Disclosure Report (Use this form for general repo		information, mus	t be signed and su	bmitted alo	Amendment Yes No ng with other detailed forms.
Do not use this form to updat					
Committee Information Full Name			and the second		I TAN AVI MINI MINI MANAGEMENT
	رسر			er marmandija iz zit	c. ID Number
COMWITTE b. Mailing Address (include City, S	e to elec	tualent	ine for Du	rham	
b. Mailing Address (include City, !	State and Zip Code)				d. Date Filed
1415 Highwa Durham, NC	~ 54 We	5+, Svite	203		9-3013
DUCHOWN NC	27/0	1			e. Phone Number
					919-489-6300
2 Report Year 3. Period St		4. Period End	Date (mm/dd/yy)	5. Treasure	er Full Name
2013 08/2	8113	09/23	3/13	Clau	de M. Bogues
6. Type of Committee (Chec	k One) 9.				ort from one category)
	-	unicipal	State/County		Referendum
	Referendum Joint Fundraiser	Organizational Thirty-five day	Organizati Ouarterly	ional	Organizational Pre-referendum
Legal Expense Fund	Joint Fundauser	Pre-primary	First		Final
-		Pre-election	☐ Seco	nd	Supplemental Final
	ble, check one)	Pre-runoff	Third		Annual
Booster Fund Building Fund		Semi-annual Mid Year	Four Semi-annu		Special
Building Fulld	F	Year End	Mid Mid		10. Special Report Name
Other:		Final	☐ Year	End	
8. Number of Fundraisers th	nis Report	Special	☐ Final		
			Special		
11. Account Information a. Financial Institution Full Name			Account Inform		
	\		inancial Institution	ruu Name	
Bunn of An			9*************************************		
b. Purpose	c. Account Code	b. P	urpose		c. Account Code
	d. Period Begin H	alance			d. Period Begin Balance
	\$ 238	,49			\$
CERTIFICATION					entreme and patro established in the state of the state o
I certify that the Committee or of the NC General Statutes and report is complete, true and cor	that no funds are co	mmingled with pro	hibited or other nor	n-disclosed fu	B & 22D-22M of Chapter 163 ands. I further certify that this
Michael Unlen Printed Name of S	igner	Agnaku	re of Appointed Treas	urer	9-30-13 Date
FOR OFFICE USE ONLYN	-LEVOOIA	/			
Date Received: S	E P 3 0 2013	Employee:	- A	<u>Del</u>	<u>ivery Method</u> Normal Mail
Date Postmarked: DU	RHAM BO	E Employee:		- 3	Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed

Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Data Entered:

Amendment ☐ Yes □ No

Detailed Summary	Amendment Yes No		
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mor		ID Number
COMMittee to Elect Unlentine for	-	Primary	
Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 25.00	\$ 0
RECEIPTS		100 Marie 1	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 140.00	\$ 140.00
6) Contributions from Individuals	(CRO-1210)	\$ 325,00	\$ 6600 30
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 47.00	\$ 72.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1	1d and 11e)	\$ 512,00	\$ 872,30
EXPENDITURES		152000000000000000000000000000000000000	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 298.51	\$ 533.81
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$ 100.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 298.51	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtractions	ract line 18)	\$ 238,49	\$ 238,49
ADDITIONAL INFORMATION		The second secon	Control of the contro
	(CRO-1330)	\$ 72.00	
	(CRO-1430)	\$	
Солония принастинення принастинення принастинення принастинення принастинення принастинення принастинення прина	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
	(CRO-1440)	\$	\$
	CRO-2220)	\$	\$
28) Contributions to be Refunded (CRO-1100	CRO-1215)	\$	\$

A	ggreg	ated Contri	ibutions from	Individuals P	age of	Amendment Yes No
Op	tional fo	form used to rep	port NC Contribution	ions From Individuals o	of \$50 or less	The second secon
1. (iommit!	ee Full Name (a	ind Fund if applica	ible)	2	, ID Number
***************************************		utor Information		The state of the s	14. Turk	
	mend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	
D	Temove	2	PayPal		8/29/13	\$ 25,00
	Add Remove		·	Ţ		T &
	Add Remove	2	Paxpal		9/18/13	\$ Z0,00
	Add Remove	2	PHYPHI		9/11/13	\$ 25.00
	Add Remove	2	PAYPAI		9/10/13	\$ 70.00
	Add Remove	2	tay pal		9/7/13	\$ 20.00
	Add Remove	2	PNYPHI		9/22/13	\$ 20.00
	Add Remove					\$
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		nly this Page			\$	140.00
5. T	Cotal of	f ALL CRO-1		**************************************	\$	

		rom Individua		Pg		Amendment Yes No
		individual contributio		ontributions und	er \$50 if form CF	
_	_	me (and Fund if app		_		2. ID Number
20202012841408025020000	00000000000000000000000000000000000000	to Elect UNI	entine tor	**************************************		
	tributor Inform: Name, Mailing Addre		Ц	Add Rer b. Job Title/Profes		d. Comments
(includ	de city, state, & zip)			Profes		Andrew Company of Company Color
M	NYW COL	-neille-Vai	lentine	c. Employer's Nan		Contribution
		rproon Driv				
Δ,	rham,	NC 27713)	State	0+	e. Election Sum to Date
		Paralamannan and American Assessment and American Assessment and American Assessment and American Assessment a		NC		\$ 325.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	
	1	Chech			9-3-13	\$ 325.00
						\$
						\$
	tributor Informs				nove	
	lame, Mailing Addre de city, state, & zip)			b. Job Title/Profes	sion	d. Comments
Eildkim		property B. B. St. Chimmen 1 H. H. Schweren	All the state of t			
			!	c. Employer's Nan	ne/Specific Field	
			!			e. Election Sum to Date
			!			\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ition	j. Date (mm/dd/yyy	y) k. Amount
						\$
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	ributor Informa		- <u>- </u>		nove	
9 +0.XX	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	sion	d. Comments
Light Name of the Control of the Con	<u>▼</u>	###. A. L. Whichmanner of programmer	<u> 1868 (1868), 2 18 18 18 18 18 18 18 18 18 18 18 18 18 </u>			:
			1	c. Employer's Nam	ne/Specific Field	
			!			e. Election Sum to Date
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						\$
	al only this Pa			- W.		\$ 325.00
		RO-1210 Pages of Detailed Summary Pa	uge CRO-1100)			\$ 325.00

Amendment

Disbursen	nents			po	of	1	Amendment Yes	□ No
Use this form to	report expenditures	from the commit	tee for operating	g expenses	, contribut	ions to c	2	
committees and	coordinated party exult Name (and Fun	penditures						
	GII YARA (ARU VIII	and the state of t				- 4	ID Number	
	itte to Ele							
3. Type of Dish Operating Exp		use separate Clarical Automotive Clarical Auto	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	37 17 17 17 17 17 17 17 17 17 17 17 17 17		***************************************		
4. Pavee Inform		undutions to Candida	Add	Remo		rdinated F	Party Expenditur	es
	Iailing Address & Ph	one			mittee Name	e d. (Comments	
(include city, state	, & zip)					ç	onypa (Fees
Phypa	1, INC		c. Level	Registered (Specify)			
2211	North Firs	+ Street	☐ Fed	=	County:			
Sanjo	se, CA 951	31	Stat	e	Municipa		lection Sum to	Date
1007-1815-112-20-20-17-18-18-18-18-18-18-18-18-18-18-18-18-18-						\$	4,11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy		unt	k. Requi	red Remarks	
				\$				
				\$				
4. Payee Inform	nation ing Address & Phone		☐ Add	Remo		la c	·	
(include city, sta			D. COUFE	mateu Com	mittee Name		Comments	The second secon
Michae	V Uulentin	<i></i>				'	shoelde	1 Circus
			c. Level	Registered (Specify) County:		-	
DUCK	oundroon!	12	State		Municipa	lity: e. E	lection Sum to	Date
	or be Li	(1)				\$	47,0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yy	yy) j. Amo	unf	k. Requi	red Remarks	
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				\$,	
4. Payee Inform			Add	Remo				
	ing Address & Phone				mittee Name	d. C	Comments	
(include city, sta	1332			30.000 A 1000 A 100		ے ا	Eum Puig	<i>l</i> o
Superi	ion signs		c. Level 1	Registered (S	Snecify)		signs	
4920	Atlanta H retta, G	Yaway	☐ Fede	***************************************	County:			
Alpho	retta, G	A 3000	4 State	: <u>[</u>	Municipa	lity: e. E	lection Sum to	Date
,	10.	7, 50.0	'			\$	247.4	0
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				\$				
				\$				-
5. Total only th	is Page	779				\$	798,	5 (
	CRO-1310 Pages	A Company	100		a and			
	line 13a of Detailed Sum					\$	298.	Z 1
	line 13b of Detailed Sum line 13c of Detailed Sum		•				C,0,	<i>2</i> (
100000000000000000000000000000000000000	odes (List detailed	222222						
A* - Media	B* - Printii	ıg	C* - Fundraisi				Candidate	
E - Salaries I - Postage	F* - Equip		G - Political Par K* - Office Ex				ublic Office to Legal Exp	
- The second sec								

Loan Proceeds Use this form to report proceeds from a loan and loan end			of	Amendment Yes	t No		
A loan proceeds statement must accompany each loan that is Committee Full Name (and Fund if applicable)				2. ID Number	•		
3. Lender Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add b. Job Title/P	Remove Profession		d. Comments			
(include city, state, & zip) Michael Unlentine 5206 Ownbroon Drive		CONSUltant Design					
DURNUM, NC 27713	Unle v ven PM	s Name/Specific N+iNe N+UNE De HNEMS	U	f. End Date (mm/e	28-13 (dd/yyyy)		
%	Account Code	j. Form of Pay	ment	k. Amount \$ 97,	, Q (Q		
I. Full Name of Lending Institution				m. Loan Number			
4. Endorsers/Makers (The people who yuaraniee the loan.) a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pi	rofession	c. En	mployer's Name/SI	pecific Field		
	d. Percentage	FT. Steerestoffelight	e. An % \$	mount	multiple deplets		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pr	rofession	c. En	mployer's Name/Sp	pecific Field		
	d. Percentage	CHARLES AND	e. An	nount	Parks.		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pr	rofession	e.Em	nployer's Name/Sp	ecific Field		
	d. Percentage		e. Am % \$	nount	erene.		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Pr	ofession	c. Em	npłoyer's Name/Sp	ecific Field		
	d. Percentage		e. Am % \$	ount			
5. Total of ALL CRO-1410 Pages				\$ 47	~ ^		

O			Amendment
Outstanding Loans	Pg	 of	

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	reconfidential	2. ID Number
Committee to Elect Valentin	e for Durnam	
	Add Remove	
a. Full Name, Mailing Address & Phone	b. Job Title/Profession	d. Comments
(include city, state, & zip)	(212 -112/10)	TO OPENACON
Michael Unlentine	Self Employed	e. Start Date (mm/dd/yyyy)
5206 ouldroom prive	c. Employer's Name/Specific Field	
DULUM NC 52213		7-31-13
121110 001, 1 21, 1 3	Unlentime	f. End Date (mm/dd/yyyy)
	URNTURE DEU AWARE	
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$ 25,00
k. Full Name of Lending Institution		l. Loan Number
3. Lender Information	Add Remove	
	b. Job Title/Profession	d. Comments
(include city, state, & zip)	Self Employed	To pay for Design of shet
Michael Valentine	JELL PANHIOLED	e. Start Date (mm/dd/yyyy)
5206 panbroon Drise	c. Employer's Name/Specific Field	_
	unlentine venture	8-28-13 f. End Date (mm/dd/yyyy)
DUTHUM NC 27713		I. EHO Pau (mmuujjjj)
the comment of the co	DEN bylther?	
g. Rate h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	\$	\$
k. Full Name of Lending Institution		l. Loan Number
3. Lender information	Add Remove	The state of the s
	b. Job Title/Profession	d. Comments
(include city, state, & zip)		
		e. Start Date (mm/dd/yyyy)
[c. Employer's Name/Specific Field	
		f. End Date (mm/dd/yyyy)
		1. Did Dae (mis da j) j),
g. Rate h. Security Pledged	I ,	
Application of the control of the co		j. Remaining Loan Balance
<u> </u>	\$	\$
k. Full Name of Lending Institution		l Loan Number
4. Total only this Page	The second of th	\$ 72,00
5. Total of ALL CRO-1430 Pages	arcas (market architecture)	72.03
(This line must be on line 21 of Detailed Summary Page CRO-1100)	A STATE OF THE STA	\$ 12.00