Amendment	
Yes	<b>✓</b> No

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

1. Committee Information							
a. Full Name			c. ID Number				
Charlie Reece For Durham		PCL-388					
b. Mailing Address (include City, State and Zip	Code)		d. Date Filed				
3604 Darwin Rd	oode,		09/28/2015				
Durham, NC 27707-5304							
e. Phone Number							
O Descrit Versil O Descrit Other Details and Little		1- (	(919) 599-1357				
2. Report Year 3. Period Start Date (mm/dd/y			5. Treasurer Full Name				
2015 08/26/2015	09/21	1/2015	Garrett B. Dixon				
C. Tarres of Commercial and Coloradors and Colorado	lo Tomo of Bonont (abo						
6. Type of Committee (Check one)	Municipal	State/County	of report from one category) Referendum				
✓ Candidate Campaign Party	Organizational	Organizatio	nal Organizational				
PAC Referendum	Thirty-five day	Quarterly	Pre-referendum				
☐ Independent Expenditure ☐ Joint Fundraiser	✓ Pre-primary	First	Final				
Legal Expense Fund	Pre-election	Second	Supplemental Final				
	Pre-runoff	Third	Annual				
7. Type of Fund (if applicable, check one)	Semi-annual	Fourth	Special				
□ "Booster Fund"	Mid Year	Semi-annua					
Building Fund	Year End		10. Special Report Name				
		Mid Year End					
Other:	Final	-	u l				
8. Number of Fundraisers this Report	- Special	Final					
1	1	Special					
11. Account Information							
a. Financial Institution Full Name							
Mechanics and Farmers Bank							
b. Purpose	1	c. Account Code					
Campaign Receipts & Expenditures		CR 01					
		d. Period Begin Ba	lance				
		\$ 25,281.19					
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.							
Printed Name of Signer	Signature of Appoint	ed Freasurer	Date				
FOR OFFICE USE ONLY	- 0	MICI	Delivery Method				
Date Received:	Employee:	11 -	Normal Mail				
Date Postmarked:	Employee:		Registered Mail				
Date Scanned:	Employee:		<ul><li></li></ul>				
Date Data Entered:	Employee:		Signer has not received mandatory training				
Please Note: This form cannot be used to an			nmitee address, treasurer,				
assistant treasur You must amend the Statement of 0	er, custodian of books info	•					
	NC State Board of Election		Ree changes. August 2008				
0110 1000	Clate Doard Of Libello		August 2000				

## **Detailed Summary**

Amendment Yes **✓** No

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

Charlie Reece For Durham			2. Type Of Report 3. ID Number			
	2015 Pre-Primary	PCL-388				
Start of Election Cycle: January 1, 2012	Total this Reporting Period	Total this Election Cycle				
4) Cash on Hand at Start		\$23,666.19	\$25,666.19			
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$295.00	\$1,790.00			
6) Contributions from Individuals	(CRO-1210)	\$10,338.37	\$43,688.89			
7) Contributions from Political Party Committees	(CRO-1220)	\$0.00	\$0.00			
8) Contributions from Other Political Committees	(CRO-1230)	\$0.00	\$250.00			
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)					
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)	\$10,633.37	\$45,728.89			
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$12,421.65	\$23,380.46			
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$0.00	\$0.00			
13c) Coordinated Party Expenditures	(CRO-1310)	\$0.00	\$0.00			
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$0.00	\$0.00			
15) Loan Repayments	(CRO-1420)	\$0.00	\$0.00			
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$0.00	\$0.00			
17) In-Kind Contributions	(CRO-1510)	\$813.37	\$1,283.89			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$13,235.02	\$24,664.35			
19) Cash on Hand at End (Add lines 4 and 12 together, then sul line 18)	btract	\$21,064.54	\$46,730.73			
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$813.37				
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			
, -	(CRO-2220)	\$0.00	\$0.00			
28) Contributions to be Refunded	(CRO-1215)	\$0.00	\$0.00			
27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded  CRO-1100  NO Sta	ate Board of Elections		August 2008			

## **Aggregated Contributions from Individuals**

				Amendmen	it
Page _	3	_ of _	21	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								
Charlie Reece For Durham PCL-388								
3. Contributor Information								
a. Amend	b. Account Code	c. Form of Payment	d. In Kind Description	e. Date (mn	n/dd/yyyy)	f. Amount		
Add Remove	CR 01	Credit Card		09/15/	2015	\$20.00		
Add Remove	CR 01	Money Order		09/12/2015		\$25.00		
Add Remove	CR 01	Credit Card		09/09/	2015	\$50.00		
Add Remove	CR 01	Check		09/12/	2015	\$50.00		
Add Remove	CR 01	Credit Card		09/09/	2015	\$50.00		
Add Remove	CR 01	Credit Card		09/03/	2015	\$50.00		
Add Remove	CR 01	Check		09/12/	2015	\$50.00		

	ELECTRONICALLY
4. Total autothia Dana	

4. Total only this Page	\$295.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$295.00

			0 or	Page 4 contributions under \$50 if fo	of <u>21</u> orm CRC	-   -	Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)					2. ID No	ımber
Charlie Re	ece For Durham						PCL-38	8
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession		d. Comi	ments	
(includ	e city, state, & zip)		At	torney				
	burgh Dr NW C 27896-9310			Employer's Name/Specific elf-Employed		e. Elect	ion Sum	n to Date
f Delen		L F (B		t la Kad Danada tan		. p-1	-	\$500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date		k. Amount
	CR 01	Check				09/12/	/2015	\$500.00
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession		d. Comi	ments	
(includ	e city, state, & zip)		CE	ΞO				
Jenny Bla 603 Mial S Raleigh, N (919) 819	St NC 27608			Employer's Name/Specific anned Parenthood SAT		e. Electi	ion Sum	ı to Date
								\$350.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	е	k. Amount
	CR 01	Credit Card				09/03/	/2015	\$250.00
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession		d. Comi	ments	
(includ	e city, state, & zip)		Sc	ocial Worker				
Leigh Bor	dlev							
1018 Glor	ia Áve		c.	Employer's Name/Specific	Field			
Durham, N (919) 302-				itino Educational Achievemen	nt _			
			Pa	artnership	H	e. Electi	ion Sum	to Date
								\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	е	k. Amount
	CR 01	Credit Card			. 1	09/18/	/2015	\$100.00
		ELE		CTRONIC	, AL			
4. Total o	only this page	EU						\$850.00

4. Total only this page	\$850.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			50 or	Page <u>5</u> of <u>2</u> contributions under \$50 if form CR		Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber
Charlie Re	eece For Durham					PCL-38	8
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments	
(includ	le city, state, & zip)		At	torney			
Garland Brown 6263 N. Scottsdale Road Suite 340 Scottsdale, AZ 85250 (480) 327-6652		c. Employer's Name/Specific Field Weiss Brown		e. Election Sum to Date		n to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment	<u>                                       </u>	i. In-Kind Description	l j. Da	ate	k. Amount
	CR 01	Credit Card				1/2015	\$100.00
			۸ ما ما				
	ibutor Information ime, Mailing Address		Add	Remove Job Title/Profession	d Con	nments	
	le city, state, & zip)	& Filone	Ι.	torney	u. Coi	IIIIeiits	
Jay Chau 820 Graha Raleigh, N (919) 835	am St NC 27605-1125		ı	Employer's Name/Specific Field elf-Employed	e. Elec	ction Sum	n to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment	<u></u>	i. In-Kind Description	 -	nto	k. Amount
	CR 01	Credit Card		i. iii-Kiiid Descriptioii	-	2/2015	\$100.00
	CKUI	Credit Card			09/0	2/2013	\$100.00
	ibutor Information		Add	Remove			
	me, Mailing Address	& Phone		Job Title/Profession	d. Con	nments	
Deborah ( 5212 Twir	n Pines Lane NC 27705-8599		C.	Employer's Name/Specific Field tired			
					e. Elec	ction Sum	
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	t	i. In-Kind Description	j. Da	1	k. Amount
	CR 01	Credit Card		. 1	08/2	7/2015	\$100.00
		ELF	-(	CTRONICA			
4. Total	only this page	FU					\$300.00

4. Total only this page	\$300.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 6 of 2 contributions under \$50 if form CR		Amendm Yes	ent ✓ No	
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber	
Charlie Re	ece For Durham					PCL-38	8	
3. Contri	butor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments		
(includ	e city, state, & zip)		At	torney				
Andrew Co 301 Oak A Carrboro, (919) 414-	Avenue NC 27510			Employer's Name/Specific Field BI Biopharma, Inc.	e. Elec	tion Sum	1 to Date \$200.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount	
	CR 01	Credit Card			09/0	7/2015	\$100.00	
2 Comtri	htau lufaumatian		Add	Remove				
	butor Information me, Mailing Address			Job Title/Profession	d Con	nments		
	e city, state, & zip)	α Filone		torney	u. Con	IIIIeIIIS		
Kristin B Cooper 1209 Park Dr Raleigh, NC 27605-1723 (919) 832-9848				Employer's Name/Specific Field  elf-Employed	e. Election Sum to Date			
							\$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount	
	CR 01	Check			09/1	2/2015	\$100.00	
3. Contri	butor Information	,	Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments			
(includ	e city, state, & zip)		Co	ommunity Leader				
Betty Craven 4112 Powder Mill Rd Chapel Hill, NC 27514-9658 (919) 616-6253				Employer's Name/Specific Field	e. Election Sum to Date			
							\$1,500.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount	
	CR 01	Credit Card			09/0	7/2015	\$500.00	
4. Total o	only this page	ELE		CTRONICAL		-	\$700.00	
7. I Otal C	ins page						Ψ100.00	

4. Total only this page	\$700.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 7 of 2 contributions under \$50 if form CR		Amendm  Yes	ent ✓ No	
	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber	
Charlie Re	ece For Durham					PCL-38	8	
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d.	Comments		
(includ	e city, state, & zip)		O۱	vner				
Sarah Cra 4225 Casl Raleigh, N (919) 274	hew Dr NC 27616			Employer's Name/Specific Field illow Strategies	e.	Election Sum	to Date	
					L		\$250.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	CR 01	Credit Card				09/21/2015	\$250.00	
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d.	Comments		
(includ	e city, state, & zip)		W	asteZero, Inc.				
Cal Cunningham 118 W 3rd Ave Lexington, NC 27292-3024 (336) 287-7466		c. Employer's Name/Specific Field General Counsel			e. Election Sum to Date			
							\$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	CR 01	Credit Card				09/15/2015	\$100.00	
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d.	Comments		
(includ	e city, state, & zip)		Co	onsultant				
Scott Falmlen 2407 Anderson Dr Raleigh, NC 27608-1405		c. Employer's Name/Specific Field Nexus Strategies		e. Election Sum to Date				
							\$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount	
	CR 01	Check				09/12/2015	\$100.00	
4. Total	only this page	ELE		CTRONICA			\$450.00	
T. TOTAL	only this page	トレ					φ450.00	

4. Total only this page	\$450.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 8 of 2 contributions under \$50 if form CR		Amendm Yes	ent ✓ No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber
Charlie Re	ece For Durham					PCL-38	8
3. Contri	ibutor Information		Add	Remove			
	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Con	nments	
(includ	e city, state, & zip)		So	ocial Scientist			
Tom Fiore 5523 Tapi Durham, N (919) 493	root Ln NC 27705-9058			Employer's Name/Specific Field estat	e. Elec	etion Sum	n <b>to Date</b> \$200.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	ite	k. Amount
	CR 01	Credit Card			09/0	5/2015	\$200.00
2 Contri	ibutor Information		Add	Remove			
	me, Mailing Address			Job Title/Profession	d. Con	nments	
	e city, state, & zip)	a i iioiio		nief Pickle	<u>u. 0011</u>		
Jenny Ful P.O. Box : Kernersvil (336) 978	305 lle, NC 27285			Employer's Name/Specific Field iss Jenny's Pickles	e. Elec	tion Sum	n to Date \$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	ite	k. Amount
	CR 01	Credit Card				7/2015	\$100.00
0.0.1			۸ ۵۵		5 5.		<b>,</b> , , , ,
	ibutor Information		Add		-l C		
	me, Mailing Address e city, state, & zip)	& Phone		Job Title/Profession onsultant	a. Con	nments	
Jonathan 1330 5th / 2G	Funke Ave , NY 10026			Employer's Name/Specific Field	e. Elec	tion Sun	n to Date \$875.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	j. Da	te	k. Amount
	CR 01	Credit Card		. 1	09/1	4/2015	\$250.00
4 Total	only this page	ELE	-(	CTRONICAL			\$550.00
4. Total C	only tills page						Φ220.00

4. Total only this page	\$550.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 9 of contributions under \$50 if form		_	nendm Yes	ent No
1. Committee Full Name (and Fund if applicable)  2. ID Number								
Charlie Re	eece For Durham					P	CL-38	3
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession		d. Comme	ents	
(includ	e city, state, & zip)		Ma	arketing				
Kelly Funk 1330 5th / 2G New York				Employer's Name/Specific Fiel la USA	L	e. Electio	n Sum	
					$\perp$			\$875.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date		k. Amount
	CR 01	Credit Card				09/14/20	015	\$250.00
3. Contri	ibutor Information		Add	Remove				
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession		d. Comme	ents	
(includ	e city, state, & zip)		No	ot Employed				
	ers Ridge Rd II, NC 27517-9017		c.	Employer's Name/Specific Fiel A	L	e. Electio	n Sum	to Date \$3,500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date		k. Amount
	CR 01	Check		i. III-Kiliu Description		08/27/20	015	\$1,000.00
	CROT	CHECK				00/21/20	015	ψ1,000.00
	ibutor Information		Add					
	me, Mailing Address	& Phone		Job Title/Profession	-	d. Comme	ents	
(include city, state, & zip)  Mary Helms 121 Windy Point Cir Marathon, FL 33050-2926 (919) 280-4896		c. Employer's Name/Specific Field  N/A			- Flori	0	1- 2-1-	
						e. Electio	ıı əum	\$3,613.12
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date		k. Amount
	CR 01	-				09/12/20	015	\$1,000.00
4. Total	only this page	ELE		CTRONICA	1			\$2,250.00
4. Total C	only this page	トレ						φ∠,∠30.00

4. Total only this page	\$2,250.00
5. Total of ALL CRO-1210 Pages	\$10,338.37
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

			0 or	Page 10 of 2 contributions under \$50 if form CR		_ Amendm	ent No
	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
Charlie Re	ece For Durham					PCL-38	8
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		Re	etired			
	Helms / Point Cir FL 33050-2926		c.	Employer's Name/Specific Field A			
					е	e. Election Sum	to Date
							\$3,500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Check				09/12/2015	\$1,000.00
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		Ex	recutive			
Russ Helr							
	ers Ridge Rd II, NC 27517-9017		C.	Employer's Name/Specific Field			
Chaperrii	II, NO 27317-3017		Rho, Inc.				
					e	e. Election Sum	
					L		\$3,500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Check				08/27/2015	\$1,000.00
3. Contri	butor Information		Add	Remove			
a. Full Name, Mailing Address & Phone			b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		Sc	chool Administrator			
Philip Holmes 3631 Sunningdale Way Durham, NC 27707-5654 (919) 768-7172				Employer's Name/Specific Field hapel Hill-Carrboro City Schools			

	CR 01	Credit Card		09/12/2015	\$100.00	
	ELECTRONICAL					
4. Total		\$2,100.00				
5. Total		\$10,338.37				
(This lin	ne must be on line 6 of	Detailed Summary Page C	RO-1100)			

h. Form of Payment

f. Prior

g. Account Code

i. In-Kind Description

e. Election Sum to Date

j. Date

\$100.00

k. Amount

			0 or	Page 11 of 2 contributions under \$50 if form CR		Amendm  Yes	ent V No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber
Charlie Re	ece For Durham					PCL-38	8
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		C	onsultant			
Dustin Ingalls 1010 Topsail Common Dr Apt 106 Knightdale, NC 27545 (919) 368-6802		ı	Employer's Name/Specific Field argeted Persuasion	е	e. Election Sum to Date		
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Credit Card				08/31/2015	\$100.00
0.00	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		Pa	artner			
Morgan Jackson 7241 Manor Oaks Drive Raleigh, NC 27615 (919) 844-9066			c. Employer's Name/Specific Field Nexus Strategies				
, ,					e. Election Sum to Date		to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Credit Card				09/02/2015	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		Le	egislator			
Paul Lueb PO Box 6 Durham, 1 (919) 885	1716 NC 27715		l	Employer's Name/Specific Field C General Assembly	е	. Election Sum	to Date
1			ı		-	. Licotion Juli	LO DULE

	CR 01	Credit Card		09/08/2015	\$250.00		
	-DONICALL						
	ELECTRO						
4. Total	only this page	FU			\$450.00		
5. Total of	of ALL CRO-1210 P	ages			\$10,338.37		
(This lin	ne must be on line 6 of	Detailed Summary Page C	RO-1100)				

f. Prior

g. Account Code

h. Form of Payment

\$250.00

k. Amount

j. Date

Use this for 1205 is no		contributions over \$5	0 or	Page 12 of 2 contributions under \$50 if form CR			✓No
	eece For Durham	ина и аррисавіе)				2. ID Nu	
Chanle Re	eece For Dumam		_		_	PCL-36	0
3. Contri	3. Contributor Information Add Remove						
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		Tutor				
Jennifer McGovern 1011 Minerva Ave Durham, NC 27701-2002 (919) 682-3600			Employer's Name/Specific Field		. Election Cum	a ta Data	
						e. Election Sum to Date \$100.00	
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	L	i. Date	k. Amount
	CR 01	Check		I. III-IAIIA Description		09/12/2015	\$100.00
	CK 01	Check				09/12/2013	\$100.00
3. Contributor Information			Add	Remove			
	me, Mailing Address	& Phone	b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		At	torney			
Charles C 324 S Boy							
Raleigh, Ñ	NC 27603-1908			Employer's Name/Specific Field	ł		
(919) 890-	-4168		Pa	arker Poe	-	e. Election Sum	to Date
						Licotion oun	\$250.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description	_	j. Date	k. Amount
	CR 01	Check				09/12/2015	\$250.00
	31.01	Chook				00/12/2010	Ψ200.00
0.00	ibutor Information		Add				
	me, Mailing Address	& Phone	b.	Job Title/Profession	C	I. Comments	
(includ	e city, state, & zip)		At	torney			
Charlie Reece							
3604 Darwin Rd Durham, NC 27707			C.	Employer's Name/Specific Field	1		

	CR 01	In-Kind	Purchase of mailing labels -	08/27/2015	\$33.99				
	-BONICAL-								
	ELECTRO								
4. Total	4. Total only this page \$383								
5. Total of		\$10,338.37							
(This lin	ne must be on line 6 of	Detailed Summary Page C	RO-1100)						

Rho, Inc.

i. In-Kind Description

h. Form of Payment

e. Election Sum to Date

j. Date

\$3,170.77

k. Amount

(919) 599-1357

g. Account Code

f. Prior

	•		0 or	Page <u>13</u> of <u>2</u> contributions under \$50 if form CR		Amendm Yes	ent V No		
1. Commi	ttee Full Name (and F	und if applicable)				2. ID Nu	ımber		
Charlie Re	eece For Durham					PCL-38	8		
3. Contr	ibutor Information		Add	Remove					
a. Full Name, Mailing Address & Phone			b. Job Title/Profession d. Comments						
(includ	e city, state, & zip)		At	torney					
Charlie Reece 3604 Darwin Rd Durham, NC 27707 (919) 599-1357		l	Employer's Name/Specific Field no, Inc.	e.	Election Sum	to Date \$3,170.77			
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount		
	CR 01	In-Kind		Purchase of Campaign Literature - B&J	_	09/04/2015	\$779.38		
3. Contri	ibutor Information		Add	Remove					
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d.	Comments			
(includ	e city, state, & zip)		SCIENTIST						
Peter and 7575 SW Miami, FL (305) 763	. 33143		c. Employer's Name/Specific Field  NATIONAL PARKINSON						
			F(	DUNDATION	e.	Election Sum			
							\$75.00		
f. Prior	g. Account Code	h. Form of Payment	:	i. In-Kind Description		j. Date	k. Amount		
	CR 01	Credit Card				08/31/2015	\$50.00		
3. Contr	ibutor Information		Add	Remove					
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d.	Comments			
(includ	e city, state, & zip)		s	CIENTIST					
Peter and Eleanor Schmidt 7575 SW 52nd Ave Miami, FL 33143 (305) 763-8063			c. Employer's Name/Specific Field  NATIONAL PARKINSON			Election C	12 Posts		
1			F(	DUNDATION	e.	<b>Election Sum</b>	to Date		

	CR 01	Credit Card		09/10/2015	\$25.00			
	ELECTRONICALE							
4. Total		\$854.38						
5. Total		\$10,338.37						
(This lin	ne must be on line 6 of	Detailed Summary Page C	RO-1100)					

h. Form of Payment

f. Prior

g. Account Code

j. Date

\$75.00

k. Amount

			0 or	Page 14 of 2 contributions under \$50 if form CR		Amendm	ent No
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber
Charlie Re	ece For Durham					PCL-38	8
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		Н	ousing Director			
Lorisa Sei	hel		İ				
2410 Par	Pl		C	Employer's Name/Specific Field			
Durham, NC 27705 (919) 801-6863			l	einvestment Partners			
			Remivestment Faithers			e. Election Sum to Date	
			İ				\$200.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Credit Card				09/10/2015	\$100.00
3. Contri	butor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		Ex	ecutive			
David Sho	ortino		İ				
	ng Ridge Rd			Employer's Name/Specific Field	ı		
Durham, N	NC 27713		l				
			Rho, Inc			. Election Sum	to Date
			İ				\$500.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Credit Card				08/26/2015	\$500.00
3 Contri	butor Information		Add	Remove			
	me, Mailing Address	& Phone	b.	Job Title/Profession	l d	. Comments	
	e city, state, & zip)		Attorney				
•			"	·- ·- <b>·</b> ·			
Joseph St 3937 Bent	allings tley Brook Drive						
Raleigh, N	IC 27612		l	Employer's Name/Specific Field			
19191307.	-XYN 1		, HC	iward Stallings	1		

	CR 01	Credit Card		09/07/2015	\$250.00	
		- ELEC	TRONICAL			
4. Total	4. Total only this page					
5. Total		\$10,338.37				
(This lin	ne must be on line 6 of	Detailed Summary Page C	RO-1100)			

h. Form of Payment

f. Prior

g. Account Code

e. Election Sum to Date

j. Date

\$500.00

k. Amount

			0 or	Page 15 of 2 contributions under \$50 if form CR		Amendm Yes	ent ✓ No		
1. Commi	ttee Full Name (and F	und if applicable)				2. ID No	umber		
Charlie Re	ecce For Durham					PCL-38	8		
3. Contributor Information Add Remove									
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	nments			
(includ	e city, state, & zip)			ofessor and Vice Chair for					
Justine Strand de Oliveira 3534 Hamstead Ct Durham, NC 27707 (919) 403-9102		Education, Community and Family Medicine  c. Employer's Name/Specific Field  Duke University Medical Center			-				
(313) 400	0102		Dane of involving interior		e. Ele	ction Sun	n to Date		
							\$100.00		
f. Prior	g. Account Code	h. Form of Payment	:	i. In-Kind Description	j. D	ate	k. Amount		
	CR 01	Credit Card			09/1	4/2015	\$100.00		
3. Contr	ibutor Information		Add	Remove					
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Co	nments			
(includ	e city, state, & zip)		ph	otographer					
Jenny Wa 1211 Card Durham, I (919) 286	olina Ave. NC 27705		l	Employer's Name/Specific Field urham	e. Ele	ction Sum	n to Date \$100.00		

c. Employer's Name/Specific Field

i. In-Kind Description

Remove

b. Job Title/Profession

Research Scientist

j. Date

08/27/2015

d. Comments

j. Date 09/09/2015

e. Election Sum to Date

k. Amount

\$100.00

\$500.00

k. Amount

f. Prior

Joseph Watson 1119 Scott King Rd.

(919) 536-9351

f. Prior

Durham, NC 27713

g. Account Code

a. Full Name, Mailing Address & Phone

g. Account Code

CR 01

3. Contributor Information

(include city, state, & zip)

h. Form of Payment

h. Form of Payment

Add

Rho

Credit Card

	CR 01	Credit Card	0	9/09/2015	\$200.00
		= ELEC	CTRONICAL		
4. Total	only this page	FU			\$400.00
	of ALL CRO-1210 I				\$10,338.37
(This li	ne must be on line 6 o	f Detailed Summary Page C	RO-1100)		

Camtuila		f	ورواه المرااه مرا	-1-
Contrib	utions	Trom	Individua	ais

Page 16 of 21

Amendment

☐ Yes ✓ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO

1205 is no	ot used						
1. Commi	ttee Full Name (and F	und if applicable)			2. ID Number		
Charlie Re	ece For Durham				PCL-38	8	
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d	. Comments	
(includ	e city, state, & zip)		Ac	dministrator			
J. Michael Woodard							
2009 Woodrow St Durham, NC 27705-3227			_	Employer's Name/Specific Field			
				uke University			
				ake Offiversity	e. Election Sum to Date		
							\$100.00
f. Prior	g. Account Code	h. Form of Payment		i. In-Kind Description		j. Date	k. Amount
	CR 01	Check				09/12/2015	\$100.00
3. Contr	ibutor Information		Add	Remove			
a. Full Na	me, Mailing Address	& Phone	b.	Job Title/Profession	d. Comments		
(includ	e city, state, & zip)		At	torney			
Benjamin	Zellinger						
507 Pace	St.		C.	Employer's Name/Specific Field			
Raleigh, N	IC 27604			ake County District Attorney's			
			Office			. Election Sum	to Date
							\$100.00
f. Prior	g. Account Code	h. Form of Payment	t i. In-Kind Description			j. Date	k. Amount
	CP 01	Crodit Cord				00/21/2015	\$100.00

4. Total only this page \$200.00

5. Total of ALL CRO-1210 Pages \$10,338.37

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

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DI:	SUL	112	еш	œı	115

Page 17 of 21 Amendment 
Ves VNo

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

1. Committee Full Na	me (and Fund if applical	ole)				2.	ID Number	
Charlie Reece For D	Charlie Reece For Durham PCL-388							
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
✓ Operating Expense		to Can	didates/Politica	al Committees	Co	ordinated Pa	rty Expenditures	
4. Payee Informati	on		Add Re	emove				
a. Full Name, Mailing	Address & Phone		b. Coordinate	ed Committee Name		d. Commen	ts	
(include city, state,	& zip)							
CES Mail Communica	ations, Inc.		c. Level Reai	stered (Specify)				
2319 Atlantic Ave Raleigh, NC 27604-1	407		Federal	County:				
(919) 833-5785	101		State	Municipality:		e. Election	Sum to Date	
			<u> </u>				\$6,405.20	
	g. Form of Payment		rpose Code	i. Date (mm/dd/yyyy	/) j		k. Required Remarks	
CR 01	Check	Α		09/11/2015		\$3,232.91	Mail Processing	
4. Payee Informati	on		Add Re	emove				
a. Full Name, Mailing	Address & Phone		b. Coordinate	ed Committee Name		d. Commen	ts	
(include city, state,	& zip)							
CES Mail Communica	ations, Inc.		c. Level Reai	stered (Specify)				
2319 Atlantic Ave	407		Federal	County:				
Raleigh, NC 27604-1- (919) 833-5785	407		State Municipality:			e. Election	Sum to Date	
,							\$6,405.20	
f. Account Code	g. Form of Payment		rpose Code	i. Date (mm/dd/yyyy	/) j		k. Required Remarks	
CR 01	Check	Α		09/21/2015		\$3,172.29	Mail processing	
4. Payee Informati	4. Payee Information Add Remove							
a. Full Name, Mailing	Address & Phone		b. Coordinate	ed Committee Name		d. Commen	ts	
(include city, state,	& zip)					General Ca	impaign & Compliance	
Garrett B. Dixon			c. Level Reaistered (Specify)			Consulting		
1012 Virgie St.			Federal County:					
Durham, NC 27705 (919) 645-8129			State	Municipality:		e. Election Sum to Date		
							\$1,666.66	
	g. Form of Payment		rpose Code	i. Date (mm/dd/yyyy	/) j		k. Required Remarks	
CR 01	Check	Е		09/05/2015		\$1,666.66	General Campaign & Compliance Consulting	
5. Total only this p	page					111	\$8,071.86	
6. Total of ALL CR	O-1310 Pages			- 11		1		
(This line goes in line	13a of Detailed Summary	Page	CRO-1100 if O	perating Expenses)			\$12,421.65	
	13b of Detailed Summary							
	13c of Detailed Summary				endit	ures)		
7. Purpose Codes (List detailed Expenditure code in (h.) above)								
A* - Media	B* - Printing		C* - Fun			To Another C		
E - salaries	F* - Equipment					_	blic Office Expenses	
I - postage	J - Penalties		K* - Offic	ce Expenses	Q* -	Donation to	Legal Expense Fund	
O* - Other Codes require detailed explanation in required remarks field (k)								

D	ie	hı	ıre	em	۵r	ıte
u	15	ωı	112	em	eг	11.5

Page 18 of 21 Amendment 
Ves VNo

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									
1. Committee Full Na	2.	ID Number							
Charlie Reece For Durham PCL-388									
3. Type of Disburser				s for each type of Dis	sburs	sement.)			
✓ Operating Expens	es Contributions	to Car	ndidates/Politica	al Committees	Co	ordinated Pa	arty Expenditures		
4. Payee Informat	ion		Add R	emove					
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name		d. Commen	its		
(include city, state	, & zip)								
Leah Josephson		c Level Regi	stered (Specify)						
819 Burch Ave			Federal	County:					
Durham, NC 27701-2	2813	State	Municipality	,.	e. Election	Sum to Date			
(919) 434-6203					•		\$1,000.00		
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyy	/y) j. /	Amount	k. Required Remarks		
CR 01	Check	Α	•	09/01/2015		\$1,000.00	•		
4. Payee Informat	ion		Add	emove					
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name		d. Commen	nts		
(include city, state									
Lasting Printing & Gr 2803 Industrial Dr	aphics, Inc.			stered (Specify)					
Raleigh, NC 27609-7	815		Federal	County:					
(919) 834-0770			State	Municipality	<b>/</b> :	e. Election	Sum to Date		
							\$1,745.36		
f. Account Code	g. Form of Payment	-	rpose Code	i. Date (mm/dd/yyy	/y) J. /		k. Required Remarks		
CR 01	Check	В		09/14/2015		\$1,745.36	Mail Printing		
4. Payee Informat	ion		Add R	emove					
a. Full Name, Mailin	g Address & Phone		b. Coordinate	ed Committee Name		d. Commen	nts		
(include city, state	, & zip)								
Sage Payment Soluti	ons		c Level Regi	stered (Specify)					
1750 Old Meadow Ro			Federal	County:					
Ste 300 McLean, VA 22102-4	204		State	Municipality	,.	e. Election Sum to Date			
(800) 261-0240	304		- Grane		•		\$727.05		
f. Account Code	g. Form of Payment	h. Pu	rpose Code	i. Date (mm/dd/yyy	/y) j. /	Amount	k. Required Remarks		
CR 01	Draft	С	•	09/02/2015	,,,		Credit Card Processing Fees		
5. Total only this	page					. , \	\$3,304.79		
6. Total of ALL CF				- 1			+-,		
	13a of Detailed Summary	, Dogo	CBO 1100 if C	noroting Expanse)			¢10 401 65		
`	•				D - UC -		\$12,421.65		
,	<ul> <li>13b of Detailed Summary</li> <li>13c of Detailed Summary</li> </ul>	_		N N		· 1			
,					enant	11 <del>6</del> 2)			
•	(List detailed Expend	iture		•	D T		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
A* - Media	B* - Printing		C* - Fun	•		o Another C			
E - salaries	F* - Equipment			•			blic Office Expenses		
I - postage	J - Penalties		K* - Offi	ce Expenses	Q* -	Donation to	Legal Expense Fund		
O* - Other									
*Codes require detailed explanation in required remarks field (k)									

Disbursements	Page	19	of	21
210.00.000.000.000	_		-	

				Amendment	
Page	19	of	21	Yes	<b>✓</b> 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 Na	man / amal Frond if amaliant							
1. Committee Full Name (and Fund if applicable)  2. ID Number								
Charlie Reece For D	urham					PCL-388		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
✓ Operating Expenses								
4. Payee Information Add Remove								
a. Full Name, Mailing	Address & Phone	k	o. Coordinate	d Committee Name	d. Comme	ents		
(include city, state, & zip)								
Satsuki Scoville Photo	ography	1	c. Level Regis	stered (Specify)				
1304 Broad St		ſ	Federal	County:				
Durham, NC 27705-35	533		State	Municipality:	e. Electio	n Sum to Date		
f. Account Code	g. Form of Payment	h. Purp	oose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR 01	Check	0		08/26/2015	\$400.0	00 Photography		
4. Payee Information	on		Add Re	emove				
a. Full Name, Mailing	Address & Phone	k	b. Coordinated Committee Name d. Cor			comments		
(include city, state,	& zip)							
Dallas Thompson		-	c. Level Reais	stered (Specify)				
920 Wake Towne Dr			Federal	County:				
Apt 203			State	Municipality:	e. Election	n Sum to Date		
Raleigh, NC 27609-78	)UJ	-				\$5,145.00		
f. Account Code	g. Form of Payment	h. Purp	oose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CR 01	Check	С		09/05/2015	\$645.0	Fundraising Consulting		

			_	
5. Total only this pa	age		111	\$1,045.00
6. Total of ALL CRO	O-1310 Pages	- 11	Chr	
(This line goes in line 1	3a of Detailed Summary Page	CRO-1100 if Operating Expenses		\$12,421.65
(This line goes in line 1	3b of Detailed Summary Page	CRO-1100 if Contrib to Candidate	s/Political Comm)	
(This line goes in line 1	3c of Detailed Summary Page	CRO-1100 if Coordinated Party Ex	kpenditures)	
7. Purpose Codes (	List detailed Expenditure	code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising	D - To Another Ca	ndidate
E - salaries	F* - Equipment	G - Political Party	H* - Holding Publ	ic Office Expenses
I - postage	J - Penalties	K* - Office Expenses	Q* - Donation to I	Legal Expense Fund
O* - Other				
*Codes require deta	ailed explanation in require	ed remarks field (k)		

Charlie Reece For Durham  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  c. Level Registered    Condidate   PAC   Pate   Pac	Non-Monetary Gifts Given to Other Committees  Page 20 of 21  Use this form to report any in-kind, non-monetary gift, service or items given to another committee.  Amendment  Yes ✓ No							
3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  Amazon, Inc. 1200 12th Ave S Ste 1200 Seattle, WA 98144-2734  e. Type of Gift  Coordinated Party Expenditure  f. Description Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B. and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee  c. Candidate   PAC   Referendum   Party   C. Level Registered  Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   PAC   Party   Candidate   Pac   Party   Candidate   Pac   Party   Candidate   Pac   Party   Candidate   Pac   Party   Candidate   Pac   Party   Candidate   Pac   Party   Candidate   Pac   Pac   Party   Candidate   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Pac   Pac   Candidate   Pac   Pac   Pac   Pac   Pac   Pac   Pac   Candidate   Pac	1. Committee Full Name (and Fund if applicable)				2. ID Number			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Amazon, Inc. 1200 12th Ave S Ste 1200 Seattle, WA 98144-2734  c. Level Registered  Federal County: State Municipality:  c. Type of Gift  Coordinated Party Expenditure  f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 14/03 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee  b. Type of Committee  d. Comments  Candidate PAC Referendum  Date (mm/dd/yyyy)  Add Remove  b. Type of Committee  c. Level Registered  Candidate PAC Referendum  Party  c. Level Registered  State Municipality:	Charlie Reece For Durham				PCL-388			
Candidate		dd Remove	)					
Amazon, Inc. 1200 12th Ave S Ste 1200 Seattle, WA 98144-2734    Federal				d. C	omments			
Amazon, Inc. 1200 12th Ave S Ste 1200 Seattle, WA 98144-2734    Federal	(include city, state, & zip)							
Seattle, WA 98144-2734    Federal				] 				
e. Type of Gift  Coordinated Party Expenditure  f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  e. Type of Gift  Country.  State  Municipality:  Contribution to Candidate/Political Committee  G. Date (mm/dd/yyyy)  A. Fair Market Amount  D. Type of Committee  d. Comments  C. Level Registered  PAC  Referendum  Party  C. Level Registered  Municipality:  E. Type of Gift				1				
e. Type of Gift  Coordinated Party Expenditure  f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  e. Type of Gift	0.0 .=00	I ==	= 1					
Coordinated Party Expenditure  f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  e. Type of Gift  Contribution to Candidate/Political Committee  g. Date (mm/dd/yyyy) h. Fair Market Amount  08/27/2015  \$33.99  b. Type of Committee  Candidate PAC Referendum Party c. Level Registered  Federal County: State Municipality:		State	Municipality:					
Coordinated Party Expenditure  f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  e. Type of Gift  Contribution to Candidate/Political Committee  g. Date (mm/dd/yyyy) h. Fair Market Amount  08/27/2015  \$33.99  b. Type of Committee  Candidate PAC Referendum Party c. Level Registered  Federal County: State Municipality:								
f. Description  Mailing Labels  3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee Candidate PAC Referendum Party c. Level Registered  Federal State Municipality:	e. Type of Gift							
Mailing Labels  3. Payee Information  Add Remove  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee d. Comments  Referendum PAC Referendum Party  c. Level Registered Federal County: State Municipality:	Coordinated Party Expenditure	✓ Contribution t	to Candidate/Political	Comm	nittee			
3. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee Candidate PAC Referendum Party c. Level Registered Federal County: State Municipality:	f. Description		g. Date (mm/dd/yy	уу)	h. Fair Market Amount			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  b. Type of Committee  Candidate PAC Referendum Party  c. Level Registered  Federal County: State Municipality:	Mailing Labels		08/27/2015		\$33.99			
(include city, state, & zip)  B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788  C. Level Registered  Federal County: State Municipality:	,							
B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788   Referendum Party  C. Level Registered  Federal County: State Municipality:	a. Full Name, Mailing Address & Phone			<u>d. C</u>	omments			
B and J Custom Printers 1403 Person St Durham, NC 27703-5059 (919) 596-7788   C. Level Registered  Federal County: State Municipality:	(include city, state, & zip)							
Durham, NC 27703-5059 (919) 596-7788  Federal County: State Municipality:	B and J Custom Printers			<u> </u>				
(919) 596-7788  State Municipality:  e. Type of Gift								
e. Type of Gift								
		State	Municipality:					
	e. Type of Gift							
☐ Coordinated Party Expenditure ☐ Contribution to Candidate/Political Committee	Coordinated Party Expenditure	✓ Contribution	to Candidate/Political	Comm	nittee			
f. Description g. Date (mm/dd/yyyy) h. Fair Market Amount	f. Description		g. Date (mm/dd/yy	уу)	h. Fair Market Amount			
Literature Printing 09/05/2015 \$779.38	Literature Printing		09/05/2015		\$779.38			

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4. Total only this page	\$813.37
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)	\$813.37

## **In-Kind Contributions**

Page	21	of	21	Amendme	ent
-				Yes	<b>✓</b> No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

	Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.							
1. Committee Full Name (and Fund if applicable)			2.	. ID Number				
Charlie Reece For Durham			P	CL-388				
3. Contributor Information	Add R	emove						
a. Full Name, Mailing Address, & Phone	b. Type of co	ntributor	c. Com	nments				
(include city, state & zip)	✓Individual							
Charlie Reece	Candidate							
3604 Darwin Rd Durham, NC 27707	Party PAC							
(919) 599-1357	Referendu							
	Other Rece	eipt Source	d. Elec	ction Sum to Date				
				\$3,170.77				
e. Description		f. Date (mm/dd/yyyy)	g. Fa	air Market Amount				
-		ii Date (iiiii/da/yyyy)						
Purchase of mailing labels - Amazon.com		08/27/2015	J	\$33.99				
Purchase of mailing labels - Amazon.com  3. Contributor Information	Add R	, , , , , , , , , , , , , , , , , , , ,						
Ç	Add Ro	08/27/2015 emove						
3. Contributor Information		08/27/2015 emove		\$33.99				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece	b. Type of co	08/27/2015 emove		\$33.99				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece 3604 Darwin Rd Durham, NC 27707	b. Type of co	08/27/2015 emove		\$33.99				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece 3604 Darwin Rd	b. Type of co Individual Candidate Party	08/27/2015 emove ntributor		\$33.99				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece 3604 Darwin Rd Durham, NC 27707	b. Type of co Individual Candidate Party PAC	08/27/2015 emove ntributor	c. Com	\$33.99				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece 3604 Darwin Rd Durham, NC 27707	b. Type of co Individual Candidate Party PAC Referendu	08/27/2015 emove ntributor	c. Com	\$33.99 nments				
3. Contributor Information  a. Full Name, Mailing Address, & Phone (include city, state & zip)  Charlie Reece 3604 Darwin Rd Durham, NC 27707	b. Type of co Individual Candidate Party PAC Referendu	08/27/2015 emove ntributor	c. Com	\$33.99 nments				

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4. Total only this page	\$813.37
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)	\$813.37