Amendment

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.

1. Committee Infor	mation	4.50			Santa San				
a. Full Name									c. ID Number
ELECT DON MOI						-			
b. Mailing Address ((include Cit	ty, State and Zig	p Code)	,		***************************************			d. Date Filed
2110 ENGLEWOO DURHAM, NC 27									01/12/2014
D G G G G G G G G G G	7700							!	e. Phone Number
						_	_	!	(919) 286-3584
2. Report Year 3. I	Period Star	t Date (mm/dd/)	77)	4. Period	End Da	ste (mm/d	d/yy)	5. Treasu	rer Full Name
2013	10	0/22/2013			12/31/2	2013		MARILY	N BUTLER
6. Type of Committe				e of Report	t (cl			type of rep	ort from one category)
Candidate Campai	_	•	Munic			State/Co			Referendum
Joint Fundraiser	PAC			Organizatio	1	1—	unizatio:	nal	Organizational
Referendum		gal Expense Fund		Thirty-five		Quart	•	!	Pre-referendum
	(ў аррисион	le, check one)	R	Pre-primary	-		First Second		Final Symplemental Final
		,	B	Pre-election Pre-runoff	-	<u> </u>	Second Third	!	Supplemental Final Annual
☐ Building Fund ☐ Presidential Electi	Vaar Can	Edwar Fund		Pre-runott Semi-annua			Third Fourth	,	Annual Special
NC Public Campai				Semi-annua Mid Ye		-	rourth i-annual		D Speciai
NC Public Campai	ign rinancing	; Funa		Mid Ye Year Ei			ı-annual Mid Ye:		
Other:		1		Year Ei Final	na ,		Mid Yea Year Er		10. Special Report Name
8. Number of Funds			铝	rinai Special	,	Final		na ,	!
8. Number VI Passe	**************************************	Кери		Sheerm	,	15	-	']
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3. Account informs	dica				3. Acc	const lafo	ormati	ion .	
a. Financial Institut	tion Full Na	.me		<u></u>				on Full Nam	le
MECHANICS & F	ARMERS								
b. Purpose		c. Account Code	je		b. Purp	pose			c. Account Code
CHECKING ACC	OUNT	2	201						
	1	d. Period Begin	a Balan	ice	l			,	d. Period Begin Balance
		\$		6,502.25				1	\$
CERTIFICATION				***************************************					
I certify that the C Chapter 163 of the	ie NC Gener	ral Statutes and	that no	o funds are	commi	ingled wit	th prol	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
MARILYA Printe	U K BL	JTLER	/	May Sign	Mu of of	Appointed	utt 4 Trea	ec_	01/12/2014 Date
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	D	URHAM BO	JE	-	•				Hand Delivered
Date Scanned:	_	/Gt tt		Employ	yee:				Electronically Filed
Date Data Enter	red:			Employ	yee: _			_	Signer has not received mandatory training
Diage Note:	This form c	and he used t	^^ amer	- d committe	infor	tion p			ittee address, treasurer,
Ficase How.									-
		nt treasurer, cus				•			
You	must amend	d the Statement	i of Org	<u>,anization (</u>	CRO-21	100A-E) t	o mak	e committe	e changes.

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re					
ELECT DON MOFFITT	2013 Year E	End Semi-Annual				
Start of Election Cycle: January 1, 2013		Total this Reporting Peri	od	Total this Election Cycle		
4) Cash on Hand at Start		\$ 7,323	.22	\$ 0.00		
RECEIPTS	•	<u> </u>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 429	.29	\$ 5,869.64		
6) Contributions from Individuals	(CRO-1210)	\$ 3,264	.98	\$ 20,764.64		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	.00	\$ 0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	.00	\$ 1,775.40		
9) Loan Proceeds	(CRO-1410)	\$ 2,000	.00	\$ 2,000.00		
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		
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 5,694	.27	\$ 30,409.68		
EXPENDITURES			•			
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 7,428	.24	\$ 22,841.10		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 100	.00	\$ 100.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	.00	\$ 0.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 60	.00	\$ 106.45		
15) Loan Repayments	(CRO-1420)	\$ 0	.00	\$ 0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 1,657	.53	\$ 2,488.97		
17) In-Kind Contributions	(CRO-1510)	\$ 1,747	.53	\$ 2,848.97		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 10,993	.30	\$ 28,385.49		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 2,024		\$ 2,024.19		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0	.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,000	.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		

					Amendm	ent
Aggregated Contributions from Individuals	Page	1	of	1	☐ Yes	X No

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

	e Full Name (and N MOFFITT	Fund if applicable)			2. ID N	lumber	
	or Information	 	T	T =		la ·	
	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/	уууу)	f. Amount	
☐ Add ☐ Remove	201	Check		11/11/201	3	\$	40.00
☐ Add ☐ Remove	201	Check		10/24/201	3	\$	50.00
☐ Add☐ Remove	201	Check		10/24/201	3	\$	50.00
☐ Add ☐ Remove	201	Draft		10/22/201	3	\$	48.25
☐ Add☐ Remove	201	Draft		10/22/201	3	\$	28.83
☐ Add ☐ Remove	201	Draft		10/25/201	3	\$	28.83
Add Remove	201	Draft		10/29/201	3	\$	9.41
☐ Add☐ Remove	201	Check		10/24/201	3	\$	50.00
☐ Add☐ Remove	201	Check		11/11/201	3	\$	25.00
☐ Add ☐ Remove	201	Check		11/11/201	3	\$	50.00
☐ Add ☐ Remove	201	Check		11/11/201	3	\$	25.00
☐ Add ☐ Remove	201	Draft		11/04/201	3	\$	23.97
4. Total or	ly this Page				\$	-	\$429.29
5. Total of	ALL CRO-12	205 Pages Detailed Summary Page	CRO-1100)		\$		\$429.29

CRO-1205 NC State Board of Elections April 2007

Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount			om Individual		Pg			☐ Yes	X No
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) DURHAM, NC 27705 DURE UNIVERSITY Check DURE UNIVERSITY Check DURE UNIVERSITY Check DURE UNIVERSITY Check Che									•
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DUKE UNIVERSITY					c. Employer's	Name/Specific Field			
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3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) LAURIE FOX 1408 ALABAMA AVE DURHAM, NC 27705 6. Employer's Name/Specific Field PIEDMONT HEALTH SERVICES PAME AMOUNT SERVICES PIEDMONT HEALTH SERVICES	-					10/24/2013		Φ	100.00
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DURHAM, NC 27705 PIEDMONT HEALTH SERVICES E. Bection Sum to Date \$ 100.00	LAUR	IE FOX							
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4. Total only this Page \$ 442.4								\$	
	4. Tot	al only this Pa	ge	<u> I</u>		1	\$		442.45
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 3,264.90				Page (*PA) 110A)			\$		3,264.98

Amendment

Amendment **Contributions from Individuals** 2___of 5 ☐ Yes X 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) ELECT DON MOFFITT 🔲 Add 🔲 Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY DARLENE DAVIS** c. Employer's Name/Specific Field 1011 GLORIA AVE DURHAM, NC 27701 K & L GATES e. Election Sum to Date 125.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201 11/03/2013 \$ 125.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHYSICIAN RICHARD GOLDNER c. Employer's Name/Specific Field 39 WILHELM DR DURHAM, NC 27705 **DUKE UNIVERSITY** e. Election Sum to Data MEDICAL CENTER 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201 10/24/2013 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **PROFESSOR** CATHERINE WARREN c. Employer's Name/Specific Field 1414 NORTON ST DURHAM, NC 27701 **NCSU** e. Election Sum to Date 75.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201 11/11/2013 \$ 75.00

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3,264.98

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)

					Amendm	ent	
Contributions from Individuals	Pg	3	of	5	☐ Yes	X	No
Use this form to report individual contributions over \$50 or contribution	ıs un	der \$50) if form	CRO 1205	is not use	ed	

	mittee Full Name I DON MOFFIT	e (and Fund if applicab T	(e)			2.	D Number	
	ributor Informati				emove	Τ,		
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PAUL	BROWN		1777 C.					
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	GARET KELLER			RETIRED	!			
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	al only this Pa	-				\$		300.00
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100\			\$	3	3,264.98

Amendment **Contributions from Individuals** 4_ of ☐ Yes X 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) **ELECT DON MOFFITT** 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CAMPAIGN MANAGER **GARRETT DIXON** c. Employer's Name/Specific Field 1513 E. FRANKLIN ST #136 **ELECT DON MOFFITT** e. Hection Sum to Date CHAPEL HILL, NC 27514 0.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In Kind 201 **CAMPAIGN MGR** 12/06/2013 \$ 118.93 REIMBURSE FOR \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GRAPHIC DESIGNER LEAH JOSEPHSON c. Employer's Name/Specific Field 208 BARCLAY RD CHAPEL HILL, NC 27516 **SELF** e. Election Sum to Date 360.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In Kind 201 **GRAPHIC DESIGN** 10/25/2013 \$ 90.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DON MOFFITT c. Employer's Name/Specific Field 2114 WILSON ST

1			£	ı		
					\$	0.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Am	ount
	201	In Kind	CANDIDATE REIMBURSEMENT FOR	12/02/2013	\$	921.10
	201	In Kind	CANDIDATE REIMBURSEMENT FOR	12/02/2013	\$	617.50
					\$	
	al only this Pa				\$	1,747.53
		O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)		\$	3,264.98

DURHAM, NC 27705

e. Hection Sum to Date

Amendment **Contributions from Individuals** <u>5</u> of ☐ Yes X 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) ELECT DON MOFFITT 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ADMINISTRATOR **KEVIN DAVIS** c. Employer's Name/Specific Field 1011 GLORIA AVE DURHAM, NC 27701 **DUKE UNIVERSITY** e. Election Sum to Date 125.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201 11/03/2013 \$ 125.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JOSEPH HARVARD c. Employer's Name/Specific Field 124 MONTICELLO AVE DURHAM, NC 27707 FIRST PRESBYTERIAN e. Election Sum to Date **CHURCH** 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201 11/03/2013 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PRESIDENT ROBERT DILLARD TEER c. Employer's Name/Specific Field PO BOX 13508 RTP, NC 27709 TEER ASSOCIATES e. Election Sum to Date 100.00 h. Form of Payment f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 201

5. Total of ALL CRO-1210 Pages \$ 3,264.98 (This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210 NC State Board of Elections April 2007

4. Total only this Page

11/03/2013

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100.00

375.00

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	m to report proceeds from a loa				_		
	eeds statement must accompan		that is fron	nan individ	ual	A HIVN	
	e Full Name (and Fund if appli	came)				2. ID Num	Der
ELECT DO	N MOFFITT						
3. Lender In	formation		Add 🔲	Remove			
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2114 WILS	SON ST					e. Start Da	te (mm/dd/yyyy)
DURHAM,	NC 27705		c. Employe	r's Name/S	pecific Field	_	
						2 D 10 4	(13)
						i. End Date	(mm/dd/yyyy)
g. Rate h	. Security Pledged	i. Acco	unt Code	j. Form of	Payment	k. Amo	unt
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	, Mailing Address & Phone	mee me wan		/Profession	la Emple	wanta Nama/	pecific Field
	ity, state, & zip)		b. Job min	e/Frotession	c. ranpre	yer's Name/o	specific rieid
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CRO-1410		NC State I	Board of Elec	ctions			April 2007

								A	mendmen	t
Disbursem	ents				Pg	1 of			Yes	X No
Use this form to	report expenditures	from the committe	e for o	perating expen	nses.	contributi	ons to	cand	idate/polit	ical
	coordinated party ex	•								
1. Committee Fu	ll Name (and Fund i	f applicable)						2. ID	Number	
ELECT DON M	MOFFITT									
					•					
3. Type of Disbu		ise separate CRG	***************************************	``````````````````````````````````````	****************	*******************************	anana arawa			
Operating Exp		ibutions to Candidat	222222222222222		**************************************		ordinat	ed Par	ty Expendit	ures
4. Payee Inform				Add 🔲	\$5500000000000000000000000000000000000	nove		T:		
	uiling Address & Pho	one		b. Coordinate	d Co	mmittee N	ame	d. Co	mments	
(include city, sta										
	OR NC SENATE			c. Level Regis	toro	(Specify)	- 1975 V. 1875	1		
PO BOX 51608				Federal	ncic.	County:		1		
DURHAM, NC	2//1/			X State		☐ Municip		e. Ele	ction Sum	to Date
									//	
								\$		100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quire	d Remarks	
201	Check	D	1	1/20/2013	\$	100.00				
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5. Total only this	s Page							\$		100.00
6. Total of ALL	CRO-1310 Pages	100								
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, ,	n line 13b of Detailed S						omm)			100,00
(This line goes i	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Pa	rty E.	xpenditures)				
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)						
A* - Media	B* - Printin	g	C* - F	undraising		D - To	Anot	her Ca	andidate	
E - Salaries	F* - Equipm			litical Party					ic Office I	
I - Postage	J - Penaltie	S	K* - (Office Expense	8	Q* - D	onatio	on to I	Legal Expe	nse Fund
O* Other										
anomamamama anama	edetailed explanation									2000
CRO-1310		NC S	tate Boa	ard of Elections					Dec	ember 2009

Disbursen	nants			_ 1	Amendment
		from the committe	ee for onerating exne	Pg <u>1</u> of	3_ Yes X No ons to candidate/political
	coordinated party e		co to, operating expe		ons to canadato, political
1. Committee F	ull Name (and Fund	if applicable)			2. ID Number
ELECT DON 1	MOFFITT				
3. Type of Dish	ursement (Please	use separate CRC	H310 forms for each	h type of Dislou	rsement.)
Operating Ex			tes/Political Committee		ordinated Party Expenditures
4. Payee Inform	nation		□ Add □	Remove	
a. Full Name, M	ailing Address & Ph	one	b. Coordinat	ed Committee N	ame d. Comments
(include city, sta	ate, & zip)				
FACEBOOK					
1 HACKER W			Federal	stered (Specify) County	
MENLO PARI	K, CA 94025		State	= :	pality: e. Election Sum to Date
	4 *****				
	g. Form of Payment				k. Required Remarks
201	Draft	A	10/31/2013	\$ 176.12	AD ON FACEBOOK
:				\$	
4. Payee Inform	nation		☐ Add ☐	Remove	
a. Full Name, M	ailing Address & Ph	one	b. Coordinat	ed Committee N	ame d. Comments
(include city, sta	ite, & zip)	No. of the state o			
LEAH JOSEPH				1 (6 - 10 - 10 - 1	
208 BARCLAY			Federal	stered (Specify) County	
CHAPEL HILI	L, NC 2/516		State	= '	pality: e. Election Sum to Date
					\$ 240.00
· · · · · · · · · · · · · · · · · · ·	•	T	i. Date (mm/dd/yyyy	···	k. Required Remarks
201	Check	A	10/25/2013	\$ 60.00	DESIGN OF MAIL PIECE 3
				\$	
4. Payee Inform	sation		☐ Add □	Remove	ne para de la companya
	ailing Address & Ph	one	b. Coordinat	ed Committee N	ame d. Comments
(include city, sta	ite, & zip)				
NAACP DURF	IAM BRANCH				
PO BOX 3312			Federal	stered (Specify) County	300 <u>1.3</u>
DURHAM, NC	27701		State	Municir	
				<u> </u>	
-misoni	_				\$ 125.00
			i. Date (mm/dd/yyyy		k. Required Remarks
201	Check	Α	10/23/2013	\$ 125.00	AD IN FREEDOM FUND
				\$	BANQUET PROGRAM
5. Total only thi	s Page				\$ 361.12
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	in line 13a of Detailed S	Summary Page CRO	-1100 if Operating Exp	enses)	7.400.04
	in line 13b of Detailed S				(omm) \$ 7,428.24
(This line goes i	in line 13c of Detailed S	lummary Page CRO	-1100 if Coordinated Po	rty Expenditures)	

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

T	T .	
I DIC	bursements	
	Duiscincins	

				Amendment				
Pg	2	of	3	☐ Yes	X No			

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

I. Committee Fur ELECT DON M		difapplicable)					2. ID N	amber .
	. /81			•	rn. i			
3. Type of Disbut Operating Expe			CRO-1310 forms for each additional committee					Expenditures
4. Payee Informa		nericalions to Ca	□ Add □		move	or carnut.	ou r urcy	Expenditures
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(include city, stat	The amount of the second	```					T	
CAROLINA TIN								
923 OLD FAYE	TTEVILLE ST		c. Level Regi	stere				
DURHAM, NC	27701		☐ Federal		County			
			☐ State		Municip	ality:	e. Hecti	on Sum to Date
							\$	486.75
f. Account Code	g. Form of Payme	nt h. Purpose (Code i. Date (mm/dd/yyyy) j. A	Mount	k. Re	quired F	lemarks
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				\$				
4.0								
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(include city, stat	 Sunfaction applications. 	none	o. Coordinay	u	Diffittite C 14	**************************************	u. Com	ii e ii i s
GARRETT DIX	F. A. J. A		to construct and any security of the first of the construction of					
1513 E. FRANK			c. Level Regi	ste re	d (Specify)	·		
NO. 136			☐ Federal		County:			
CHAPEL HILL,	NC 27514		☐ State		☐ Municip	ality:	e. Electi	on Sum to Date
							\$	2,000.00
f. Account Code	. Form of Payme	nt h. Purpose (Code i. Date (mm/dd/yyyy) i. A	mount	k. Re	quired R	emarks
201	Check	Е	10/29/2013	\$	400.00		•	<u> </u>
				\$				
4. Payee Informa		71	Add		move			
a. Full Name, Mai (include city, state	A small and the	none	b. Coordinate	ac	ommittee Ni	ıme	d. Com	nents
LASTING PRIN		V DITICS						
733 W. JOHNSC		Arnics	c. Level Regis	te re	d (Specify)	v 154		
LOWER LEVEL			☐ Federal		County:			
RALEIGH, NC	27603		☐ State		☐ Municip	ality:	e. Eecti	on Sum to Date
							\$	3,026.37
f. Account Code g	Form of Paymer	ıt h. Purpose (Code i. Date (mm/dd/yyyy)	li A	mount	k Red	uired R	
201	Check	AB	10/25/2013	\$	1,585.24			X9 CARD
				+				
201	Check	AB	11/09/2013	\$	1,008.79	PRIN	TING (CARD
5. Total only this	Page		\$ 100 mm				\$	3,480.78
6. Total of ALL C	and the second s							
			CRO-1100 if Operating Expe				\$	7,428.24
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				rty E	xpenditures)	l		
7. Purpose Coo	•		code in (h.) above)				_	
A* - Media E - Salaries	B* - Print F* - Equip	CONTRACTOR OF THE STREET	C* - Fundraising		D - To			A CONTROL TO THE PROPERTY OF T
L - Salaries I - Postage	J - Penali	and the second section of the second second	G - Political Party K* - Office Expense					Office Expenses
O* Other	J Penan		A - Onice Paperise	G ive S.	∯, Q D (niau V	ı w reă	al Expense Fund
* Codes require	detailed explanat	ion in required	l remarks field (k)					

					Amendm	ent
Disbursements	Pg	3	of	3	☐ Yes	X No

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

I. Committee For ELECT DON M	All Name (and Fund MOFFITT	l if applicable)				2, ID Numbe	•
3. Type of Disbu		e use separate CRC	1310 forms for eac	h type of Disbu	rsemer	<u>rt.)</u>	
Operating Exp	oenses 🔲 Cor	tributions to Candidat	es/Political Committee	s 🔲 Co	ordinate	d Party Expen	ditures
4. Payee Inform			□ Add □	Remove			
Entire Billiage (Fig.) - event proportion of May 1 is	ailing Address & P	hone	b. Coordinat	ed Committee N	ame	d. Comments	
(include city, sta							
	MMUNICATION:	S	c. Level Regi	stered (Specify)			
2319 ATLANT RALEIGH, NC			☐ Federal	County	:		
KALLIGII, NC	27011		☐ State			e. Dection Su	m to Date
				· · · · · · · · · · · · · · · · · · ·		\$	9,517.83
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount	k. Reg	juired Remar	ks
201	Check	Α	10/29/2013	\$ 2,136.34	MAII	LING CARD	
				\$	1		
4. Payee Inform	ation		□ Add □	Remove			
	ailing Address & P	hone	b. Coordinat	ed Committee N	ame	d. Comments	
(include city, sta	te, & zip)		. 2 Mg 0 . 				
GARRETT DIX	KON						
1513 E. FRANI	KLIN ST		c. Level Regi	stered (Specify) County			
#136	NC 27514		State	= '	_ L	e. Election Su	m to Date
CHAPEL HILL	, NC 2/514				Juney.		a ann aith an lean an air dhean aith an bhaile air ann an air ann an air ann an air ann ann air ann ann air an
						\$	250.00
	g. Form of Paymen		i. Date (mm/dd/yyyy		k. Reg	juired Remar	ks
201	Check	Е	12/02/2013	\$ 250.00			
				\$			
4. Payee Inform	ation		☐ Add ☐	Remove			
a. Full Name, Ma	ailing Address & P	hone	b. Coordinat	ed Committee N	ame	d. Comments	
(include city, sta	te, & zip)						
HERALD SUN			c Lavel Pagi	stered (Specify)			
2828 PICKETT			Federal	County	:		
DURHAM, NC	27703		☐ State	Munici	L	e. Election Su	m to Date
						\$	1,200.00
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Req	uired Remar	
201	Check	A	10/24/2013	\$ 1,200.00		SPAPER ST	
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						\$	3,586.34
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			1100 if Operating Exp 1100 if Contrib to Can		'amm)	\$	7,428.24
			1100 if Coordinated Po		,,,,,,		
7. Purpose Co	odes (List detaile	d expenditure code	in (h.) above)				
A* - Media	B* - Printi	A CONTRACTOR OF THE RESERVE OF THE PARTY OF	C* - Fundraising		and the same of the same of the	er Candidate	
E - Salaries	F* - Equip	er an angele a member and a language and a second	G - Political Party		saaaac sanaaan s	Public Office	4.9 x2 x28 x - xx455xx xx xxxxxx xx
I - Postage	J - Penalt	es	K* - Office Expense	ès Q* - D	onation	n to Legal Ex	pense Fund
O* Other * Codes require	detailed explanati	on in required rem	orks field (b)				
and the second s							

00 0		Iedia Expendi ort NC Non-Media		8 -	1 of _	1_	Amendme Yes	ent No
	Name (and ON MOFFITT				<i>***</i> *********************************	uniter	•	
3. Payee Inf	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amou	ınt	g. Required R	emarks
☐ Add ☐ Remove	201	Check	Н	11/19/2013	\$	30.00	CONTRIBUT	
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	encontrol de la constitución de la constitución de la constitución de la constitución de la constitución de la	- Printing		D - '	To Anot	ther Car	ndidate	
E - Salar	ies 💮	- Equipment	G - Political	Party E				
I - Posta	j - J	Penalties		Margerosos Q*	- Donat	ions to	Legal Expe	nse Fund

O* - Other

* Codes require detailed explanation in required remarks field (g)
CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of Use this form to report refunds/reimbursements, including contributions returned to the contributor 1. Committee Full Name (and Fund if applicable) ELECT DON MOFFITT 3. Payee Information Add 🔲 Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC ☐ Referendum Party DON MOFFITT e. Level Registered (Specify) h. Original Receipt Date 2114 WILSON ST Federal County: DURHAM, NC 27705 12/02/2013 ☐ State ■ Municipality: i. Original Receipt Amount 921.10 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date 0.00 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount Check MAILING EXPENSES 201 921.10 12/02/2013 3. Payee Information Add Remove d. Type of Committee a. Full Name, Mailing Address & Phone g. Comments (include city, state, & zip) Candidate PAC Referendum Party DON MOFFITT e. Level Registered (Specify) h. Original Receipt Date 2114 WILSON ST Federal County: DURHAM, NC 27705 12/02/2013 ☐ State Municipality: i. Original Receipt Amount 617.50 c. Employer's Name/Specific Field f. Purpose Code b. Job Title/Profession j. Election Sum to Date 0.00 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount DISPLAY AD 201 12/02/2013 617.50 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC ☐ Referendum ☐ Party GARRETT DIXON e. Level Registered (Specify) h. Original Receipt Date 1513 E. FRANKLIN ST Federal County: #136 12/06/2013 ☐ State ☐ Municipality: CHAPEL HILL, NC 27514 i. Original Receipt Amount 118.93 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date CAMPAIGN MANAGER 0.00 k. Account Code 1. Form of Payment m. Required Remarks n. Date (mm/dd/yyyy) o. Amount PAID FOR FACEBOOK ADS 201 12/06/2013 118.93 4. Total only this Page \$ 1,657.53 5. Total of ALL CRO-1320 Pages 1.657.53 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above) L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit P* - Reimbursement of In-Kine O* Other * Codes require detailed explanation in required remarks field (m)

In-Kind Contributions		Pg	TOTAL CONTRACTOR OF THE PARTY O	1	☐ Yes	▼ No
Use this form to report non-monetary contributions, donat Use CRO-1215 if In-Kind Contributions were or will be				the con	nmittee or f	fund.
1. Committee Full Name (and Fund if applicable)	3 Teru	naea witiii	1 / days.	12. ID 1	Yumber	
ELECT DON MOFFITT						<u> </u>
3. Contributor Information	Ad	id 🔲 Rei	move			
a. Full Name, Mailing Address & Phone		Type of Con	tributor	c. Com	ıments	
(include city, state, & zip)		Individual				
GARRETT DIXON						
1513 E. FRANKLIN ST	旧	,				
#136	R	PAC Referendum		J Dag	tion Sum 1	- Data
CHAPEL HILL, NC 27514	ᄩ	Other Recei		a. nec	uon sum	o Date
	-	Other reces	ipt source	\$		0.00
e. Description		7 (C. 10) 1/40 - 1 (C. 10) 1/40 - 1 (C. 10) 1/40	f. Date (mm/dd	L/yyyy)	g. Fair M	arket Amount
CAMPAIGN MGR REIMBURSE FOR FACEBOOK ADS	-		12/06/20	13	\$	118.93
					\$	
					\$	
3. Contributor Information	Ad	id 🔲 Rei	move			
a. Full Name, Mailing Address & Phone	b, 7	Type of Con		c. Com	ments	
(include city, state, & zip)		Individual	_interplayment in control or city to a city in control or control or city in city in ci		and the state of t	service de consideration de la consideración de la conservice.
LEAH JOSEPHSON		Candidate				
208 BARCLAY RD		Party				
CHAPEL HILL, NC 27516	片			· Plan	er - Paras i	YN. A _00 000000000000000000000000000000000
	ᄩ			d. Heci	tion Sum	o Date
		Other Rece.	ipi source	\$		360.00
e. Description			f. Date (mm/dd	/уууу)	g. Fair M	arket Amount
GRAPHIC DESIGN			10/25/20	13	\$	90.00
					\$	
					\$	
3. Contributor Information	Ad	ld 🔲 Rei	move			
a. Full Name, Mailing Address & Phone			tributor	c. Com	ments	
(include city, state, & zip)						
DON MOFFITT						
2114 WILSON ST	片	•				
DURHAM, NC 27705	吊			d Blec	tion Sum I	a Nota
					HVII Jum .	
				<u> </u>		0.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) LEAH JOSEPHSON 208 BARCLAY RD CHAPEL HILL, NC 27516 C. Candidate Party PAC Referendum Other Receipt Source c. Description GRAPHIC DESIGN 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) DON MOFFITT 2114 WILSON ST DURHAM, NC 27705 C. Comm Individual Candidate Party Individual Candidate Party Individual Candidate Party PAC Candidate Party DON MOFFITT Candidate Party PAC Referendum Other Receipt Source \$ c. Comm Individual Candidate Party PAC Referendum Other Receipt Source \$ c. Comm Individual Candidate Party PAC Referendum Other Receipt Source S c. Description G. Date (mm/dd/yyyy) G. CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING CANDIDATE REIMBURSEMENT FOR FUNDR AISING MAILING	g. Fair M	arket Amount				
CANDIDATE REIMBURSEMENT FOR FUNDRAISING MAIL	ING		12/02/20	13	\$	921.10
CANDIDATE REIMBURSEMENT FOR DISPLAY AD			12/02/20	13	\$	617.50
					\$	
4. Total only this Page				\$		1,747.53
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Cl	RO-11	00)		\$		1,747.53

Amendment

				Amendm	ent	
Pg	1	of	1_	☐ Yes	X No	

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

3. Lender	Information	☐ Add ☐ Remove)			
	me, Mailing Address & Phone	b. Job Title/Profess	ion d.	. Comments		
(include city, state, & zip) DON MOFFITT 2114 WILSON ST DURHAM, NC 27705		CONSULTANT				
			e.	e. Start Date (mm/dd/yyyy)		
		c. Employer's Name	/Specific Field	10/25/2013		
			<u>f.</u>	End Date (mm/	dd/yyyy)	
g. Rate	5. Security Pledged	i. Original Loa	n Amount j.	Remaining Loa	an Balance	
0.00%	,	\$	2,000.00	\$	2,000.00	
. Full Na	me of Lending Institution		I.	Loan Number		
i. Total	only this Page		\$		2,000.0	
5. Total	of ALL CRO-1430 Pages e must be on line 21 of Detailed Summary F	Care CHO 1100)	\$		2,000	

CRO-1430

NC State Board of Elections

December 2007