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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 In	formation								
a. Full Name						``		******	c. ID Number
COMMITTEE	TO ELECT BO	OB BYRD		-					
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)						d. Date Filed
2826 CHARLO BURLINGTON						•			04/27/2014
									e. Phone Number
									(336) 584-7302
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period	End Da	te (mm/	dd/yy)	5. Treasur	er Full Name
2011	01	/30/2014			04/19/2	2014		CAROLIN	IE KING
6. Type of Com		One)	9. Typ	e of Report	t (ci	heck on	ly one	type of repo	ort from one category)
🛛 Candidate Car	· · —	*	Munic	-		State/C			Referendum
☐ Joint Fundrais	_			Organizatio			anizatio	nal	□ Organizational
Referendum		al Expense Fund		Thirty-five		l	rterly		Pre-referendum
7. Type of Fund		e, check one)		Pre-primary			First		Final
Booster Fund				Pre-election	1	╚	Second		Supplemental Final
Building Fund		ri. r		Pre-runoff	,	닏	Third		Annual
_	lection Year Can npaign Financing		_	Semi-annua Mid Ye		L	Fourth u-annua	,	☐ Special
NC Public Car	прави с шанешв	FUIIU		Year E			n-amrua Mid Ye	1	10 C
Other:				Final	iiu	H	Year Er		10. Special Report Name
8. Number of Fu	indraicare thic	Report	H	Special		Fina			
o, Number of Pt		жероге	_			<b> </b>			
	0					L Spec	cial		
3. Account Info				ount In					
a, Financial Institution Full Name					a. Fina	ncial In	stitutio	on Full Nam	e
CAPITAL BAN	NK. INC								
b. Purpose		c. Account Cod	e		b. Purp	pose			c. Account Code
CAMPAIGN A	CTIVITY		1						
		d. Period Begin	Balan	ce					d. Period Begin Balance
		S							S
CERTIFICATIO	)N								
I certify that t Chapter 163 o funds. I furth	he Committee of the NC Generier certify that the Committee of Simulating	al Statutes and	that no	funds are	commi	ngled w	ith pro	hibited or o	2A, 22B & 22D-22M of ther non-disclosed ad by the NC State Board  04/27/2014  Date
FOR OFFICE U		1 40 -					(	$\mathcal{I}$	
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Date Data E	ntered:			Emplo	yee: .				Signer has not received mandatory training
	assistar	annot be used to treasurer, cus	todian	of books i	nforma	tion, or	accoun	nt in formatio	

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			D Number
COMMITTEE TO ELECT BOB BYRD	2011 First Q	)uarter		
Start of Election Cycle: January 1, 2014		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 1.000		\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 130	.00	S 130.00
6) Contributions from Individuals	(CRO-1210)	\$ 8.019	.78	\$ 8.088.10
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	S 0	.00	S 0.00
9) Loan Proceeds	(CRO-1410)	\$ 0	.00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00	\$ 0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)		.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)		.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5. 6. 7. 8, 9.10.11a.11b.11c.	IId and IIe)	\$ 8,149.		\$ 9,218.10
EXPENDITURES	-	-		·- ·
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,128.	89	\$ 2,128.89
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00	\$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00	s 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	S 59.	28	\$ 59.28
15) Loan Repayments	(CRO-1420)		00	s 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)		00	\$ 0.00
17) In-Kind Contributions	(CRO-1510)	\$ 4,544.	+	S 4,613.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	. 16 and 17)	\$ 6,732.		\$ 6.801.27
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 2,416.	_	\$ 2,416.83
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.	00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000.	00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	00	e kija ok apara.
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.	00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.	00	Marine State of Co.
25) Administrative Support	(CRO-1710)	\$ 0.	00	S 0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.	00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	S 0.	00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.	00_	S 0.00
CRO-1100 NC State Board	of Elections		-	August 2008

Optional fo	rm used to repor		ndividuals Page From Individuals of \$	50 or less	Amendmer  Ves  Number	it No
	EE TO ELECT B				· · · · · · · · · · · · · · · · · · ·	
3. Contribut	or Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
☐ Add ☐ Remove	1	Check		03/21/2014	s	10.00
☐ Add ☐ Remove	ľ	Check		02/21/2014	s	25.00
☐ Add ☐ Remove	1	Check		02/20/2014	\$	20.00
☐ Add ☐ Remove	1	Cash		04/16/2014	S	20.00
☐ Add ☐ Remove	1	Check		03/11/2014	s	25.00
☐ Add ☐ Remove	l	Check		03/11/2014	s	20.00
☐ Add ☐ Remove	1	Check		03/11/2014	\$	10.00

CRO-1205

4. Total only this Page

5. Total of ALL CRO-1205 Pages

(This line must be on line 5 of Detailed Summary Page CRO-1100)

NC State Board of Elections

\$130.00 Aprîl 2007

\$130.00

\$

\$

Amendment Pg 1 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) 2. ID Number COMMITTEE TO ELECT BOB BYRD 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED CAROLINE ANSBACHER c. Employer's Name/Specific Field 1132 W. DAVIS STREET BURLINGTON, NC 27215 e. Dection Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 03/21/2014 \$ 250.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PETROLEUM MARKETER JAMES A BARNWELL JR c. Employer's Name/Specific Field 2909 N. FAIRWAY DRIVE BURLINGTON, NC 27215 HUFFMAN OIL CO e. Bection Sum to Date S 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 02/21/2014 \$ 250.00 \$ S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SOFTWARE ENGINEER **BRIAN BOYLSTON** c. Employer's Name/Specific Field 5005 WINDSOR CT ELON, NC 27244 HEWLETT-PACKARD e. Dection Sum to Date 600.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 IT CONSULTING 04/16/2014 S 600.00 S S 4. Total only this Page 1.100.00 \$ 5. Total of ALL CRO-1210 Pages S 8,019.78

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

Pg 2 of 9 Amendment No

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		e (and Fund if applicabl	le)			2.	ID Number	
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3. Cont	tributor Informati	íon		Add □ Re	emove		<del></del> -	
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/Pi		d. (	Comments	
	ude city, state, & zi	ip)		RETIRED			<u></u>	
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Dorc	NOTOR-LE	210		NONE		e. 1	Dection Sum to Date	
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	ide city, state, & zi	1p)		PHYSICIAN	,			
JACK B DAVIS 3827 WADE COBLE DRIVE			i	c. Employer's Name/Specific Field				
BURLINGTON, NC 27215			İ	RETIRED				
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	al of ALL CRC	O-1210 Pages 6 of Detailed Summary Po	Page CRO-1100)			S	8.019.78	

Pg 3 of 9 Amendment No

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

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number
COMM	MITTEE TO ELEC	CT BOB BYRD					
	ributor Informati			Add R	emove		
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	ide city, state, & zi	ip)		GRAPHIC DESIGNER			
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	LINTLOCK LAN	1E			s Name/Specific Field	4	
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	MAPLE AVE	1315		c. Employer 3	Name/specific rietu	-	
BURLINGTON, NC 27215						e. 1	Election Sum to Date
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	de city, state, & zi	<u>p)</u>		RETIRED			
	RYN HYKES		!	- Employar's	Name/Specific Field	-	
	ANNER COURT NGTON, NC 27:		!	c. Emproyer s	Name/Specific rietu	-	
DUKLI	NOTON, NC	213	!	1		e. I	Election Sum to Date
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5. Tota	al of ALL CRO	D-1210 Pages					
		6 of Detailed Summary P.	'age CRO-1100)		;	S	8.019.78

Pg 4 of 9 ☐ Yes 🛛 No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BOB BYRD 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED ROBERT E HYKES c. Employer's Name/Specific Field 2312 TANNER COURT BURLINGTON, NC 27215 e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 03/21/2014 \$ 250.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED HENRY A JOHNSON c. Employer's Name/Specific Field 2 LAUREL OAK DRIVE ELON, NC 27244 e. Election Sum to Date (336) 584-1120 S 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 04/05/2014 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JENNA V JOHNSON c. Employer's Name/Specific Field 2 LAUREL OAK DRIVE ELON. NC 27244 e. Election Sum to Date (336) 584-1120 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 04/15/2014 S 100.00 S  $\Box$ S 4. Total only this Page 450.00 S 5. Total of ALL CRO-1210 Pages S 8,019.78 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Con	tributions fr	rom Individual	8	D.	5 of 9		Amendme	nt M No
		ndividual contribution				- 1205	is notuse	
		(and Fund if applicat					ID Number	
COM	MITTEE TO ELE	CT BOB BYRD						
3. Con	tributor Informati	ion		Add 🔲 Re	entové	Ь.	_	
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(incl	ude city, state, & z	tip)		REAL ESTA				
CHRI:	S KETCHEL	<u> </u>			TE AGENT			
304 M	OLINE STREET			c. Employer's	Name/Specific Field			
	HAM, NC 27707			SELF EMPL	LOYED	_		
(919)	533-9535					e. I	Dection Su	m to Date
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(incl	ude city, state, & z	ip)		СРА		†		
CARO	LINE KING	_						
	NC HWY 119			c. Employer's	Name/Specific Field			
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				LLP		e. E	Jection Sur	n to Date
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	ide city, state, & zi			<del></del>	olession	a. C	omments	
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	N SMIT KIKCHE RINITY DRIVE	.IN		c. Employer's	Name/Specific Field			
	NC 27244				- In the second			
	84-6789					e. E	lection Sun	n to Date
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5. Total of ALL CRO-1210 Pages

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

8.019.78

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Pg 6 of 9 Amendment No

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1. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	ID Number
	MITTEE TO ELEC						
3. Cont	ributor Informati	on		Add 🔲 Re	emove		
	Name, Mailing Ado			b. Job Title/Profession			Comments
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	OX 1992	7017		-	Name/Specific Field	-	
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15573 YORK PLACE BURLINGTON. NC 27215			!	c. Employer's Name/Specific Field			
ŀ	(336) 586-0195		!			e. E	Dection Sum to Date
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Amendment Contributions from Individuals  $P_{g} = \frac{7}{0} \text{ of } \frac{9}{9} = \frac{Amendment}{\sum Yes} \sum N_{0}$ 

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Ise this form to report individual contributions over \$50 or contri	butions under \$50 if	form CRO 11	205 is not use	ы

1. Committee Full Name (and Fund if applicable)	2	2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Contributor Information			
a. Full Name, Mailing Address & Phone b. Job Title/Profes	ssion d	I. Comments	
(include city, state, & zip) FIELD REP			
STUART SMITH	- 10 2 Co Eald		
811 S THIRD STREET  MEBANE, NC 27302  c. Employer's Nam  COCA COLA Bu			
MEBANE. NC 27302 COCA COLA BO (336) 260-8656 INC		e. Bection Sum to Date	
(330) 200-8030	-		
		\$ 100.00	
Elastria Lunda Tron	Date (mm/dd/yyyy)	k. Amount	
☐ J Electric Funds Tran	03/19/2014	\$ 100.00	
	·	S	
		\$	
3. Contributor Information			
a. Full Name, Mailing Address & Phone b. Job Title/Profes	ssion d	I. Comments	
(include city, state, & zip)  RETIRED EDUC	CATOR		
LEONORAH H STOUT  2020 SULLIVAN PARK CIRCLE  c. Employer's Nam	Csteaman		
2020 SULLIVAN PARK CIRCLE  BURLINGTON, NC 27215  c. Employer's Nam	ne/Specific Fieru		
(336) 227-0362	e	. Election Sum to Date	
(330) 227-0302			
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		s	
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(include city, state, & zip)  RETIRED			
FLOYD DAVIS TURNAGE JR 502 ORANGE DRIVE  c. Employer's Nam	ne/Specific Field		
ELON, NC 27244	<u> </u>	St. C. C ts Buto	
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Pg	8	of	9	☐ Yes	X No

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

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.	ID Number	
COMM	MITTEE TO ELE	CT BOB BYRD						
	ributor Informati			Add 🔲 R	emove	<u>l-</u>		
	Name, Mailing Ado			b. Job Title/P		d. (	Comments	
(inclu	ide city, state, & z	ip)		RETIRED		T	·	
	ias d wiggins	ı						
	ANKS STREET			c. Employer's	s Name/Specific Field			
	AM, NC 27253		I			<u></u>		
(330) 2	226-5788					e. E	Dection Sum to Date	
						S	150.00	
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)	.l	k. Amount	
	1	Check			03/11/2014		\$ 150.00	
							S	
							\$	
	ributor Informatio				emove			
	Same, Mailing Add			b. Job Title/P	rofession	d. C	d. Comments	
	ide city, state, & zi	ip)		RETIRED		Γ-		
	OR WILLIAMS		!	F	** 10 10 17 1			
	ICTORIA COUR	LT .		c. Employers	Name/Specific Field	-		
ELON. NC 27244 (336) 260-3733							Tection Sum to Date	
(330) =	00-3733						Tection Sum to Date	
						S	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	eription	j. Date (mm/dd/yyyy)	1	k. Amount	
	l	Check			02/20/2014		\$ 100.00	
							S	
							\$	
3. Contr	ributor Informatio	ən		Add □ Re	emove		· <u> </u>	
	ame, Mailing Add			b. Job Title/Pi	rofession	d. C	Comments	
	de city, state, & zi	p)		RETIRED				
2714 W	/. FRONT STREE NGTON, NC 272		-	c. Employer's	Name/Specific Field			
	84-1800	213		l		e. E	lection Sum to Date	
(===,	J. 1333			ı		S	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	١-	k. Amount	
	1	Check			02/20/2014		S 100.00	
			-		<del>                                     </del>		\$	
						$\dashv$	\$	
	al only this Pag	<del>-</del>	<u> </u>		<u>-</u>	\$	350.00	
	il of ALL CRC ine must be on line 6	D-1210 Pages 5 of Detailed Summary Po	age CRO-1100)			S	8.019.78	

Contributions from Individuals
--------------------------------

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

Pg 9 of 9 Amendment No

\$

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BOB BYRD 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ATTORNEY** WILEY P WOOTEN c. Employer's Name/Specific Field 231 FIELDSTONE DRIVE BURLINGTON, NC 27215 **VERNON LAW FIRM** e. Dection Sum to Date (336) 584-4515 \$ 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 03/11/2014 S 200.00 \$ \$ 4. Total only this Page 200.00 \$ 5. Total of ALL CRO-1210 Pages

CRO-1210

NC State Board of Elections

April 2007

8.019.78

Dis	hu	rce	me	ents
$-\mathbf{D}$ $\mathbf{E}$	, w u	1130		mis.

				- Am en am e	ent
Pg	1_	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

1. Committee Fi	ull Name (and Fund i	f applicable)						2. ID Num	ber
COMMITTEE .	TO ELECT BOB B	YRD							
3. Type of Disbu		use separate CRC	)- <i>1310</i>	forms for eac.	h type o	f Disbu	rseme	<u>'nt.)</u>	
Operating Exp	oenses Contr	ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party Exp	enditures
4. Payee Inform	ation			Add 🔲	Remov	e			=
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com m	ittee Na	a m e	d. Commer	ıts
(include city, sta	tc. & zip)								
	COUNTY BOARD (	OF ELECTIONS							
115 S MAPLE				c. Level Regis					
GRAHAM, NC	27253			□ Federal  □ State		County:		Doction	Sum to Date
				.state		winnerp	ianty.	e. Bection	Sum to Date
								S	99.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ou	ınt	k. Re	quired Rem	arks
1	Check	0	0:	2/10/2014	\$	99.00	CAN	IDIDATE I	FILING FEE
	•				\$				_
4. Payee Inform	ation			Add 🔲	Remov	e	·		
	ailing Address & Pho	one		b. Coordinate	đ Com m	ittee Na	ıme	d. Commer	its
(include city, sta									
AMAZON WEI	B SERVICES								
410 TERY AVI	E NORTH			c. Level Regis					
SEATLE, WA		Federal		County:					
				State		Municip	ality:	e. Election	Sum to Date
								\$	0.14
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ou	ınt	k. Re	quired Rem	arks
1	Draft	А	04	4/07/2014	S	0.14	WEE	HOSTING	Ĵ
					S				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4. Payee Inform	ation			Add □	Remove	e			
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Com m	ittee Na	ım e	d. Commen	ıts
(include city, sta	te, & zip)								-
BURLINGTON									
BURLINGTON	. NC 27215			c. Level Regis					
(336) 227-4293				Federal State		County:	ı ı	. 17 - 21	C . D .
				State		wrunicip	anty;	e. Hection	Sum to Date
								\$	111.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ou	n t	k. Re	quired Rem	arks
1	Debit Card	I	02	2/03/2014	s	49.00		·	
ł	Debit Card	K	0.3	2/03/2014	\$	62.00	РО В	OX	
5. Total only this	s Page					_	į	\$	210.14
6. Total of ALL	CRO-1310 Pages								
	a line 13a of Detailed S	ummary Page CRO-	1100 if	Oneratino Expe	ncec)				
	i line 13b of Detailed S					litical Ce	omm)	\$	2.128.89
	ı line 13c of Detailed S								
7. Purpose Co	des (List detailed	expenditure code	in <b>(h</b> .) a	above)			-	_	
A* - Media	B* - Printing	_	C* - F	undraising	_	D - To	Anoth	ner Candida	te
E - Salaries	F* - Equipme		G - Po	litical Party		H* - Ho	olding	Public Off	ice Expenses
I - Postage	J - Penalties	6	K* - O	ffice Expenses					Expense Fund
O* Other	. 1 4.91. 1 . 2								
<ul> <li>Codes require</li> </ul>	e detailed explanation	n in required rem	arks fi	ield (K)					

$\mathbf{r}$	•					
1)	IS	nı	rs	er	ne	nts

				Amendmo	nt	
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

	ull Name (and Fund i							2. ID Numb	er
COMMITTEE	TO ELECT BOB B	YRD							
3. Type of Disbu	irsement (Please)	use separate CRC	7-1310	forms for each	L tone o	f Dichu	*COM10		
Operating Exp		ributions to Candidat						ed Party Exper	nditures
4. Payee Inform			П	Add $\square$	Remov		01 <b>W</b> 11	curini, sape.	
	ailing Address & Pho	one		b. Coordinate			a m e	d. Comment	<u> </u>
(include city, sta	<del></del>	5110		0. 0.01		-		ui commen.	
DREAM HOST								<u> </u>	
billing@dreamh				c. Level Regis					
_				Federal		County			
				State		Municip	ality:	e. Election S	um to Date
								\$	8.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am ot	ınt	k. Re	quired Rema	rks
1	Debit Card	A	0:	2/04/2014	s	8.99	HOS	TING FEE	
					\$				
4. Payee Inform			🗖	Add 🔲	Remov			···	
	ailing Address & Pho	one		b. Coordinate	d Com m	ittee Na	ame	d. Comments	s
(include city, sta									
	BLISHING CO INC	•		e Level Regist	tared (Si	no ei fw\			
PO BOX 668  BURLINGTON, NC 27215  c. Level Registered (Specify)  Federal County									
		☐ State		_		e. Dection S	um to Date		
								\$	1,821.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	n t	k. Re	quired Remai	rks
1	Debit Card	В			<del>-</del>	87.88		INESS CAR	
0221/2014								E CARDS,	
		· <del></del>						ELOPES, EN	MERY
4. Payee Informa				Add 🔲	Remove				<del></del>
	uiling Address & Pho	ne		b. Coordinate o	d Com m	ittee Na	ım e	d. Comments	3
(include city, star		<del></del>							
	BLISHING CO INC				1.00				
PO BOX 668	NO 27217			c. Level Regist  Federal					
BURLINGTON	, NC 2/215			State		сошиу. Минісір		e. Dection St	ını to Data
									in to Date
								\$	1,821.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	n ŧ	k. Re	quired Remar	ks
1	Debit Card	В	03	/18/2014	\$ 2	21.60	BUS	INES CARD	s
· 1	Debit Card	В	04	/10/2014	\$ 2.	36.45	BUT	TONS	_
5. Total only this	Page							\$	1,491.04
6. Total of ALL (	CRO-1310 Pages							<del></del>	
	t line 13a of Detailed St	ummary Page CRO-	1100 if	Operating Expen	ises)		Ì		
	r line 13b of Detailed St	• •	_			litical Ca	mm)	\$	2,128.89
(This line goes in	i line 13c of Detailed Si	ımmary Page CRO-	1100 if (	Coordinated Par.	ty Expen	ditures)	- 1		
7. Purpose Co	des (List detailed e	expenditure code i	in (h <i>.</i> ) a	lbove)					
A* - Media	B* - Printing		C* - Fı	ındraising		<b>D</b> - To .	Anoth	er Candidate	
E - Salaries	F* - Equipme		G - Pol	itical Party		Н* - Но	lding	Public Offic	e Expenses
I - Postage	J - Penalties	•	K* - O	ffice Expenses				n to Legal Ex	
O* Other * Codos require	المناج المتاملات		1	-1.4 71.3					
" Codes require	detailed explanation	i in required rem	arks fi	eld (k)					

-									
1)	15	h	11	rc	ρ	m	ρ	nts	2

				Amendme	ent
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

commutees and	coordinated party e.	penditures								
	ull Name (and Fund							2. ID N	umber	
COMMITTEE	TO ELECT BOB B	<del>11=</del> :-								
3. Type of Disbu		use separate CR								
X Operating Exp		ributions to Candida	tes/Polit	ical Committees			ordinat	ed Party	Expenditures	
4. Payee Inform				Add 🔲	Rem					
1	ailing Address & Ph	one		b. Coordinate	d Con	ımittee Na	ıme	d. Com	nents	
(include city, sta	te, & zip)									
	BLISHING CO INC									
PO BOX 668				c. Level Regis	te re d					
BURLINGTON	I, NC 27215			Federal	L	County:		L		
ļ				State	L	Municip	alnyt	e. Hecti	on Sum to D	ate
		I	<del>, .</del>					S		1.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks	
t	Debit Card	В	0.	4/14/2014	S	339.89	CAN	4PAIGN	CARDS	
					\$					
4. Payee Inform	ation	<u></u>		Add 🔲	Remo	ove				
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Com	mittee Na	ını e	d. Com	nents	
(include city, sta	te, & zip)		_							
OFFICE DEPO	T STORE 253									
1825 S CHURC	'H STREET			c. Level Regist	te re d					
BURLINGTON	, NC 27215			Federal	Ļ	County:				
(336) 226-6122				State	L	<b>」</b> Municip	ality:	e. Electi	on Sum to D	ate
								\$	9	8.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks	
T ,	Debit Card	В	02	2/03/2014	S	87.82	LET	TER ST	OCK, DON	OR
	•		<del> </del>		\$	· <del>-</del>	CAR	DS, AD	DRESS	
5. Total only this	Рабе	<u> </u>	<u> </u>		Ψ.			S		7.71
	<del></del>							3	<del></del>	7.71
	CRO-1310 Pages									
	r line 13a of Detailed S							\$	2,12	8.89
	r line 13b of Detailed S r line 13c of Detailed S						mm)			
					пу Ехр	enanures)				
	des (List detailed									
A* - Media	B* - Printin	_		undraising				ier Cand		
E - Salaries	F* - Equipme			litical Party					Office Exper	
I - Postage	J - Penalties	5	K* - 0	office Expenses	S	Q* - Do	onatio	n to Leg	al Expense l	Fund
O* Other	المعادية المائمة المعادلة			-1.1 <i>a</i> -3						
CRO 1310	detailed explanation			rd of Elections						- 2000

Aggregated	Non-Media	<b>Expenditures</b>
	11011 1.104144	~ penantares

	Ame ndme nt			
Page	☐ Yes	X	No	

Optional form used to report NC Non-Media Expenditures of \$50 or less. 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BOB BYRD 3. Payee Information b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount a. Amend g. Required Remarks Add Draft CHECKS 01/30/2014 S 7.00 Remove Add 1 Debit Card В LABELS 03/18/2014 \$ 10.94 Remove Add Debit Card К ENVELOPES 02/04/2014 S 34.15 Remove Add Electric Funds Tran K ONLINE DONATION 02/19/2014 \$ 1.44 Remove: Add Electric Funds Tran K ONLINE DONATION 03/19/2014 \$ 5.75 Remove 4. Total only this Page \$ 59.28 5. Total of ALL CRO-1315 Pages \$ 59.28 (This line must be on line 14 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed expenditure code in (d) above)

B\* - Printing

C\* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F\* - Equipment

G - Political Party

H\* - Holding Public Office Expenses

O\* - Other

J - Penalties

K\* - Office Expenses Q\* - Donations to Legal Expense Fund

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

CRO-1315

NC State Board of Elections

December 2009

T	T 7 *	1 /	٧.	4 *1		
ın-	Kın	a c	On	itrit	outio	ns

			Amendm	n dm e n t		
Pg	1	of	_2_	☐ Yes	▼ 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
COMMITTEE TO ELECT BOB BYRD				
3. Contributor Information	l Add □ Re	emove		
a. Full Name, Mailing Address & Phone	b. Type of Cor		c. Con	nments
(include city, state, & zip)	X Individual	<del></del>	† · · ·	
BRIAN BOYLSTON	☐ Candidate			
5005 WINDSOR CT	Party			
ELON. NC 27244	□ PAC		<u></u>	
	Referendun		d. Hec	tion Sum to Date
	Other Rece	ipt Source	S	600.00
e. Description		f. Date (mm/dd	l/yyyy)	g. Fair Market Amount
IT CONSULTING		04/16/20	14	\$ 600.00
				\$
			_	S
3. Contributor Information		move		<u></u>
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	iments
(include city, state, & zip)	X Individual			
ROBERT BYRD	Candidate			
2826 CHARLOTTE LANE	Party			
BURLINGTON, NC 27215	☐ PAC ☐ Referendum	-	1.17	
	Other Rece		d. Fiec	tion Sum to Date
		ipi source	\$	1.198.60
e. Description		f. Date (mm/dd	lyyyy)	g. Fair Market Amount
MILEAGE 188 @ \$0.56		04/09/20	14	\$ 105.28
	-			s
				\$
3. Contributor Information	Add 🗌 Rei	move		· <del></del> ,
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments
(include city, state, & zip)	■ Individual			<del></del> -
ROSIE HALLER	Candidate			
4306 FLINTLOCK LANE	Party  PAC			
DURHAM, NC 27704	☐ PAC ☐ Referendum		.i. Illo ai	tion Sum to Date
(919) 308-3925	Other Recei		d. Eleci	tion Sum to Date
	Other Acce.	pr source	S	2,040.00
e. Description		f. Date (mm/dd	/yyyy)	g. Fair Market Amount
DESIGN WORK ON YARD SIGN, WEBSITE, PLATFORM CAR PAGE	tD. FACEBOOK	04/09/201	14	S 2.040.00
				S
				s
4. Total only this Page			S	2,745.28
5. Total of ALL CRO-1510 Pages  (This line weet he on line 17 of Detailed Summary Base CR	00 1100)	-	s	4.544.78
(This line must be on line 17 of Detailed Summary Page CR	U-1100)		1	

•	T 7 '	10		• •	
In-	Kın	a C	ont	rıbı	ıtions

			Amendment					
Pg	2	of		☐ Yes	No.			

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if ln-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable	e)	iii / days.	2. ID	Number	
COMMITTEE TO ELECT BOB BYRD				<u></u>	
3. Contributor Information	□ Add □ R	emove		<del>_</del>	
a. Full Name, Mailing Address & Phone	b. Type of Co		c. Con	ıments	-
(include city, state, & zip)	■ Individual		-		
CHRIS KETCHEL	☐ Candidate				
304 MOLINE STREET	☐ Party				
DURHAM, NC 27707	□ PAC				
(919) 533-9535	☐ Referendu	מנו	d. Dec	tion Sun	to Date
	Other Rec	eipt Source	S		299.50
e. Description	<u> </u>	f. Date (mm/	dd/yyyy)	g. Fair	Market Amount
CODING FOR WEBSITE - 10 HRS $\widehat{q}$ 29.95		04/09/2	2014	\$	299.50
				\$	
				\$	
3. Contributor Information	☐ Add ☐ R	emove		<u> </u>	
a. Full Name, Mailing Address & Phone	b. Type of Co	ntributor	c. Con	ments	
(include city, state, & zip)	■ Individual				<u> </u>
CAROLINE KING	Candidate				
2932 N NC HWY 119	Party				
MEBANE, NC 27302	☐ PAC				·
	Referendu		d. Elec	tion Sum	to Date
	Other Receipt Source		\$		1,500.00
e. Description		f. Date (mm/	dd/yyyy)	g. Fair !	larket Amount
BOOKEEPING SERVICES		04/16/2	014	\$	1.500.00
				s	<u> </u>
	· · ·			S	
4. Total only this Page			S	1	1,799.50
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary F	Page CRO-1100)	, <del></del>	s		4,544.78
	State Board of Election		_:		D

				Amendment					
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.

1. Committee Full Name (and Fund if applicable)					2. ID Number		
СОММІТ	TEE TO ELECT BOB BYRD						
3. Lender	Information		ld □ Re	move			
a. Full Nan	ne, Mailing Address & Phone	b	Job Title/Pr	ofession	d. Comme	nts	
(include	city, state, & zip)	RI	ETIRED				
ROBERT	BYRD						
	ARLOTTE LANE				e. Start Da	te (mm/dd/yyyy)	
BURLIN	GTON, NC 27215	c. I	Employer's	Name/Specific Field	01/21/2014		
		No	NONE				
					f. End Date	(mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Origina	l Loan Amount	j. Remaini	ng Loan Balance	
0.00%	NONE		\$	1.000.00	s	1,000.00	
k. Full Nan	ne of Lending Institution			·	I. Loan Number		
4. Total	only this Page			<del></del>	\$	1,000.00	
	of ALL CRO-1430 Pages must be on line 21 of Detailed Sumi	nary Page CRO-11	100)		s	1,000.00	
CRO-1430	)	NC State Boar	d of Election	IS		December 2007	