

# Disclosure Report Cover

Amendment  
☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms  
 Do not use this form to update information

|                                                              |                   |                        |                         |
|--------------------------------------------------------------|-------------------|------------------------|-------------------------|
| <b>a. Full Name</b>                                          |                   | <b>b. ID Number</b>    |                         |
| Charlie Reece For Durham                                     |                   | PCL-388                |                         |
| <b>b. Mailing Address (Include City, State and Zip Code)</b> |                   | <b>d. Date Filed</b>   |                         |
| 3604 Darwin Rd<br>Durham, NC 27707-5304                      |                   | 08/28/2015             |                         |
|                                                              |                   | <b>e. Phone Number</b> |                         |
|                                                              |                   | (919) 599-1357         |                         |
| <b>2015</b>                                                  | <b>07/11/2015</b> | <b>08/25/2015</b>      | <b>Garrett B. Dixon</b> |

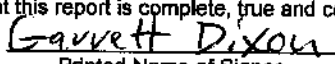
|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other: | <input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser<br><br><input type="checkbox"/> "Organizational"<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><br>Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special | <input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><br>Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |
| <b>Reference</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                            |

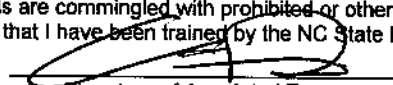
  

|                                           |                                |
|-------------------------------------------|--------------------------------|
| <b>a. Financial Institution Full Name</b> |                                |
| Mechanics and Farmers Bank                |                                |
| <b>b. Purpose</b>                         | <b>c. Account Code</b>         |
| Campaign Receipts & Expenditures          | CR 01                          |
|                                           | <b>d. Period Begin Balance</b> |
|                                           | \$ 2,000.00                    |

**CERTIFICATION**  
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

8/28/15  
 Date

|                            |                |           |                                                                     |
|----------------------------|----------------|-----------|---------------------------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b> |                |           | <b>Delivery Method</b>                                              |
| Date Received:             | <u>8/28/15</u> | Employee: | <input type="checkbox"/> Normal Mail                                |
| Date Postmarked:           | _____          | Employee: | <input type="checkbox"/> Registered Mail                            |
| Date Scanned:              | _____          | Employee: | <input type="checkbox"/> Hand Delivered                             |
| Date Data Entered:         | _____          | Employee: | <input checked="" type="checkbox"/> Electronically Filed            |
|                            |                |           | <input type="checkbox"/> Signer has not received mandatory training |

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000

NC State Board of Elections

August 2008

## Detailed Summary

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

Amendment  
☐ Yes ☒ No

| 1. Committee Full Name (and Fund if applicable)                               | 2. Type of Report                  | 3. ID Number                     |
|-------------------------------------------------------------------------------|------------------------------------|----------------------------------|
| Charlie Reece For Durham                                                      | 2015 Thirty-five-day               | PCL-388                          |
| <b>Start of Election Cycle:</b> January 1, 2012                               | <b>Total this Reporting Period</b> | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start                                                      | \$2,000.00                         | \$2,000.00                       |
| <b>RECEIPTS</b>                                                               |                                    |                                  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                       | \$1,495.00                         | \$1,495.00                       |
| 6) Contributions from Individuals (CRO-1210)                                  | \$31,144.64                        | \$33,350.52                      |
| 7) Contributions from Political Party Committees (CRO-1220)                   | \$0.00                             | \$0.00                           |
| 8) Contributions from Other Political Committees (CRO-1230)                   | \$250.00                           | \$250.00                         |
| 9) Loan Proceeds (CRO-1410)                                                   | \$0.00                             | \$0.00                           |
| 10) Refunds/Reimbursements To the Committee (CRO-1240)                        | \$0.00                             | \$0.00                           |
| <b>11) Other Receipt Sources</b>                                              |                                    |                                  |
| 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)                            |                                    |                                  |
| 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, 11d, and 11e) | \$32,889.64                        | \$35,095.52                      |
| <b>EXPENDITURES</b>                                                           |                                    |                                  |
| <b>13) Disbursements</b>                                                      |                                    |                                  |
| 13a) Operating Expenditures (CRO-1310)                                        | \$10,958.81                        | \$10,958.81                      |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)              | \$0.00                             | \$0.00                           |
| 13c) Coordinated Party Expenditures (CRO-1310)                                | \$0.00                             | \$0.00                           |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                              | \$0.00                             | \$0.00                           |
| 15) Loan Repayments (CRO-1420)                                                | \$0.00                             | \$0.00                           |
| 16) Refunds/Reimbursements From the Committee (CRO-1320)                      | \$0.00                             | \$0.00                           |
| 17) In-Kind Contributions (CRO-1510)                                          | \$264.64                           | \$470.52                         |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)           | \$11,223.45                        | \$11,429.33                      |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)  | \$23,666.19                        | \$25,666.19                      |
| <b>ADDITIONAL INFORMATION</b>                                                 |                                    |                                  |
| 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                           |

# Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

|                                                                            |                        |                           |                               |                             |                     |  |
|----------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (Add Fund if applicable)</b>                     |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| Charlie Reece For Durham                                                   |                        |                           |                               |                             | PCL-388             |  |
| <b>3. Contributor Information</b>                                          |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                            | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$50.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Check                     |                               | 08/21/2015                  | \$50.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$25.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Credit Card               |                               | 08/06/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Check                     |                               | 08/21/2015                  | \$50.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$20.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/15/2015                  | \$50.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 07/15/2015                  | \$10.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$25.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Check                     |                               | 08/25/2015                  | \$50.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/25/2015                  | \$35.00             |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/12/2015                  | \$35.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$35.00             |  |

|                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------|------------|
| <b>4. Total only this Page</b>                                                                           | \$585.00   |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) | \$1,495.00 |

# Aggregated Contributions from Individuals

Page 4 of 39 Amendment ☐ Yes ☒ No

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

|                                                                                    |                        |                           |                               |                             |                                |  |
|------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if Applicable)</b><br>Charlie Reece For Durham |                        |                           |                               |                             | <b>2. ID Number</b><br>PCL-388 |  |
| <b>3. Contributor Information</b>                                                  |                        |                           |                               |                             |                                |  |
| <b>a. Amend</b>                                                                    | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>               |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                    | CR 01                  | Credit Card               |                               | 08/19/2015                  | \$50.00                        |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$50.00                        |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$50.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/05/2015                  | \$25.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/06/2015                  | \$50.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/25/2015                  | \$20.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/07/2015                  | \$50.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Check                     |                               | 08/09/2015                  | \$20.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Check                     |                               | 08/09/2015                  | \$40.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/04/2015                  | \$25.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/04/2015                  | \$20.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$35.00                        |  |
| <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove         | CR 01                  | Credit Card               |                               | 08/07/2015                  | \$35.00                        |  |
| <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove         | CR 01                  | Check                     |                               | 08/21/2015                  | \$50.00                        |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                    | CR 01                  | Credit Card               |                               | 08/09/2015                  | \$35.00                        |  |

|                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------|------------|
| <b>4. Total only this Page</b>                                                                           | \$555.00   |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) | \$1,495.00 |

# Aggregated Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

|                                                                 |                        |                           |                               |                             |                     |  |
|-----------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>          |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| Charlie Reece For Durham                                        |                        |                           |                               |                             | PCL-388             |  |
| <b>3. Contribution Information</b>                              |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                 | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/06/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$25.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$35.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$25.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/03/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 07/28/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Money Order               |                               | 08/09/2015                  | \$50.00             |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | CR 01                  | Credit Card               |                               | 08/24/2015                  | \$20.00             |  |

|                                                                                                          |            |
|----------------------------------------------------------------------------------------------------------|------------|
| <b>4. Total only this Page</b>                                                                           | \$355.00   |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-T100) | \$1,495.00 |

# Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Carol Anderson<br>922 Demerius St<br>Durham, NC 27701-1506<br>(919) 683-5641                   |                        | Retailer                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Vaguely Reminiscent                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/21/2015                     | \$200.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Marcia Angle<br>221 Deer Chase Lane<br>Durham, NC 27705<br>(919) 280-6928                      |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NA                                       |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| William David Austin<br>130 Hunt St. Apt 407<br>Durham, NC 27701                               |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/10/2015                     | \$100.00         |

|                                                                                                        |             |
|--------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                         | \$550.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Stated Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mary Carla Babb<br>517 Emerson Dr<br>Raleigh, NC 27609-4570<br>(919) 336-4034                  |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NC DOJ                                   |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/05/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Brice Barnes<br>2565 Twain<br>Tallahassee, FL 32311<br>(919) 522-2246                          |                        | Founder                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Greenprint                               |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$150.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/12/2015                     | \$150.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| James Houston Barnes<br>1005 Pinehurst Dr<br>Chapel Hill, NC 27517-5656                        |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Barnes Law Firm                          |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/21/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$500.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 8 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| James Barrett<br>100 Morgan Bluff Ln<br>Chapel Hill, NC 27517<br>(919) 593-0592                |                        | Software Engineer                        |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Lenovo                                   |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jenny Black<br>603 Mial St<br>Raleigh, NC 27608<br>(919) 819-2051                              |                        | CEO                                      |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | PPSAT                                    |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mary Braxton-Joseph<br>60140 Davie<br>Chapel Hill, NC 27517<br>(919) 949-0696                  |                        | Media Consultant                         |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$500.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 07/28/2015                     | \$500.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$700.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 9 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jane Brown<br>451 Lakeshore Ln<br>Chapel Hill, NC 27514-1730<br>(919) 612-0082                 |                        | Retired Professor                        |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | UNC-CH                                   |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/05/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Nathaniel Brown<br>6219 22nd Ave NE<br>Seattle, WA 98115<br>(206) 369-3440                     |                        | Technology Consultant                    |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$500.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$500.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Alex Cho<br>2916 Reynolda Circle<br>Durham, NC 27712                                           |                        | Physician                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Duke University                          |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/12/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$700.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 10 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Andrew Cohen<br>301 Oak Avenue<br>Carrboro, NC 27510<br>(919) 414-7125                         |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | KBI Biopharma, Inc.                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Betty Craven<br>4112 Powder Mill Rd<br>Chapel Hill, NC 27514<br>(919) 616-6253                 |                        | Community Leader                         |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,000.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 07/28/2015                     | \$1,000.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Rebecca Davidson<br>364 Johnson Farm Rd<br>Lillington, NC 27546-7145<br>(910) 890-4118         |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Johnson & Johnson, PA.                   |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/25/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,350.00  |
| <b>5. Total of All CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 11 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Kearns Davis<br>1852 Banking St #9751<br>Greensboro, NC 27408                                  |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Brooks Pierce                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Rana Dershowitz<br>180 Riverside Dr<br>Basalt, CO 81621<br>(303) 881-8440                      |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Aspen Skiing Company                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jill Dinwiddie<br>435 S Tryon St<br>Unit 606<br>Charlotte, NC 28202-1907<br>(704) 649-0060     |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/09/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$300.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 12 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Sharyne Donfield<br>320 W University Drive<br>Chapel Hill, NC 27516<br>(919) 969-8245          |                        | Epidemiologist                           |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,000.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/08/2015                     | \$1,000.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| T Greg Doucette<br>PO Box 13863<br>Durham, NC 27709                                            |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Law Offices of T Greg Doucette<br>PLLC   |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/02/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Ruth Dzau<br>4006 Dover Rd<br>Durham, NC 27707-5401<br>(919) 403-6836                          |                        | Community Advocate                       |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NA                                       |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$200.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,300.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Roger Echols<br>1705 Medallion Dr<br>Durham, NC 27704-5090<br>(919) 452-4255                   |                        | District Attorney                        |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | State of North Carolina                  |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/21/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Charles D Edelman<br>3815 Stoneycreek Rd<br>Chapel Hill, NC 27514-9551                         |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/21/2015                     | \$200.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Laura Edwards<br>405 Rhododendron Dr<br>Chapel Hill, NC 27517-8334<br>(919) 270-6446           |                        | Civic Leader                             |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self                                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$700.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 14 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jennifer Fiore<br>1695 34th St NW<br>Washington, DC 20007-2709                                 |                        | Vice President                           |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | West End Strategy Team, LLC              |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,250.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/01/2015                     | \$1,250.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Virginia Fitt<br>5804 Renee Dr<br>Durham, NC 27705-7173<br>(919) 923-1244                      |                        | Counsel                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | GlaxoSmithKline LLP                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 07/28/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Brian Fitzsimmons<br>2941 Landing Falls Ln<br>Raleigh, NC 27616<br>(919) 723-8035              |                        | Partner                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Linry, LLC                               |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,600.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 15 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| James Fowler<br>1811 Lyndon Road<br>San Diego, CA 92103<br>(619) 501-1877                      |                        | Professor                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | UC San Diego                             |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jonathan Funke<br>1330 5th Ave<br>2G<br>New York, NY 10026<br>(646) 373-1100                   |                        | Consultant                               |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$625.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 07/20/2015                     | \$125.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jonathan Funke<br>1330 5th Ave<br>2G<br>New York, NY 10026<br>(646) 373-1100                   |                        | Consultant                               |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$625.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/01/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$475.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. CRO Number</b>           |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jonathan Funke<br>1330 5th Ave<br>2G<br>New York, NY 10026<br>(646) 373-1100                   |                        | Consultant                               |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$625.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/25/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Kelly Funke<br>1330 5th Ave<br>2G<br>New York, NY 10026                                        |                        | Marketing                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Fila                                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$625.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/01/2015                     | \$375.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Kelly Funke<br>1330 5th Ave<br>2G<br>New York, NY 10026                                        |                        | Marketing                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Fila                                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$625.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/25/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$875.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 17 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Wendy Greene<br>102 Hunters Ridge Rd<br>Chapel Hill, NC 27517-9017<br>(919) 932-7664           |                        | Not Employed                             |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$2,500.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 07/22/2015                     | \$2,500.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mark Hellman<br>1101 Wells Street<br>Durham, NC 27707<br>(919) 489-2046                        |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mary Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926<br>(919) 280-4896                 |                        | Retired                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | N/A                                      |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$2,613.12                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 07/22/2015                     | \$2,500.00       |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$5,100.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 18 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                                 |                               |                                              |                  |
|------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------|-------------------------------|----------------------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                                 |                               | <b>2. ID Number</b>                          |                  |
| Charlie Reece For Durham                                                                       |                        |                                                 |                               | PCL-388                                      |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                                 |                               |                                              |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>                  |                               | <b>d. Comments</b>                           |                  |
| Mary Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926<br>(919) 280-4896                 |                        | Retired                                         |                               |                                              |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b><br>N/A |                               |                                              |                  |
|                                                                                                |                        |                                                 |                               | <b>e. Election Sum to Date</b><br>\$2,613.12 |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                       | <b>i. In-Kind Description</b> | <b>j. Date</b>                               | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | In-Kind                                         | Party Supplies                | 08/13/2015                                   | \$16.10          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                                 |                               |                                              |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>                  |                               | <b>d. Comments</b>                           |                  |
| Mary Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926<br>(919) 280-4896                 |                        | Retired                                         |                               |                                              |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b><br>N/A |                               |                                              |                  |
|                                                                                                |                        |                                                 |                               | <b>e. Election Sum to Date</b><br>\$2,613.12 |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                       | <b>i. In-Kind Description</b> | <b>j. Date</b>                               | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | In-Kind                                         | Food for Fundraiser           | 08/13/2015                                   | \$97.02          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                                 |                               |                                              |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>                  |                               | <b>d. Comments</b>                           |                  |
| Ronald W Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926                               |                        | Retired                                         |                               |                                              |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b><br>N/A |                               |                                              |                  |
|                                                                                                |                        |                                                 |                               | <b>e. Election Sum to Date</b><br>\$2,500.00 |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                       | <b>i. In-Kind Description</b> | <b>j. Date</b>                               | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                           |                               | 07/22/2015                                   | \$2,500.00       |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$2,613.12  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 19 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Russ Helms<br>102 Hunters Ridge Rd<br>Chapel Hill, NC 27517-9017                               |                        | Executive                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$2,500.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 07/22/2015                     | \$2,500.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jessica Holmes<br>301 Dove Cottage Lane<br>Cary, NC 27519<br>(910) 554-6967                    |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NCAE                                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/23/2015                     | \$50.00          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jessica Holmes<br>301 Dove Cottage Lane<br>Cary, NC 27519<br>(910) 554-6967                    |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NCAE                                     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/25/2015                     | \$50.00          |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$2,600.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 20 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                           |                        |                                          |                               |                                |                  |
|-----------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                                  |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| John Thomas Hunt<br>1115 Donphil Rd<br>Durham, NC 27712-2107                                              |                        | Retired                                  |                               |                                |                  |
|                                                                                                           |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                           |                        | N/A                                      |                               |                                |                  |
|                                                                                                           |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                           |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                                  | CR 01                  | Check                                    |                               | 08/21/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| John Kim<br>4643 Owls Wood Lane<br>Durham, NC 27705                                                       |                        | Finance                                  |                               |                                |                  |
|                                                                                                           |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                           |                        | MAK Capital                              |                               |                                |                  |
|                                                                                                           |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                           |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                                  | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Jeremy Kinner<br>226 Tennessee Ave NE<br>Washington, DC 20002<br>(202) 544-6742                           |                        | Officer, Government Affairs              |                               |                                |                  |
|                                                                                                           |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                           |                        | The Pew Charitable Trusts                |                               |                                |                  |
|                                                                                                           |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                           |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                           | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                                  | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$300.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 21 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Full Name if Applicable)</b>                                    |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Thomas Laskawy<br>725 Westview St.<br>Philadelphia, PA 19119<br>(215) 849-4615                 |                        | Executive Director                       |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Food & Environment Reporting Network     |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/12/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Margaret Lineberger<br>202 W Knox St<br>Durham, NC 27701<br>(919) 450-8088                     |                        | Psychologist                             |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Duke University Medical Center           |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Robert Lineberger<br>202 W Knox St<br>Durham, NC 27701<br>(919) 450-8088                       |                        | Web Developer                            |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Caktus Consulting                        |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$300.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 22 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                             |                        |                                          |                               |                                |                  |
|---------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                      |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                    |                        |                                          |                               | PCL-388                        |                  |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)            |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Nancy Mayer<br>3441 Sheridan Drive<br>Durham, NC 27707<br>(919) 489-1902                    |                        | Lawyer                                   |                               |                                |                  |
|                                                                                             |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                             |                        | Self Employed                            |                               |                                |                  |
|                                                                                             |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                             |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                             | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                    | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)            |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| John Merz<br>1695 34th St NW<br>Washington, DC 20007-2709<br>(202) 210-3665                 |                        | Retired                                  |                               |                                |                  |
|                                                                                             |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                             |                        | N/A                                      |                               |                                |                  |
|                                                                                             |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                             |                        |                                          |                               | \$1,250.00                     |                  |
| <b>f. Prior</b>                                                                             | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                    | CR 01                  | Check                                    |                               | 08/01/2015                     | \$1,250.00       |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)            |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mary Mountcastle<br>4106 Kildrummy Ct.<br>Durham, NC 27705<br>(919) 272-0028                |                        | Not Employed                             |                               |                                |                  |
|                                                                                             |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                             |                        | N/A                                      |                               |                                |                  |
|                                                                                             |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                             |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                             | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                    | CR 01                  | Credit Card                              |                               | 08/07/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,600.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 23 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                             |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                             |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                             |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                             |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>              |                               | <b>d. Comments</b>             |                  |
| Marcia Owen<br>105 Pinecrest Road<br>Durham, NC 27705<br>(919) 358-1113                        |                        | Director                                    |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b>    |                               |                                |                  |
|                                                                                                |                        | Religious Coalition for a Nonviolent Durham |                               |                                |                  |
|                                                                                                |                        |                                             |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                             |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                   | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                                 |                               | 08/24/2015                     | \$100.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                        |                                             |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>              |                               | <b>d. Comments</b>             |                  |
| Leonard Prosnitz<br>114 Stoneridge Dr<br>Chapel Hill, NC 27514-9772<br>(919) 923-4152          |                        | Physician                                   |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b>    |                               |                                |                  |
|                                                                                                |                        | Retired                                     |                               |                                |                  |
|                                                                                                |                        |                                             |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                             |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                   | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                                 |                               | 08/14/2015                     | \$200.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                        |                                             |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>              |                               | <b>d. Comments</b>             |                  |
| Charlie Reece<br>3604 Darwin Rd<br>Durham, NC 27707<br>(919) 599-1357                          |                        | Attorney                                    |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b>    |                               |                                |                  |
|                                                                                                |                        | Rho, Inc.                                   |                               |                                |                  |
|                                                                                                |                        |                                             |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                             |                               | \$2,357.40                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                   | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | In-Kind                                     | Purchase of Domain Names      | 07/11/2015                     | \$14.99          |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$314.99    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 24 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                      |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>                  |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                              |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                      |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>                   |                  |
| Charlie Reece<br>3604 Darwin Rd<br>Durham, NC 27707<br>(919) 599-1357                          |                        | Attorney                                 |                               |                                      |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                      |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                      |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b>       |                  |
|                                                                                                |                        |                                          |                               | \$2,357.40                           |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                       | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | In-Kind                                  | Domain Name Hosting           | 07/11/2015                           | \$136.53         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                      |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>                   |                  |
| Kenneth Reece<br>5097 Cobblestone Rd<br>Winston Salem, NC 27106-9618<br>(336) 830-3341         |                        | Manager                                  |                               | Relationship to Candidate:<br>Parent |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                      |                  |
|                                                                                                |                        | WEOH, Inc.                               |                               |                                      |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b>       |                  |
|                                                                                                |                        |                                          |                               | \$1,000.00                           |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                       | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 08/09/2015                           | \$1,000.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                      |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>                   |                  |
| Theresa Scocca<br>5306 Oakbrook Drive<br>Durham, NC 27713<br>(919) 493-9327                    |                        | Clinical Research Scientist              |                               |                                      |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                      |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                      |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b>       |                  |
|                                                                                                |                        |                                          |                               | \$250.00                             |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                       | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/09/2015                           | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,386.53  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 25 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. CRO Number</b>           |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Lorisa Seibel<br>2410 Par Pl<br>Durham, NC 27705-3162<br>(919) 801-6863                        |                        | Housing Director                         |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Reinvestment Partners                    |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Kyla Sipprell<br>7708 Holly Field Road<br>Clemmons, NC 27012<br>(336) 766-2222                 |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Allman Spry                              |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$300.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$300.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Amy Smith<br>20 Liberty Bluff Lane<br>Spring Hope, NC 27882<br>(252) 373-7820                  |                        | CPA                                      |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Hughes Pittman & Gupton LLC              |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$500.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 26 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Contributor Full Name (and Fund # if applicable)</b>                                     |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| David Smith<br>915 Englewood Avenue<br>Durham, NC 27701<br>(919) 491-4321                      |                        | Vice President                           |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | EbenConcepts                             |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$60.00                        |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$35.00          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| David Smith<br>915 Englewood Avenue<br>Durham, NC 27701<br>(919) 491-4321                      |                        | Vice President                           |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | EbenConcepts                             |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$60.00                        |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/25/2015                     | \$25.00          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Joseph Stallings<br>3937 Bentley Brook Drive<br>Raleigh, NC 27612<br>(919) 307-8963            |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Howard, Stallings et al.                 |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$310.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 27 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                           |                                          |  |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|--|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                           |                                          |  | <b>PCL Number</b>              |                  |
| Charlie Reece For Durham                                                                       |                        |                           |                                          |  | PCL-388                        |                  |
| <b>2. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Josh Stein<br>216 E. Park Drive<br>Raleigh, NC 27605<br>(919) 834-1152                         |                        |                           | Lawyer                                   |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Smith Moore Leatherwood                  |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card               |                                          |  | 08/05/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Nina Szlosberg<br>2710 ROsedale Ave<br>Raleigh, NC 27607<br>(919) 971-6657                     |                        |                           | Consultant                               |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Circle Squared Media                     |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card               |                                          |  | 08/24/2015                     | \$250.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Carol Teal<br>3109 Cartwright Dr<br>Raleigh, NC 27612-2177<br>(919) 210-2776                   |                        |                           | Executive Director                       |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Lillian's List                           |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card               |                                          |  | 08/03/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$600.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 28 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                           |                                          |  |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|--|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                           |                                          |  | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                           |                                          |  | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Carol Teal<br>3109 Cartwright Dr<br>Raleigh, NC 27612-2177<br>(919) 210-2776                   |                        |                           | Executive Director                       |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Lillian's List                           |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card               |                                          |  | 08/24/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Colin Teichholtz<br>116 W 14th St<br>Fl 4<br>New York, NY 10011-7322<br>(646) 361-8500         |                        |                           | Portfolio Manager                        |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Pine River Capital                       |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$1,250.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                     |                                          |  | 07/20/2015                     | \$1,250.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                                          |  |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |                  |
| Amy Tiemann<br>740 Gimghoul Road<br>Chapel Hill, NC 27514<br>(919) 265-7499                    |                        |                           | Producer                                 |  |                                |                  |
|                                                                                                |                        |                           | <b>c. Employer's Name/Specific Field</b> |  |                                |                  |
|                                                                                                |                        |                           | Spark Productions                        |  | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                           |                                          |  | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            |  | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card               |                                          |  | 07/27/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,450.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 29 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Amy Tiemann<br>740 Gimghoul Road<br>Chapel Hill, NC 27514<br>(919) 265-7499                    |                        | Producer                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Spark Productions                        |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$100.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Kevin Trapani<br>105 CrossCreek Dr<br>Chapel Hill, NC 27514<br>(919) 931-6316                  |                        | Insurance Exec                           |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | The Redwoods Group                       |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$500.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$500.00         |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove    |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Mark Trustin<br>221 Deer Chase Lane<br>Durham, NC 27705<br>(919) 490-1481                      |                        | Attorney                                 |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Mark S. Trustin                          |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$250.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/04/2015                     | \$250.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$850.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

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Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if Applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Brian Turner<br>10 Cedarcliff Rd<br>Asheville, NC 28803<br>(828) 582-4414                      |                        | Broker                                   |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NAI Beverly Hanks                        |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,020.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 07/28/2015                     | \$1,000.00       |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Brian Turner<br>10 Cedarcliff Rd<br>Asheville, NC 28803<br>(828) 582-4414                      |                        | Broker                                   |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | NAI Beverly Hanks                        |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,020.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$20.00          |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Stella Um<br>116 W 14th St<br>Fl 4<br>New York, NY 10011-7322                                  |                        | Manager                                  |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Fogarty Finger                           |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$1,250.00                     |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Check                                    |                               | 07/20/2015                     | \$1,250.00       |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$2,270.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 31 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                  |                        |                                          |                               |                                |                  |
|--------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                           |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                         |                        |                                          |                               | PCL-388                        |                  |
| <b>Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove      |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                 |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Teresa Van Duyn<br>27 Busbee Rd<br>Asheville, NC 28803-2933<br>(828) 277-8554                    |                        | State Senator                            |                               |                                |                  |
|                                                                                                  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                  |                        | NC Legislature                           |                               |                                |                  |
|                                                                                                  |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                  |                        |                                          |                               | \$200.00                       |                  |
| <b>f. Prior</b>                                                                                  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                         | CR 01                  | Credit Card                              |                               | 07/29/2015                     | \$200.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                 |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Peachy Wagner-Staley<br>4727 Stratford Ct<br>Apt 2004<br>Naples, FL 34105-6682<br>(239) 649-0841 |                        | Retired                                  |                               |                                |                  |
|                                                                                                  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                  |                        | N/A                                      |                               |                                |                  |
|                                                                                                  |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                  |                        |                                          |                               | \$1,000.00                     |                  |
| <b>f. Prior</b>                                                                                  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                         | CR 01                  | Check                                    |                               | 08/09/2015                     | \$1,000.00       |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)                 |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Ann Waldo<br>1391 Pennsylvania Ave SE #533<br>WASHINGTON, DC 20003<br>(919) 649-2210             |                        | Attorney                                 |                               |                                |                  |
|                                                                                                  |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                  |                        | Self-Employed                            |                               |                                |                  |
|                                                                                                  |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                  |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                  | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                         | CR 01                  | Credit Card                              |                               | 08/25/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$1,300.00  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

**Contributions from Individuals**

Page 32 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                          |                               |                                |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                          |                               | <b>2. ID Number</b>            |                  |
| Charlie Reece For Durham                                                                       |                        |                                          |                               | PCL-388                        |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Joseph Watson<br>1119 Scott King Rd<br>Durham, NC 27713<br>(919) 536-9351                      |                        | Clinical Research Scientist              |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$300.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$200.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| Joseph Watson<br>1119 Scott King Rd<br>Durham, NC 27713<br>(919) 536-9351                      |                        | Clinical Research Scientist              |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Rho, Inc.                                |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$300.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/24/2015                     | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                          |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>           |                               | <b>d. Comments</b>             |                  |
| William Wilson<br>16 Sunny Oak Pl<br>Durham, NC 27712-2549<br>(919) 451-6688                   |                        | Professor                                |                               |                                |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b> |                               |                                |                  |
|                                                                                                |                        | Duke University                          |                               |                                |                  |
|                                                                                                |                        |                                          |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                |                        |                                          |                               | \$100.00                       |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                | <b>i. In-Kind Description</b> | <b>j. Date</b>                 | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                              |                               | 08/03/2015                     | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$400.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Individuals

Page 33 of 39

Amendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

☐ Yes ☒ No

|                                                                                                |                        |                                                                  |                               |                                            |                  |
|------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------|-------------------------------|--------------------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                        |                                                                  |                               | <b>2. ID Number</b>                        |                  |
| Charlie Reece For Durham                                                                       |                        |                                                                  |                               | PCL-388                                    |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                                                  |                               |                                            |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>                                   |                               | <b>d. Comments</b>                         |                  |
| Nancy Yovetich<br>104 Big Meadows Pl<br>Chapel Hill, NC 27514<br>(919) 408-3199                |                        | Senior Research Scientist                                        |                               |                                            |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b><br>Rho, Inc.            |                               |                                            |                  |
|                                                                                                |                        |                                                                  |                               | <b>e. Election Sum to Date</b><br>\$100.00 |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                                        | <b>i. In-Kind Description</b> | <b>j. Date</b>                             | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                                                      |                               | 08/24/2015                                 | \$100.00         |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                                                                  |                               |                                            |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        | <b>b. Job Title/Profession</b>                                   |                               | <b>d. Comments</b>                         |                  |
| Ruth Ziegler<br>19 Pierrepont St<br>Brooklyn, NY 11201<br>(646) 201-6366                       |                        | Attorney                                                         |                               |                                            |                  |
|                                                                                                |                        | <b>c. Employer's Name/Specific Field</b><br>Sirius XM Radio Inc. |                               |                                            |                  |
|                                                                                                |                        |                                                                  |                               | <b>e. Election Sum to Date</b><br>\$100.00 |                  |
| <b>f. Prior</b>                                                                                | <b>g. Account Code</b> | <b>h. Form of Payment</b>                                        | <b>i. In-Kind Description</b> | <b>j. Date</b>                             | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                       | CR 01                  | Credit Card                                                      |                               | 08/03/2015                                 | \$100.00         |

|                                                                                                          |             |
|----------------------------------------------------------------------------------------------------------|-------------|
| <b>4. Total only this page</b>                                                                           | \$200.00    |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) | \$31,144.64 |

# Contributions from Other Political Committees Pg 34 Of 39

Amendment

Use this form to report contributions from other candidate, referendum or PAC committees

☐ Yes ☒ No

|                                                                                  |                           |                                                                                                                                                       |                             |
|----------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                           |                           | <b>2. ID Number</b>                                                                                                                                   |                             |
| Charlie Reece For Durham                                                         |                           | PCL-388                                                                                                                                               |                             |
| <b>3. Committee Information</b>                                                  |                           |                                                                                                                                                       |                             |
| <b>a. Full Name, Mailing Address &amp; Phone (Include city, state &amp; zip)</b> |                           | <b>b. Type of Committee</b>                                                                                                                           |                             |
| McKissick for NC Senate<br>PO Box 51608<br>Durham, NC 27717-1608                 |                           | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum                                     |                             |
|                                                                                  |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |
|                                                                                  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                             |
|                                                                                  |                           | <b>d. Comments</b>                                                                                                                                    |                             |
|                                                                                  |                           | <b>e. Elec Cyc Sum to Date</b>                                                                                                                        |                             |
|                                                                                  |                           | \$250.00                                                                                                                                              |                             |
| <b>f. Account Code</b>                                                           | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>                                                                                                                         | <b>i. Date (mm/dd/yyyy)</b> |
| CR 01                                                                            | Check                     |                                                                                                                                                       | 08/21/2015                  |
|                                                                                  |                           |                                                                                                                                                       | <b>j. Amount</b>            |
|                                                                                  |                           |                                                                                                                                                       | \$250.00                    |

|                                                                                                          |          |
|----------------------------------------------------------------------------------------------------------|----------|
| <b>4. Total on this Page</b>                                                                             | \$250.00 |
| <b>5. Total of ALL CRO-1230 Pages</b><br>(This line must be on line 8 of Detailed Summary Page CRO-1100) | \$250.00 |

# Disbursements

Page 35 of 39 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             |                                |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                                                                                                                                                       |                             | <b>2. ID Number</b>            |                            |
| Charlie Reece For Durham                                                                                                                                                                 |                           |                                                                                                                                                       |                             | PCL-388                        |                            |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>                                                                                        |                           |                                                                                                                                                       |                             |                                |                            |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                                                                                                                                                       |                             |                                |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>             |                            |
| Capitol Promotions Inc.<br>PO Box 231<br>Glenside, PA 19038-0231<br>(800) 884-3024                                                                                                       |                           |                                                                                                                                                       |                             |                                |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             |                                |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b> |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$1,780.00                     |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Check                     | A                                                                                                                                                     | 08/21/2015                  | \$1,780.00                     | Yard Signs                 |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>             |                            |
| Deluxe Enterprise Operations<br>PO Box 64468<br>Saint Paul, MN 55164-0468<br>(800) 328-0304                                                                                              |                           |                                                                                                                                                       |                             |                                |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             |                                |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b> |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$77.19                        |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Draft                     | K                                                                                                                                                     | 07/13/2015                  | \$77.19                        | Checks for Committee       |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>             |                            |
| DURHAM COMMITTEE ON THE AFFAIRS OF<br>BLACK PEOPLE PAC<br>PO Box 1843<br>Durham, NC 27702-1843                                                                                           |                           |                                                                                                                                                       |                             |                                |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                             |                                |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b> |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$500.00                       |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>               | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Check                     | A                                                                                                                                                     | 08/09/2015                  | \$500.00                       | Banquet Ad                 |

**5. Total only this page** \$2,357.19

**6. Total of ALL CRO-1310 Pages** \$10,958.81  
 (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   |                |                      |                                     |

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

# Disbursements

Page 36 of 39 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             |                                            |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                                                                                                                                                       |                             | <b>2. ID Number</b>                        |                            |
| Charlie Reece For Durham                                                                                                                                                                 |                           |                                                                                                                                                       |                             | PCL-388                                    |                            |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                       |                           |                                                                                                                                                       |                             |                                            |                            |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>                         |                            |
| NGP VAN, Inc.<br>1101 15th St NW<br>Ste 500<br>Washington, DC 20005-5006<br>(202) 686-9330                                                                                               |                           |                                                                                                                                                       |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             |                                            |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b>             |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$900.00                                   |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                           | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Check                     | K                                                                                                                                                     | 08/03/2015                  | \$900.00                                   | Campaign Database          |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>                         |                            |
| North Carolina Democratic Party<br>220 Hillsborough St<br>Raleigh, NC 27603-1724<br>(919) 821-2777                                                                                       |                           |                                                                                                                                                       |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: |                             |                                            |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b>             |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$534.00                                   |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                           | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Check                     | O                                                                                                                                                     | 07/27/2015                  | \$534.00                                   | Voter File Access          |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                         |                           | <b>b. Coordinated Committee Name</b>                                                                                                                  |                             | <b>d. Comments</b>                         |                            |
| Public Policy Polling<br>2912 Highwoods Blvd<br>Ste 201<br>Raleigh, NC 27604-1095<br>(919) 985-5380                                                                                      |                           |                                                                                                                                                       |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <b>c. Level Registered (Specify)</b>                                                                                                                  |                             |                                            |                            |
|                                                                                                                                                                                          |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                             |                                            |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>e. Election Sum to Date</b>             |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | \$2,500.00                                 |                            |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                                | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                           | <b>k. Required Remarks</b> |
| CR 01                                                                                                                                                                                    | Check                     | O                                                                                                                                                     | 08/23/2015                  | \$2,500.00                                 | Polling                    |
| <b>5. Total only this page</b>                                                                                                                                                           |                           |                                                                                                                                                       |                             |                                            | \$3,934.00                 |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                                                                                                                                                       |                             |                                            | \$10,958.81                |
| (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)                                                                                         |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>7. Purpose Codes (List detailed Expenditure code in (h.) above)</b>                                                                                                                   |                           |                                                                                                                                                       |                             |                                            |                            |
| <b>A* - Media</b>                                                                                                                                                                        |                           | <b>B* - Printing</b>                                                                                                                                  |                             | <b>C* - Fundraising</b>                    |                            |
| <b>E - salaries</b>                                                                                                                                                                      |                           | <b>F* - Equipment</b>                                                                                                                                 |                             | <b>D - To Another Candidate</b>            |                            |
| <b>I - postage</b>                                                                                                                                                                       |                           | <b>J - Penalties</b>                                                                                                                                  |                             | <b>G - Political Party</b>                 |                            |
| <b>O* - Other</b>                                                                                                                                                                        |                           |                                                                                                                                                       |                             | <b>H* - Holding Public Office Expenses</b> |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>K* - Office Expenses</b>                |                            |
|                                                                                                                                                                                          |                           |                                                                                                                                                       |                             | <b>Q* - Donation to Legal Expense Fund</b> |                            |
| <b>*Codes require detailed explanation in required remarks field (k)</b>                                                                                                                 |                           |                                                                                                                                                       |                             |                                            |                            |

# Disbursements

Page 37 of 39 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                            |                             |                                     |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------|-----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                             |                           |                                                                                                                                            |                             | <b>2. ID Number</b>                 |                             |
| Charlie Reece For Durham                                                                                                                                                                                                                                                                           |                           |                                                                                                                                            |                             | PCL-388                             |                             |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>                                                                                                                                                                                                 |                           |                                                                                                                                            |                             |                                     |                             |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |                           |                                                                                                                                            |                             |                                     |                             |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                                                                                                                                            |                             |                                     |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           | <b>b. Coordinated Committee Name</b>                                                                                                       |                             | <b>d. Comments</b>                  |                             |
| Sage Payment Solutions<br>1750 Old Meadow Rd<br>Ste 300<br>McLean, VA 22102-4304<br>(800) 261-0240                                                                                                                                                                                                 |                           |                                                                                                                                            |                             |                                     |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <b>c. Level Registered (Specify)</b>                                                                                                       |                             | <b>e. Election Sum to Date</b>      |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$167.62                            |                             |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                     | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>  |
| CR 01                                                                                                                                                                                                                                                                                              | Draft                     | C                                                                                                                                          | 08/03/2015                  | \$167.62                            | Credit Card Processing Fees |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                                                                                                                                            |                             |                                     |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           | <b>b. Coordinated Committee Name</b>                                                                                                       |                             | <b>d. Comments</b>                  |                             |
| Dallas Thompson<br>920 Wake Towne Dr<br>Apt 203<br>Raleigh, NC 27609-7863                                                                                                                                                                                                                          |                           |                                                                                                                                            |                             |                                     |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <b>c. Level Registered (Specify)</b>                                                                                                       |                             | <b>e. Election Sum to Date</b>      |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$4,500.00                          |                             |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                     | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>  |
| CR 01                                                                                                                                                                                                                                                                                              | Check                     | C                                                                                                                                          | 08/03/2015                  | \$2,832.30                          | Fundraising Consulting      |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                           |                           |                                                                                                                                            |                             |                                     |                             |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                   |                           | <b>b. Coordinated Committee Name</b>                                                                                                       |                             | <b>d. Comments</b>                  |                             |
| Dallas Thompson<br>920 Wake Towne Dr<br>Apt 203<br>Raleigh, NC 27609-7863                                                                                                                                                                                                                          |                           |                                                                                                                                            |                             |                                     |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <b>c. Level Registered (Specify)</b>                                                                                                       |                             | <b>e. Election Sum to Date</b>      |                             |
|                                                                                                                                                                                                                                                                                                    |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                             | \$4,500.00                          |                             |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                             | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>                                                                                                                     | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                    | <b>k. Required Remarks</b>  |
| CR 01                                                                                                                                                                                                                                                                                              | Check                     | C                                                                                                                                          | 08/21/2015                  | \$1,667.70                          | Fundraising Consulting      |
| <b>5. Total only this page</b>                                                                                                                                                                                                                                                                     |                           |                                                                                                                                            |                             | \$4,667.62                          |                             |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                              |                           |                                                                                                                                            |                             | \$10,958.81                         |                             |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                           |                                                                                                                                            |                             |                                     |                             |
| <b>7. Purpose Codes (List detailed Expenditure code in (h.) above)</b>                                                                                                                                                                                                                             |                           |                                                                                                                                            |                             |                                     |                             |
| A* - Media                                                                                                                                                                                                                                                                                         |                           | B* - Printing                                                                                                                              |                             | C* - Fundraising                    |                             |
| E - salaries                                                                                                                                                                                                                                                                                       |                           | F* - Equipment                                                                                                                             |                             | D - To Another Candidate            |                             |
| I - postage                                                                                                                                                                                                                                                                                        |                           | J - Penalties                                                                                                                              |                             | G - Political Party                 |                             |
| O* - Other                                                                                                                                                                                                                                                                                         |                           |                                                                                                                                            |                             | H* - Holding Public Office Expenses |                             |
|                                                                                                                                                                                                                                                                                                    |                           |                                                                                                                                            |                             | Q* - Donation to Legal Expense Fund |                             |
| *Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                  |                           |                                                                                                                                            |                             |                                     |                             |

# In-Kind Contributions

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Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                |                                                                                                                                                                                                                                                |                                              |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                                                                                                                                                                                                                                                | <b>2. ID Number</b>                          |
| Charlie Reece For Durham                                                                       |                                                                                                                                                                                                                                                | PCL-388                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                                                                                                                                                                                                |                                              |
| <b>a. Full Name, Mailing Address, &amp; Phone</b><br>(Include city, state & zip)               | <b>b. Type of contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>                           |
| Mary Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926<br>(919) 280-4896                 | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                              |
|                                                                                                |                                                                                                                                                                                                                                                | <b>d. Election Sum to Date</b><br>\$2,613.12 |
| <b>e. Description</b>                                                                          | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b>                 |
| Party Supplies                                                                                 | 08/13/2015                                                                                                                                                                                                                                     | \$16.10                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                                                                                                                                                                                                |                                              |
| <b>a. Full Name, Mailing Address, &amp; Phone</b><br>(include city, state & zip)               | <b>b. Type of contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>                           |
| Mary Helms<br>121 Windy Point Cir<br>Marathon, FL 33050-2926<br>(919) 280-4896                 | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                              |
|                                                                                                |                                                                                                                                                                                                                                                | <b>d. Election Sum to Date</b><br>\$2,613.12 |
| <b>e. Description</b>                                                                          | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b>                 |
| Food for Fundraiser                                                                            | 08/13/2015                                                                                                                                                                                                                                     | \$97.02                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                                                                                                                                                                                                |                                              |
| <b>a. Full Name, Mailing Address, &amp; Phone</b><br>(Include city, state & zip)               | <b>b. Type of contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>                           |
| Charlie Reece<br>3604 Darwin Rd<br>Durham, NC 27707<br>(919) 599-1357                          | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                              |
|                                                                                                |                                                                                                                                                                                                                                                | <b>d. Election Sum to Date</b><br>\$2,357.40 |
| <b>e. Description</b>                                                                          | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b>                 |
| Purchase of Domain Names                                                                       | 07/11/2015                                                                                                                                                                                                                                     | \$14.99                                      |

|                                                                                                           |          |
|-----------------------------------------------------------------------------------------------------------|----------|
| <b>4. Total only this page</b>                                                                            | \$128.11 |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) | \$264.64 |

# In-Kind Contributions

Page 39 of 39 Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                |                                                                                                                                                                                                                                                |                              |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                         |                                                                                                                                                                                                                                                | <b>2. ID Number</b>          |
| Charlie Reece For Durham                                                                       |                                                                                                                                                                                                                                                | PCL-388                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                                                                                                                                                                                                                                                |                              |
| <b>a. Full Name, Mailing Address, &amp; Phone</b><br>(include city, state & zip)               | <b>b. Type of contributor</b>                                                                                                                                                                                                                  | <b>c. Comments</b>           |
| Charlie Reece<br>3604 Darwin Rd<br>Durham, NC 27707<br>(919) 599-1357                          | <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                              |
|                                                                                                | <b>d. Election Sum to Date</b><br>\$2,357.40                                                                                                                                                                                                   |                              |
| <b>e. Description</b>                                                                          | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                    | <b>g. Fair Market Amount</b> |
| Domain Name Hosting                                                                            | 07/11/2015                                                                                                                                                                                                                                     | \$136.53                     |

|                                                                                                           |          |
|-----------------------------------------------------------------------------------------------------------|----------|
| <b>4. Total only this page</b>                                                                            | \$136.53 |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) | \$264.64 |