Disclosure Re Use this form for go	eport Cover eneral report and committee in to update information	information, must b	e signed and sub	mitted along w	Amendment Yes No vith other detailed forms.
1. Committee Info				_	
a. Full Name	·	<u> </u>			
Eugene Brown for	City Council				c. ID Number
	lude City, State and Zip Code)				d. Date Filed
605 Jackson Street					
Durham, NC 27701					e. Phone Number
					688-9314
2. Report Year	3. Period Start Date (mm/c	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer	Full Name
2011	10/25/2011	12/3	31/2011		
6. Type of Commit		9. Type of Report	t (check only	one type of re	eport from one category)
Candidate Campa PAC		Municipal	State/Co		Referendum
Independent	Referendum	Organizationa		rganizational	Organizational
Expenditure Legal Expense Fo	Joint Fundraiser	Thirty-five da	Q Q	uarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	\ _[First	
"Booster Fund"		Pre-election		Second	Final Supplemental Final
Building Fund		Pre-runoff	🗖	Third	Annual
		Semi-annual		Fourth	Special
Other:		Mid Year End	—	mi-annual	10.5
		Final	* 	Mid Year Year End	10. Special Report Name
8. Number of Fund	raisers this Report	Special		nal	
11. Account Inform	ation		11. Account In	ecial	
a. Financial Institution F	<u> </u>		a. Financial Institu		1,
Sun Trust					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign Finance					
rmance	d. Period Begin Balance				
					d. Period Begin Balance
	\$ 13,257.64				\$
CERTIFICATION I certify that the Com the NC General Statu	mittee or Fund is in complia	nce with all applica	ible provisions of	Article 22A, 2	22B, & 22D-22M of Chapter 163 of ands. I further certify that this report
s complete, true and	correct and that I have been	trained by the NC S	State Board of Ele	ections.	inds. Fraction certify that this report
	Printed Name of Signer	Si	gnature of Appointed	Treasurer	Date
FOR OFFICE USE OF					
Date Received:	3/26/P	Employee:	In-15		Delivery Method Normal Mail
Date Postmarked	:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Entere	d:	Employee:			mandatory training
	form cannot be used to ame custodiar You must amend the Statem	of books information	on, or account in	formation.	ddress, treasurer, assistant treasurer,

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

Amendment

 \boxtimes

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of Repor	t	3, ID Number
Eugene Brown for City Council	Year End		
Start of Election Cycle: January 1,	2011	Total this	Total this
4) Cash on Hand at Start		\$ 13,257.74	Election Cycle
RECEPTS		3 13,23/./4	\$ 376.76
5) Aggregated Contributions from Individuals	(CRO-1205)	S 400.00	\$ 2565.00
6) Contributions from Individuals	(CRO-1210)	\$ 1350.00	\$ 10,594.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 10,394.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 2200.00
9) Loan Proceeds	(CRO-1410)	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	
11) Other Receipt Sources	(0.110 1240)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	S 1750.00	\$ 16259.00
13) Disbursements			a-diamento dell'il deposità di dispersa
13a) Operating Expenditures	(CRO-1310)	\$ 1402.50	\$ 3030.52
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$ 125.00	S 125.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$ 900.00	\$ 900.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 6014.69	\$ 6014.69
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 8442.19	\$ 10,070.21
9) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$ 6565.\$5	\$ 6565.66
THE STATE OF THE S	Franks agu		
20) Non-Monetary Gifts Given to Other Committees	(CRO-133θ)	\$	
Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 972.44	
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$	\$

Aggregated Contributions from Individuals

Page

of

Amendment
Yes

No

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

1. C	<u>ommi</u> ttee Full N	iame (and Fur	d if applicable)		, , ,	2. ID Number
Eug	ene Brown for C	ity Council				,
3. C	ontributor Infor			:		
a. Am	iend	b. Account Code	c. Form of Payment	d. in-Kind Description	e. Date (mm/dd/yyy)	
<u> </u>	Add Remove	4	Check		11/1/20	
	Add	4	Check			
∦-	Remove Add				11/1/20	\$ 50.00
	Remove	4	Check .		11/2/20	\$ 50.00
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	Brown for City Co		autc)				2. ID Nu	<u>mber</u>	
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Patrick				Attorney					
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(include	city, state, & zip)			Attorney					
Gary Ber	man			1					
1023 Dag	ian Avenue			c. Employer's Nan	ne/Specific Field		1		
Durham,	NC 27701					<u>i</u>	1		
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Joe Cham									
	rest Hills Blvd.			c. Employer's Nam	e/Specific Field	:			
Durham, I	NC 27707								
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(include	e city, state, & zip)			Retired						
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	ynaldo Circle , NC 27715			c. Emplo	yer's Na	me/Spe	ecific Field			
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(This line	must be on line 6 of I	Detailed Summary Page CR	<i>(0-1100)</i>	,		: '		9 4		

Contributions from Individuals

Amendment

Yes No

-		i (and Fund if applica		0 or contributions un	der \$50 if form (CRO 1205 is 2 ID No		
	· · · · · · · · · · · · · · · · · · ·		шеј			2 IV IV	ımber	
	Brown for City Co							
_	ibutor Informati			Add Re	emove	and the second		
	me, Mailing Address	& Phone		b. Job Title/Profession	<u>_</u> _	d. Comme	ents	
	e city, state, & zip) difianakis			Real Estate Broke	भ			
P.O. Box				c. Employer's Name/S	Francisco Cintal			
	NC 27602			C. Employer's Name/o	specific rieid	\dashv		
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	city, state, & zip)			Retired Attorney				
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	Coral Court			c. Employer's Name/S	pecific Field			
Bainbridg	ge Island, WA 981	110						
						c. Election	Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd	/yyyy)	k. Amount	
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	ne, Mailing Address &	k Phone		b. Job Title/Profession	ı	d. Comme	nts	4
	city, state, & zip)							
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1320 Sher Durham, 1	pard Street NC		ı	c. Employer's Name/Sp	pecific Field	_		
Duillain, 1	·····		/	1		e. Election	Sum to Date	_
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Contributions from Individuals

Amendment

Yes No

Amendment Contributions from Individuals 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 Eugene Brown for City Council 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Professor Jack Keene P.O. Box 52359 c. Employer's Name/Specific Field Durham, NC 27717 **DUMC** e. Election Sum to Date \$ 100.00 f. Prior i. In-Kind Description g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) k. Amount Check 11/8/2011 \$ 100.00 \$ П \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Dentist Don Wheless 21 Stanley Place c. Employer's Name/Specific Field Durham, NC 27705 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 Check 11/8/2011 \$ 100.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Lynne Mayo Kaufman 117 Bellant Circle c. Employer's Name/Specific Field Wilmington, DE 19807 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 Check 11/15/2011 \$ 100.00 \$ \Box

CRO-1210 NC State Board of Elections April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

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300.00

1350.00

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Disbursen		6 4 5		Pg	1	of	<u>2</u>	Amendment Yes		No
committees and	o report expenditures I coordinated party e	s from the commit	tee	for; operating expenses	, contribu	itions to	o candida	te/political		
	Full Name (and Fu				-		A STATE OF THE STA	2. ID Number		
	for City Council						· · · · · · ·	21 22 1 WILLIAM		
3. Type of Dish		ase use sep <mark>arat</mark> e (CRC	0-1310 forms for each	type of D	isburse	ment.)	14		
Operating 1		Contributions to Ca	ındic	lates/Political Committees			Coordinated	Party Expenditures		
4. Payee Inform				vdd	Remo	ve		*		
	ling Address & Phone		b	. Coordinated Committee N	lame		d. Cor	nments		
(include city, state.			4							
Central Park A	ssociation		_	I and Desistant 4 (Co. 15)						
			<u>ε</u> .	Level Registered (Specify) Federal	County:					
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4. Payee Inform	nation		·A	.dd 📗	Remov	re j	A. (N 41	. ,	
a. Full Name, Mail	ing Address & Phone	· -	b.	Coordinated Committee N	ame		d. Con	nments		
(include city, state,	& zip)		_[
Nisha Datta										
3415 Forest Oa			c.	Level Registered (Specify)		_	_			
Chapel Hill, NO	2/514		-	_ Federal	County:					
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	ng Address & Phone		b.	Coordinated Committee N	ame		d. Con	nments		
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Durham, NC 27				Federal Federal	County:					
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7. Purpose Codes (List detailed expenditure code in (h.) above)

A*-Media B*-Printing C*-Fundraising

E - Salaries F*-Equipment G-Political Party

I - Postage J - Penalties K*-Office Expenses

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

CRO-1310

Disbursen	ients			Dα	3	-5 3	Amendment Yes No
	o report expenditures	s from the commit	tee for; operati	Pg ng expenses,	<u>2</u> , contribution	of <u>2</u> ns to candid	
	l coordinated party e			J 1	_		portioni
	Full Name (and Fu	ıd if applicable)	<u> </u>				2. ID Number
	for City Council						
3. Type of Dist		ase use separate C			ype of Disbi	ursement.)	
Operating 1		Contributions to Ca		Committees		Coordinat	ed Party Expenditures
4. Payee Inform			Add		Remove		, i
	ling Address & Phone		b. Coordinated	l Committee N	ame	d. C	omments
(include city, state	, & zip)		4				
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3415 Forest Oa			c. Level Regist				
Chapel Hill, No	C 27314		Federa		County:		
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					s		
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(include city, state,	& zip)						
			c. Level Regist				
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			State	<u>_</u>	Municipality	r: e. Ele	ection Sum to Date
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	ing Address & Phone	*15-22.4 Ent. 48 Elf-FFFFF	b. Coordinated	Committee Na			omments
(include city, state,						4.00	
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			State		Municipality	e. Ele	ection Sum to Date
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	line 13c of Detailed Sum			arty Expenditur	res)		
	es (List detailed exp			3			> 1
A* - Media	B* - Printing	C* - Fund	raising		D - To A	another Cand	lidate

E - Salaries

I - Postage

O* - Other

F* - Equipment

J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disparzeili				Pg	4	$\underline{1}$ of		Yes No
Use this form to	o report expenditures	s from the commit	ttee	for; operating expense	es,	, contributions to	candid	ate/political
committees and	l coordinated party e:	expenditures.			_			
_	Full Name (and Fun	nd if applicable)	_		_	- manage		2. ID Number
	for City Council		_	<u> </u>	_			
		ase use separate	<u>CR</u>	O-1310 forms for each	h t	ype of Disbursen	ient.)	
Operating I	Expenses 🛛	Contributions to Ca		idates/Political Committees	_			ed Party Expenditures
4. Payee Inform		· (4)		Add		Remove	.	
a. Full Name, Mail	ling Address & Phone		\Box	b. Coordinated Committee	a Ni		d. Co	omments
(include city, state,					_		†	
Beverly Perdue			٦					
P.O.Box 12086			,	c. Level Registered (Specify	v)		7	
Raleigh, NC 27			T	Foderal	Ĺ	County:	7	
- U	*			State	1	Municipality:	e. Ela	ection Sum to Date
			-		_	Terminos partiry.		
							\$	125.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	_	j. Amount	k. Re	quired Remarks
	, , , , , , , , , , , , , , , , , , ,	-	—		_			финец пешагка
	Check			11/9/2011	,	\$125.00		
		+	—	+	_	 	+	
					,	\$		
A Devise Inform	nation () () () () () () () () () (_	Add 7		Remove	li ;	- 1 ×
					<u> </u>	***************************************	1	1 , , ,
•	ling Address & Phone		i)	b. Coordinated Committee !	Na	ıme	d. Co	mmen1s
(include city, state,	& zip)		-					
			\vdash		_		_	
			C.	c. Level Registered (Specify)	<u>/) </u>		_	
			Ļ	Federal		County:	<u> </u>	
			L	State	<u>ı </u>	Municipality:	e. Ele	ection Sum to Date
							\$	<u> </u>
			\perp		_		3	
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	_'	j. Amount	k. Re	quired Remarks
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					_	\$		
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					_	\$	_	
4. Payee Inform	nation Transition		/	Add	_	Remove		
	ing Address & Phone			o. Coordinated Committee N	N۶	- · · · · · · · · · · · - · · · · · · ·	d- Co	mments
(include city, state,	-			<u>-</u>	_		-	
	& Eip,		7					
			c	. Level Registered (Specify)	<i>-</i>		+	
			\vdash	Federal	<u>'</u>	County:	1	
				State		County: Municipality:	- Fle	d G to Boto
			-	state	_	Municipanty.	e. En-	ction Sum to Date
						1	\$	
. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	_	j. Amount	L Der	+ + n
ALLONA	g. I bill be a my mich		—	L Date (mm au/J/J/)	\rightarrow	J. Amount	H. Picy	quired Remarks
	1		- 1		J	\$		
_				-	-		—	
	ı	1	1			S		
Tatal and thi	is Page	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	لــ] · · · · · · · · · · · · · · · · · · ·	<u> </u>	
Total only thi	is Page CRO-1310 Pages				_		\$	125.00
	ine 13a of Detailed Sum		11\n 20:5	* 1		- 141 1184	1	
				Operating Expenses) Contrib to Candidates/Politi			S	125.00
				Contrib to Candidates/Politi Coordinated Party Expendit				F W =
					tur		<u>L</u>	· · · · · · · · · · · · · · · · · · ·
	List detailed exp	penditure code in (C* - Fund			<u> </u>	D. T. A. d.	A []	
AA-44	*		dra.			D - To Anothe	r Cana	idate
A* - Media E - Salaries	B* - Printing F* - Equipment						Ha	
E - Salaries	F* - Equipment	G - Politic	ical P	Party		H* - Holding		Office Expenses
	-		ical P	Party		H* - Holding		

Disbursements

Amendment

Amendment **Loan Repayments** Yes No Use this form to report payments on an existing Ioan. 1. Committee Full Name (and Fund if applicable)

Eugene Brown for City Council 2. ID Number

Lugene Brown for City Col				
3. Lender Information	3	Add	Remove Remove	
a. Full Name, Mailing Address & (include city, state, & zip)	, Phone		, 	b. Comments
Eugene Brown				4
410 N. Buchanan Blvd.				c. Original Loan Date
Durham, NC 27701				7/1/2011
				d. Original Loan Amount
				\$ 900.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 900.00		Check	10/31/2011	\$ 900.00
s				\$
3. Lender Information	The state of the s	Add	Remove	
a. Full Name, Mailing Address &				b. Comments
(include city, state, & zip)				-
			!	c. Original Loan Date
			1	
			1	d. Original Loan Amount
			ŀ	S
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
S				\$
3. Lender Information		Add ····	Remove 1	
a. Full Name, Mailing Address &	Phone		***************************************	b. Comments
(include city, state, & zip)			1	1
			ļ	c. Original Loan Date
				
			ļ	d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page		2	The state of the s	\$ 900.00
5. Total of ALL CRO-1	1420 Pages	**************************************		\$ 900,00

(include city, state, &	zip)			PAC		8/5,10/9
Eugene Brown			Referendum	Party		
410 N. Buchanan Blvd.			e. Level Registered (Specify	y) :	i. O	riginal Receipt Amount
Durham, NC 27701			Federal State	County: Municipality:	\$	94.99
			f. Purpose Code		j. El	lection Sum to Date
			0		\$	94.99
b. Job Title/Profession	di vo	c. Employer's Name/Specific Field	g. Comments		k, A	ccount Code
I. Form of Payment	m. Required R			n. Date (mm/dd/yy	yy)	o. Amount
	Credit Card Char Office Supplies	arges - Office Max				\$
3. Payee Informatio	n i	Address Addres	ld Remove		,	
a. Full Name, Mailing Ac	ddress & Phone		d. Type of Committee		h. O	riginal Receipt Date
(include city, state, & a	zip)		Candidate	PAC		
Eugene Brown			. Referendum	Party		9/18,9/16
410 N. Buchanan Blvd.			e. Level Registered (Specify)	i. Oı	riginal Receipt Amount
Durham, NC 27701			Foderal State	County: Municipality:	\$	1921,50
			f. Purpose Code	1	j. El	ection Sum to Date
			0		S	2021.50
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	_	k. A	ccount Code
				-		
L Form of Payment	m. Required R			n. Date (mm/dd/yy	уу)	o. Amount
	Campaign Signs	arges - Bull City Signs				\$ 1921.50
4. Total only this Pa	- 111				S	4394.16
		(This line must be on line 16 of Detailed	Summary Page CRO-1100)	The state of the s	S S	
L - Returned to Contribu P* - Reimbursement of * Codes require detailed.	f In-Kind	M - Overpayment for Service O* Other quired remarks field (m)	N - Exceeded C	Contribution Limit		`
CRO-1320	overentian et 10	NC State Board of Electi	ions			December 2007
		Jour Don't Of Diebe				Describer 2007

Use this form to rep	ort refunds/re	imbursements, including contrib	utions returned to the contrib	butor.		
1. Committee Full		und if applicable)	, N	and the same of th	2.	ID Number
Eugene Brown for City (Council					
						
3. Payee Informati	<u> </u>		Add Remove	, and the second	1	
a. Full Name, Mailing A		:	d. Type of Committee		b. 4	Original Receipt Date
(include city, state, &	t zip)		Candidate	PAC		8/29-10/26
Eugene Brown			Referendum	Party		
410 N. Buchanan Blvd.			e. Level Registered (Specif		i, (Driginal Receipt Amount
Durham, NC 27701			Federal State	County: Municipality:	\$	166.27
			f. Purpose Code		j, E	Election Sum to Date
			0		\$	166.27
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k, /	Account Code
I. Form of Payment	m, Required I			n. Date (mm/dd/y		o. Amount
	Credit Card C Stamps	Charges - Alexander Sewing Cente				\$
3. Payee Information	on Sait (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Add Remove	-fi		8 4
a. Full Name, Mailing A			d. Type of Committee	<u>.</u>	h. C	Original Receipt Date
(include city, state, &	zip)		∑ Candidate □	PAC		8/14/2011
Eugene Brown			Referendum	Party	Щ.	<u> </u>
401 N. Buchanan Blvd.			e. Level Registered (Specif		i. 0	Priginal Receipt Amount
Durham, NC 27701			Federal	County:	s	823.62
			State 🗵	Municipality:		
			f. Purpose Code	i		lection Sum to Date
				, , , , , , , , , , , , , , , , , , , 	\$	823.62
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments	i	k. A	Account Code
			О			
1. Form of Payment	m. Required F	Remarks	_	n. Date (mm/dd/y)	vvv)	o. Amount
		narges - hhGregg		,	2341	
TO THE MILES OF	Computer		*1.1			\$
3. Payee Informatio			Add Remove	A STATE OF THE STA		A Survey
a. Full Name, Mailing A			d. Type of Committee		h. (Driginal Receipt Date
(include city, state, &	zip)		Candidate	PAC		
Eugene Brown			Referendum	Party		8/12/2011
410 N. Buchanan Blvd.			e. Level Registered (Specify		i. O	riginal Receipt Amount
Durham, NC 27701			Federal State	County:Municipality;	\$	108.29
			f. Purpose Code	!	j. E	lection Sum to Date
			0		\$	108.29
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	Account Code
l. Form of Payment	m. Required R	emarks		n. Date (mm/dd/yy	<u></u>	o. Amount
	Credit Card Cha Office Supplies					\$
4. Total only this Pa	ige i i	* 1.1	11	with the second	1 9	\$ 1098.18
5. Total of ALL CR	O-1320 Pages	(This line must be on line 16 of Detail	iled Summary Page CRO-1100)		. 1 S	3
L - Returned to Contrib		M - Overpayment for Service	N - Exceeded (Contribution Limit :		
P* - Reimbursement o * Codes require detailed		O* Other equired remarks field (m)	• 1 •	`` ! `` `1	4	1
	p	-d on romerus mon (m)		<u></u> 1.8	:	The state of the s

Refunds/Reimbursements From the Committee

Amendment

* Codes require detailed explanation in required remarks field (m)

CRO-1320

NC Stat

I. Form of Payment

4. Total only this Page

L - Returned to Contributor

P* - Reimbursement of In-Kind

m. Required Remarks

Credit Card charge-University Club Dinner for Campaign staff

5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)

O* Other

M - Overpayment for Service

[4] [4] 마라마네티네.

> 4 H 1 2

o. Amount

298.26

\$

n. Date (mm/dd/yyyy)

N - Exceeded Contribution Limit

	.,		Referendum	Party	
			e. Level Registered (Specif		i. Original Receipt Amount
			Federal	County:	
			State Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
			0		\$
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
			О		
1. Form of Payment m. Required R		Remarks		n. Date (mm/dd/y)	yyy) o. Amount
					\$
3. Payee Information	on his i had		add: Remove	1 1	1 " ' '
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date
(include city, state, & zip)			Candidate PAC		11/8,11/12
Eugene Brown			Referendum Party		11:6,11/12
401 N. Buchanan Blvd.			e. Level Registered (Specify)		i. Original Receipt Amount
Durham NC 27701			Federal County:		\$ 223.53
			State Municipality:		\$ 223.33
			f. Purpose Code		j. Election Sum to Date
			0		\$ 223.53
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code
I. Form of Payment	Form of Payment m. Required Remarks		n. Date (mm/dd/yy		yy) o. Amount
	Credit Card- C	Costco Party Supplies/Gass			\$
3. Payee Information	on Siling.		Id Renove		
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date
(include city, state, & zip)			Candidate	2/22 9/16 10	
Eugene Brown			Referendum	Party	
401 N. Buchanan Blvd.			e. Level Registered (Specify) Federal County:		i. Original Receipt Amount
Durham, NC 27701			State	County: Municipality:	S 973.00
			f. Purpose Code		j. Election Sum to Date
			,		1
V 1 604			-		\$ 3635.50
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Account Code
			0		
l. Form of Payment	m. Required F	Remarks	n. Date (mm/dd/y		yy) o. Amount
	Person Checks	- Salary for Nisha Datta			\$
4. Total only this Pa	ige 🚉 .				\$ 1196.53
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 6987.13
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
		O* Other equired remarks field (m)		**************************************	
CRO-1320		NC State Board of Flor		<u>jı 189</u>	Degarahar 2007