political Party  H* - Holding Public Office Expenses  I - postage  J - Penalties  K* - Office Expenses  Q* - Donation to Legal Expense Fund  O* - Other  | 5. Total only this        | page   |             |                  |                        |                       | \$1,290.45              |
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| O* - Other   | E - salaries              | F* - Equipment   |             | G - Polit        | ical Party             | l* - Holding Pu       | blic Office Expenses    |
|  | I - postage               | J - Penalties  |             | K* - Offi        | ce Expenses (          | 2* - Donation to      | Legal Expense Fund      |
|  |                           | tailed explanation in  | remnir      | ed remarks i     | field (k)              |                       |                         |

| Disbursement                             | -  |         |   | •                         | 29        |             |                     |
|--|--|---------|---|---------------------------|-----------|-------------|---------------------|
|  | t expenditures from the co<br>linated party expenditures |         | ee for; operatir                            | ng expenses, contribution | ons to ca | andidat     | te/political        |
|  | me (and Fund if applica                                  |         |   |                           |           | 2.          | ID Number           |
| The Committee to E                       | lect Mike Woodard  |         |   |                           |           |             |                     |
| 3. Type of Disburser                     | nent (Please use sepa                                    | rate CF | RO-1310 forms                               | for each type of Disbu    | ırsemei   | nt.)        |                     |
| Operating Expens                         | es Contributions   | to Can  | didates/Politica                            | al Committees []          | Coordina  | ited Pa     | rty Expenditures    |
| 4. Payee Informati                       | ion  |         | Add R                                       | emove                     |           |             | MAIL                |
| a. Full Name, Mailing                    | g Address & Phone  |         | b. Coordinate                               | ed Committee Name         | d. Co     | mmen        | ts                  |
| (include city, state,                    | & zip)   |         |   |                           |           |             | FEB 0 1 2024        |
| Salaie Whaley                            |  |         | c. Level Reai                               | stered (Specify)          |           |             |                     |
| 2746 Weldon Ter<br>Durham, NC 27703-4325 |  |         | Federal County:                             |                           |           | DURHAM BOF  |                     |
| Duniani, NO 21703-4                      | 1020   |         | State Municipality: e. Election Sum to Date |                           |           | Sum to Date |                     |
|  |  |         |   |                           |           |             | \$1,500.00          |
| f. Account Code                          | g. Form of Payment                                       | h. Pu   | rpose Code                                  | i. Date (mm/dd/yyyy)      | j. Amou   | int         | k. Required Remarks |
| 002                                      | Check  | E       |   | 11/09/2023                | \$        | 930.00      | Campaign Work       |
| 4. Payee Informati                       | ion  | Ŀ       | Add R                                       | emove                     |           |             |                     |
| a. Full Name, Mailing                    | g Address & Phone  |         | b. Coordinate                               | ed Committee Name         | d. Co     | mmen        | ts                  |
| (include city, state,                    | & zip)   |         |   |                           |           |             |                     |
| Rhonda Debray Willis                     |  |         | c. Level Regi                               | stered (Specify)          | -         |             |                     |
| 803 S Roxboro St                         | •  |         | Federal                                     | County:                   |           |             |                     |
| Unit 204<br>Durham, NC 27707-1894        |  |         | State                                       | Municipality:             | e. Ele    | ction       | Sum to Date         |
| Dulliani, NO 27707-1                     | 054  |         |   |                           |           |             | \$165.00            |
| f. Account Code                          | g. Form of Payment                                       | h. Pu   | rpose Code                                  | i. Date (mm/dd/yyyy)      | j. Amou   | int         | k. Required Remarks |
| 002                                      | Check  | 0       |   | 11/09/2023                | \$        | 165.00      | Poliworker          |

| 5. Total only this     | page *  |                                  |                     | \$1,095.00      |  |  |
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| 6. Total of ALL C      | RO-1310 Pages   |                                  |                     |                 |  |  |
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| (This line goes in lin | e 13c of Detailed Summary Page  | CRO-1100 if Coordinated Party    | Expenditures)       |                 |  |  |
| 7. Purpose Code        | s (List detailed Expenditure  | code in (h.) above)              |                     |                 |  |  |
| A* - Media             | B* - Printing   | C* - Fundraising                 | D - To Another Cand | lidate          |  |  |
| E - salaries           | F* - Equipment  | G - Political Party              | H* - Holding Public | Office Expenses |  |  |
| I - postage            | ge J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund |                                  |                     |                 |  |  |
| O* - Other             | rygganing morning minito . With a pagagamin in ringer                     |                                  |                     |                 |  |  |
| *Codes require d       | etailed explanation in requi  | red remarks field (k)            |                     |                 |  |  |

| Disbursements Use this form to report expenditures from the committees and coordinated party expenditure 1. Committee Full Name (and Fund if applications) | es   | _                                       |             | V. Territorian Company Company Company |
|--|--|---|-------------|--|
| The Committee to Elect Mike Woodard  |  |   |             |  |
|  | arate CRO-1310 forms<br>to Candidates/Politica | for each type of Disbut<br>I Committees |             | rty Expenditures                       |
| 4. Payee Information   | Add Re   | emove                                   |             | WAIL                                   |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)  | b. Coordinate                                  | ed Committee Name                       | d. Commen   | FTB 0 1 2024                           |
| Committee to Elect Hallie Burnett  | c. Level Regis                                 | stered (Specify)  County:               |             | DURHAM BOE                             |
|  | State  | Municipality:                           | e. Election | Sum to Date                            |
|  |  |   |             | \$500.00                               |
| f. Account Code g. Form of Payment   | h. Purpose Code                                | i. Date (mm/dd/yyyy)                    | . Amount    | k. Required Remarks                    |
| 002 Check  | 0  | 12/22/2023                              | \$500.00    |  |

| 5. Total only this                               | page   |  |                                     | \$500.00    |
|--|--|--|-------------------------------------|-------------|
| 6. Total of ALL C                                | RO-1310 Pages  |  |                                     |             |
| (This line goes in lin                           | s)   | \$500.00   |                                     |             |
| (This line goes in lin<br>(This line goes in lin | e 13b of Detailed Summary Page<br>e 13c of Detailed Summary Page   | e CRO-1100 if Contrib to Candidate CRO-1100 if Coordinated Party     | es/Political Comm)<br>Expenditures) |             |
| 7. Purpose Code                                  | s (List detailed Expenditure   | e code in (h.) above)  |                                     |             |
| A* - Media                                       | B* - Printing  | C* - Fundraising   | D - To Another Candidate            |             |
| E - salaries                                     | F* - Equipment   | G - Political Party  | H* - Holding Public Office          | e Expenses  |
| I - postage                                      | J - Penalties  | K* - Office Expenses   | Q* - Donation to Legal E            | xpense Fund |
| O* - Other                                       | Married and the American and a series of the | eri de mora de de la companya en |                                     |             |
| *Codes require                                   | detailed explanation in requ   | ired remarks field (k)   |                                     |             |

## **Aggregated Non-Media Expenditures**

|      |    |      |    | Amendme | nt   |
|------|----|------|----|---------|------|
| Page | 31 | of . | 31 | Yes     | ✓ No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| I. Committee F           | ull Name (and Fund if |                    | 2. ID Number    |            |           |                            |
|--------------------------|-----------------------|--------------------|-----------------|------------|-----------|----------------------------|
|                          | tee to Elect Mike V   | <i>l</i> oodard    |                 |            | il<br>S   |                            |
| B. Payee Info<br>. Amend | b. Account Code       | c. Form of Payment | d. Purpose Code | e. Date    | f. Amount | g. Required Remarks        |
| Add Remove               | 002                   | Check              | К               | 10/24/2023 | \$15.00   | Accounting Software        |
| Add Remove               | 002                   | Debit Card         | 0               | 10/26/2023 | \$24.00   | Lunch for campaign workers |
| Add Remove               | 002                   | Check              | К               | 11/27/2023 | \$15.00   | Accounting Software        |
| Add Remove               | 002                   | Check              | К               | 12/26/2023 | \$15.00   | Accounting Software        |

MAIL

FFB 0 1 2024

**DURHAM BOE** 

| 4. Total only th   | is Page                       |                        | \$69.00                             |         |
|--|-------------------------------|------------------------|-------------------------------------|---------|
| 5. Total of ALL CRO-1315 Pages                                   |                               |                        |                                     | \$69.00 |
| (This line must be on line 14 of Detailed Summary Page CRO-1100) |                               |                        |                                     | ,       |
| 6. Purpose Codes   | (List detailed expenditure    | code in (d.) above)    |                                     |         |
|  | B* - Printing                 | C*- Fundraising        | D - To Another Candidate            |         |
| E - salaries   | F* - Equipment                | G - Political Party    | H* - Holding Public Office Expenses |         |
| i - postage  | J - Penalties                 | K* - Office Expenses   | Q* - Donation to Legal Expense Fund |         |
| O* - Other   |                               |                        |                                     |         |
| *Codes require d   | letailed explanation in requi | ired remarks field (g) |                                     |         |