

# Disclosure Report Cover

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.

Amendment

☐ Yes ☒ No

|                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| <b>a. Full Name</b>                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>c. ID Number</b>            |                           |
| COMMITTEE TO ELECT PHILIP AZAR                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| <b>b. Mailing Address (Include City, State and Zip Code)</b>                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>d. Date Filed</b>           |                           |
| 917 MONMOUTH AVENUE<br>DURHAM, NC 27701                                                                                                                                                                                                                                                                                                                         |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 09/28/2015                     |                           |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>e. Phone Number</b>         |                           |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| <b>Report Year</b>                                                                                                                                                                                                                                                                                                                                              | <b>1. Period Start Date (mm/dd/yy)</b> | <b>2. Period End Date (mm/dd/yy)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3. Treasurer Full Name</b>  |                           |
| 2015                                                                                                                                                                                                                                                                                                                                                            | 08/26/2015                             | 09/21/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DIANE AMATO                    |                           |
| <b>4. Type of Committee (Check One)</b>                                                                                                                                                                                                                                                                                                                         |                                        | <b>5. Type of Report (check only one type of report from one category)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                           |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Legal Expense Fund                                                                                                     |                                        | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input checked="" type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><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><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><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>6. Type of Fund (If applicable check one)</b>                                                                                                                                                                                                                                                                                                                |                                        | <b>7. Number of Fundraisers this Report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                           |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:                                                                                                       |                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                           |
| <b>8. Account Information</b>                                                                                                                                                                                                                                                                                                                                   |                                        | <b>9. Account Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                           |
| <b>a. Financial Institution Full Name</b>                                                                                                                                                                                                                                                                                                                       |                                        | <b>a. Financial Institution Full Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                           |
| BANK OF NORTH CAROLINA                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| <b>b. Purpose</b>                                                                                                                                                                                                                                                                                                                                               | <b>c. Account Code</b>                 | <b>b. Purpose</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>c. Account Code</b>         |                           |
| CAMPAIGN EXPENSES                                                                                                                                                                                                                                                                                                                                               | 01                                     | IN PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                 | <b>d. Period Begin Balance</b>         | SEP 28 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>d. Period Begin Balance</b> |                           |
|                                                                                                                                                                                                                                                                                                                                                                 | \$ 7394.80                             | DURHAM BOE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$                             |                           |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| <u>DIANE AMATO</u><br>Printed Name of Signer                                                                                                                                                                                                                                                                                                                    |                                        | <u>Diane M. Amato</u><br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | <u>09/28/2015</u><br>Date |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |
| Date Received:                                                                                                                                                                                                                                                                                                                                                  | <u>9/28/15</u>                         | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>MD</u>                      |                           |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                |                                        | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                           |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                   |                                        | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                           |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                              |                                        | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input checked="" type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                           |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-B) to make committee changes.                                                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                           |

# Detailed Summary

Amendment

☐ Yes ☒ No

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

|                                                                              |  |                          |                                    |                     |                                  |
|------------------------------------------------------------------------------|--|--------------------------|------------------------------------|---------------------|----------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b> |                                    | <b>3. ID Number</b> |                                  |
| COMMITTEE TO ELECT PHILIP AZAR                                               |  | 2015 Pre-Primary         |                                    |                     |                                  |
| <b>Start of Election Cycle: January 1, 2015</b>                              |  |                          | <b>Total this Reporting Period</b> |                     | <b>Total this Election Cycle</b> |
| 4) Cash on Hand at Start                                                     |  |                          | \$ 7,394.80                        |                     | \$ 0.00                          |
| <b>RECEIPTS</b>                                                              |  |                          |                                    |                     |                                  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 425.00                | \$ 1,641.00                        |                     |                                  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 2,600.00              | \$ 23,125.00                       |                     |                                  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 11) Other Receipt Sources                                                    |  |                          |                                    |                     |                                  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 3,025.00              | \$ 24,766.00                       |                     |                                  |
| <b>EXPENDITURES</b>                                                          |  |                          |                                    |                     |                                  |
| 13) Disbursements                                                            |  |                          |                                    |                     |                                  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 8,270.00              | \$ 22,455.65                       |                     |                                  |
| 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)                             |  | \$ 56.93                 | \$ 217.48                          |                     |                                  |
| 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)                                         |  | \$ 0.00                  | \$ 0.00                            |                     |                                  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 8,326.93              | \$ 22,673.13                       |                     |                                  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 2,092.87              | \$ 2,092.87                        |                     |                                  |
| <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

Page 1 of 1

Amendment

☐ Yes ☒ No

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

| 1. Committee Full Name (and Fund if applicable)                                                          |                 |                    |                        | 2. ID Number         |           |
|----------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| COMMITTEE TO ELECT PHILIP AZAR                                                                           |                 |                    |                        |                      |           |
| 3. Contributor Information                                                                               |                 |                    |                        |                      |           |
| a. Amend                                                                                                 | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 09/15/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Credit Card        |                        | 09/05/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Credit Card        |                        | 08/31/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 08/26/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Credit Card        |                        | 08/31/2015           | \$ 25.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 09/20/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 09/07/2015           | \$ 25.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 08/26/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Credit Card        |                        | 09/17/2015           | \$ 25.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <input type="checkbox"/> Add                                                                             | 01              | Check              |                        | 09/17/2015           | \$ 50.00  |
| <input type="checkbox"/> Remove                                                                          |                 |                    |                        |                      |           |
| <b>4. Total only this Page</b>                                                                           |                 |                    |                        |                      | \$ 425.00 |
| <b>5. Total of ALL CRO-1205 Pages</b><br>(This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      | \$ 425.00 |

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                         |                 |                    |                                   |                      |                         |  |
|-----------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                         |                 |                    |                                   |                      | 2. ID Number            |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                          |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| SOLANGE ABUNASSAR<br>1 LINCOLN PLZ<br>NEW YORK, NY 10023                                |                 |                    | PHYSICIAN                         |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | RETIRED                           |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 150.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 09/07/2015           | \$ 150.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| ESTEBAN BORTIRI<br>916 MARKHAM AVE<br>DURHAM, NC 27701                                  |                 |                    | SCIENTIST                         |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | SYNGENTA                          |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 150.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Credit Card        |                                   | 08/26/2015           | \$ 150.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| JAMES BOYD<br>4027 SWARTHMORE RD<br>DURHAM, NC 27707                                    |                 |                    | REALTOR                           |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | REAL ESTATE ASSOCIATES<br>INC     |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 09/11/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 6. Total only this Page                                                                 |                 |                    |                                   |                      | \$ 400.00               |  |
| 7. Total of ALL CRO-1210 Pages                                                          |                 |                    |                                   |                      | \$ 2,600.00             |  |

# Contributions from Individuals

Pg 2 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                         |                 |                    |                                   |                      |                         |  |
|-----------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                         |                 |                    |                                   |                      | 2. ID Number            |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                          |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| MICHELLE DEKKER<br>409 WATTS ST<br>DURHAM, NC 27701                                     |                 |                    | RETIRED                           |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | RETIRED                           |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 09/10/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| THOMAS DEWEY<br>1150 5TH AVE<br>APT 9E<br>NEW YORK, NY 10128                            |                 |                    | ATTORNEY                          |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | DEWEY PEGNO<br>KRAMARSKY LLP      |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 250.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 09/07/2015           | \$ 250.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| PARA DRAKE<br>1007 VICKERS AVE<br>DURHAM, NC 27707                                      |                 |                    | RETIRED                           |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | RETIRED                           |                      |                         |  |
|                                                                                         |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 09/11/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                 |                 |                    |                                   |                      | \$ 450.00               |  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                                   |                      | \$ 2,600.00             |  |
| (This form must be on Page 1 of Detailed Summary Page CRO-1210)                         |                 |                    |                                   |                      |                         |  |

# Contributions from Individuals

Pg 3 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                                  |                 |                    |                                   |                      |                         |  |
|--------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee (use Full Name (and Fund if applicable))                                            |                 |                    |                                   |                      | 2. ID Number            |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                                   |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| THOMAS GALLOWAY<br>101 E CHAPEL HILL ST<br>DURHAM, NC 27701                                      |                 |                    | INDIVIDUAL INVESTOR               |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | SELF EMPLOYED                     |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 1,000.00             |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 01              | Check              |                                   | 09/11/2015           | \$ 500.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| RUBEN GONZALEZ<br>215 WILLIAM PENN PLZ<br>APT 1303<br>DURHAM, NC 27704                           |                 |                    | PAINTER                           |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | SELF                              |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 01              | Check              |                                   | 09/11/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove          |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                            |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| BLAIR KENDALL<br>3430 LOCHNORA PKWY<br>DURHAM, NC 27705                                          |                 |                    | SR. DIRECTOR                      |                      |                         |  |
|                                                                                                  |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                                  |                 |                    | GEHRICHER SOLAR                   |                      |                         |  |
|                                                                                                  |                 |                    |                                   |                      | e. Election Sum to Date |  |
|                                                                                                  |                 |                    |                                   |                      | \$ 600.00               |  |
| f. Prior                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                         | 01              | Check              |                                   | 09/19/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                         |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                          |                 |                    |                                   |                      | \$ 700.00               |  |
| 5. Total of ALL CRO-1210 Pages<br>(This line must be on the 5 of Detailed Summary Page CRO-1210) |                 |                    |                                   |                      | \$ 2,600.00             |  |

# Contributions from Individuals

Pg 4 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                         |                 |                    |                        |                                   |                         |              |
|-----------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|-----------------------------------|-------------------------|--------------|
| 1. Committee Full Name (and Fund if applicable)                                         |                 |                    |                        |                                   |                         | 2. ID Number |
| COMMITTEE TO ELECT PHILIP AZAR                                                          |                 |                    |                        |                                   |                         |              |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                         |              |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           | d. Comments             |              |
| JOHN MARTIN<br>401 E TRINITY AVE<br>DURHAM, NC 27701                                    |                 |                    |                        | PROFESSOR                         |                         |              |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |                         |              |
|                                                                                         |                 |                    |                        | RETIRED                           | e. Election Sum to Date |              |
|                                                                                         |                 |                    |                        | \$                                | 100.00                  |              |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount               |              |
| <input type="checkbox"/>                                                                | 01              | Check              |                        | 09/07/2015                        | \$ 100.00               |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                         |              |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           | d. Comments             |              |
| ROBERT MOLINET<br>3110 HIGHGATE DR<br>GERMANTOWN, TN 38138                              |                 |                    |                        | GLOBAL CHIEF COMPLIANCE           |                         |              |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |                         |              |
|                                                                                         |                 |                    |                        | FED EX CORPORATION                | e. Election Sum to Date |              |
|                                                                                         |                 |                    |                        | \$                                | 100.00                  |              |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount               |              |
| <input type="checkbox"/>                                                                | 01              | Check              |                        | 09/11/2015                        | \$ 100.00               |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| 5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                        |                                   |                         |              |
| a. Full Name, Mailing Address & Phone<br>(Include city, state, & zip)                   |                 |                    |                        | b. Job Title/Profession           | d. Comments             |              |
| SARAH MUSSER<br>1001 W TRINITY AVE<br>DURHAM, NC 27701                                  |                 |                    |                        | GRAD STUDENT                      |                         |              |
|                                                                                         |                 |                    |                        | c. Employer's Name/Specific Field |                         |              |
|                                                                                         |                 |                    |                        | GRAD STUDENT                      | e. Election Sum to Date |              |
|                                                                                         |                 |                    |                        | \$                                | 200.00                  |              |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)              | k. Amount               |              |
| <input type="checkbox"/>                                                                | 01              | Check              |                        | 09/21/2015                        | \$ 200.00               |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| <input type="checkbox"/>                                                                |                 |                    |                        |                                   | \$                      |              |
| 4. Total only this Page                                                                 |                 |                    |                        |                                   | \$ 400.00               |              |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                        |                                   | \$ 2,600.00             |              |

# Contributions from Individuals

Pg 5 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                         |                 |                    |                                   |                      |                         |  |
|-----------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                         |                 |                    |                                   |                      | 2. ID Number            |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                          |                 |                    |                                   |                      |                         |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| FRANK READE<br>3007 SHENANDOAH AVE<br>DURHAM, NC 27704                                  |                 |                    | PLUMBER                           |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | SELF                              |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Check              |                                   | 08/27/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| JOHN SWANSEY<br>110 N BUCHANAN BLVD<br>DURHAM, NC 27701                                 |                 |                    | DESIGNER AND ENTREPRENEUR         |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | TEKWEAR                           |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Credit Card        |                                   | 08/28/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                   |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| LEE ANN TILLEY<br>1010 WEST MARKHAM<br>DURHAM, NC 27701                                 |                 |                    | OFFICE MGR                        |                      |                         |  |
|                                                                                         |                 |                    | c. Employer's Name/Specific Field |                      |                         |  |
|                                                                                         |                 |                    | ACME PLUMBING                     |                      | e. Election Sum to Date |  |
|                                                                                         |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                | 01              | Credit Card        |                                   | 09/21/2015           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                 |                 |                    |                                   |                      | \$ 300.00               |  |
| 5. Total of ALL CRO-1210 Pages                                                          |                 |                    |                                   |                      | \$ 2,600.00             |  |
| (This line must be included on Detailed Summary Page CRO-1100)                          |                 |                    |                                   |                      |                         |  |

# Contributions from Individuals

Pg 6 of 6

Amendment

☐ Yes ☒ No

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

|                                                                                                      |                        |                           |                                          |                             |                                |  |
|------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                               |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                                       |                        |                           |                                          |                             |                                |  |
| <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>             |  |
| HEATHCOTE WALES<br>PO BOX 303<br>WILSON, WY 83014                                                    |                        |                           | ATTORNEY                                 |                             |                                |  |
|                                                                                                      |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                      |                        |                           | GEORGETOWN UNIVERSITY<br>LAW CENTER      |                             |                                |  |
|                                                                                                      |                        |                           |                                          |                             | <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 (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                             | 01                     | Check                     |                                          | 08/26/2015                  | \$ 250.00                      |  |
| <input type="checkbox"/>                                                                             |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                             |                        |                           |                                          |                             | \$                             |  |
| <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>             |  |
| MAYME WEBB<br>4721 CARMEN LANE<br>DURHAM, NC 27707                                                   |                        |                           | SENIOR NEIGHBORHOOD<br>COORDINATOR       |                             |                                |  |
|                                                                                                      |                        |                           | <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 (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                             | 01                     | Check                     |                                          | 08/26/2015                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                             |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                             |                        |                           |                                          |                             | \$                             |  |
| <b>5. Total only this Page</b>                                                                       |                        |                           |                                          |                             | \$ 350.00                      |  |
| <b>6. Total of ALL CRO-1210 Pages</b><br>(This does not include 6 of Detailed Summary Page CRO-1210) |                        |                           |                                          |                             | \$ 2,600.00                    |  |

CRO-1210

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 2

Amendment

☐ Yes ☒ No

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

|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                                       | 2. ID Number                        |  |
| COMMITTEE TO ELECT PHILIP AZAR                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)                                                                                               |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                                       | d. Comments                         |  |
| CAPITOL PROMOTIONS INC<br>PO BOX 231<br>GLENSIDE, PA 19038                                                                                                                               |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                                       | \$ 2,195.00                         |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks                   |                                     |  |
| 01                                                                                                                                                                                       | Check              | B               | 09/09/2015           | \$ 2,195.00                                                                                                                                | YARD SIGNS                            |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                                       |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                                       | d. Comments                         |  |
| SARA DAVIS<br>2607 CHAPEL HILL RD<br>APT B<br>DURHAM, NC 27707                                                                                                                           |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                                       | \$ 625.00                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks                   |                                     |  |
| 01                                                                                                                                                                                       | Check              | O               | 09/16/2015           | \$ 625.00                                                                                                                                  | PHOTO SHOOT                           |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                                       |                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                                       | d. Comments                         |  |
| STEVE HOPKINS<br>NC                                                                                                                                                                      |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                                       |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                       | e. Election Sum to Date             |  |
|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                                       | \$ 250.00                           |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks                   |                                     |  |
| 01                                                                                                                                                                                       | Check              | O               | 09/15/2015           | \$ 250.00                                                                                                                                  | PLACING YARD SIGNS<br>AROUND THE CITY |                                     |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                                       |                                     |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            |                                       | \$ 3,070.00                         |  |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)                                                                                                     |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)                                                                                   |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)                                                                                         |                    |                 |                      |                                                                                                                                            |                                       | \$ 8,270.00                         |  |
| 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 a detailed explanation in required remarks field(s)                                                                                                                      |                    |                 |                      |                                                                                                                                            |                                       |                                     |  |

# Disbursements

Pg 2 of 2

Amendment

☐ Yes ☒ No

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

|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                            |                     |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------|
| 1. Committee Full Name (and fund if applicable)                                                                                                                                          |                    |                 |                      |                                                                                                                                            | 2. ID Number        |                                     |
| COMMITTEE TO ELECT PHILIP AZAR                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                     |                                     |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)                                                                                               |                    |                 |                      |                                                                                                                                            |                     |                                     |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                            |                     |                                     |
| 4. Pages Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                            |                     |                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                              |                     | d. Comments                         |
| TARGETED PERSUASION<br>206 NEW BERN PLACE<br>RALEIGH, NC 27601<br>(919) 819-2138                                                                                                         |                    |                 |                      | c. Level Registered (Specify)                                                                                                              |                     |                                     |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                     |                                     |
|                                                                                                                                                                                          |                    |                 |                      | e. Election Sum to Date                                                                                                                    |                     |                                     |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                         |                     | 16,350.00                           |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                  | k. Required Remarks |                                     |
| 01                                                                                                                                                                                       | Check              | 0               | 08/26/2015           | \$ 3,200.00                                                                                                                                | CONSULTING          |                                     |
| 01                                                                                                                                                                                       | Check              | 0               | 09/04/2015           | \$ 2,000.00                                                                                                                                | CONSULTING          |                                     |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                            | \$ 5,200.00         |                                     |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                           |                    |                 |                      |                                                                                                                                            |                     |                                     |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)                                                                                                     |                    |                 |                      |                                                                                                                                            |                     |                                     |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)                                                                                   |                    |                 |                      |                                                                                                                                            |                     |                                     |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)                                                                                         |                    |                 |                      |                                                                                                                                            | \$ 8,270.00         |                                     |
| 7. Purpose Codes (List detailed expenditure codes 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)                                                                                                                       |                    |                 |                      |                                                                                                                                            |                     |                                     |

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NC State Board of Elections

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# Aggregated Non-Media Expenditures

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Amendment

☐ Yes ☒ No

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

COMMITTEE TO ELECT PHILIP AZAR

## C. Expenditure Information

| a. Control                                                      | b. Account Code | c. Form of Payment  | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
|-----------------------------------------------------------------|-----------------|---------------------|-----------------|----------------------|-----------|---------------------|
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 01              | Draft               | K               | 08/26/2015           | \$ 33.99  | CHECKS              |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 01              | Electric Funds Tran | C               | 08/26/2015           | \$ 3.95   | CREDIT CARD FEES    |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 01              | Electric Funds Tran | C               | 09/02/2015           | \$ 13.72  | CREDIT CARD FEES    |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove | 01              | Electric Funds Tran | C               | 09/09/2015           | \$ 5.27   | CREDIT CARD FEES    |

## 4. Total only this Page

\$ 56.93

## 5. Total of ALL CRO-1315 Pages

(This total must be on the 1st of Detailed Statement Page CRO-1315)

\$ 56.93

|              |               |                                      |
|--------------|---------------|--------------------------------------|
| E - Salaries | B* - Printing | D - To Another Candidate             |
|              | J - Penalties | G - Political Party                  |
| O* - Other   |               | Q* - Donations to Legal Expense Fund |

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

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