Disclosure Report Cover

Amendment

Yes No

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

1. Committee II	nformation	<u></u>						
a. Full Name								c. ID Number
СОММІТТЕЕ Т	O ELECT BOE	BYRD					***************************************	
b. Mailing Addr	ess (include Ci	ity, State and Zi	p Code))		- -	-	d. Date Filed
2826 CHARLOT BURLINGTON,	–				***************************************			7/10/2014
,	110 21210							e. Phone Number
								(336) 584-7302
2. Report Year	3. Period Sta	rt Date (mm/dd/;).)	4. Period	End Da	te (mm/dd/yy	5. Treasi	urer Full Name
2011		04/17/2014			06/30/2	2014	CAROLI	NE KING
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Joint Fundrais	er 🔲 PA	rC.		Organizatio	onal	Organizat	ional	Organizational
Referendum		gal Expense Fund		Thirty-rive	a day	Quarterly		Pre-referendum
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☐ "Booster Fund		······································	ī	Pre-electio	-	Secon	đ	Supplemental Final
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Other:		ļ	居		ne	Mid Y		10. Special Report Name
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8. Number of Fu	indraisers this	s Report		Special		☐ Final		
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3. Account Infor								
3. Account Intor a. Financial Insti						ount Informa		
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CAPITAL BANK	I. INC							
b. Purpose	•	c. Account Cod	e	-	b. Purp	e		c. Account Code
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I certify that th	ie Committee o	or Fund is in cor	mpliane	e with all a	noolicab	le provisions	of Article	22A, 22B & 22D-22M of
Chapter 163 of	the NC Gener	al Statutes and	that no	finds are	commit	reled with ne	hibited or	other non-disclosed
timas I finthe	e certify that t	his report is cor	medata	terra and a	COMMAND	- 4 -t-as I barr	· I· · · · · · · · · · · · · · · · ·	other non-disclosed
luius, raum	a ceimy maci	inz report is con	uhiere'	true and co	orrect as	na that i nav	e been train	ed by the NC State Board
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OR OFFICE US	SE ONLY	_						
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Date Data En	tered:		_	Employ	/ee _	 _		Signer has not received mandatory training
Please Note	: This form ca	annot be used to	o amen	d committe	e infom	nation such a	s the comp	uttee address, treasurer,
	assistan	it treasurer, cust	todian (of hooks ir	ofomati	on of agoon	s the condi	iittee address, deastrer,
Yo		i the Statement						

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report COMMITTEE TO ELECT BOB BYRD 2011 Second Quarter Total this Total this 2014 Start of Election Cycle: January 1, Reporting Period Election Cycle 4) Cash on Hand at Start 2,416.83 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 1,935.00 S 2.065.00 6) Contributions from Individuals (CRO-1210) S 9,690.80 | \$ 17,778.90 7) Contributions from Political Party Committees 0.00 (CRO-1220) 0.00 8) Contributions from Other Political Committees (CRO-1230) S 0.00 0.00 9) Loan Proceeds (CRO-1410) 0.00 \$ 1,000.00 10) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 | \$ 0.00Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) 0.00 S 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) S 0.00 0.00 11c) Outside Sources of Income (CRO-1250) 0.00| \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) S 0.00 0.00 11e) Exempt Purchase Price Sales (CRO-1265) S 0.00 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 11.625.80 | \$ 20.843.90 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) S 4,569.95 6,698.84 13b) Contributions to Candidates/Political Committees (CRO-1310) S 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) 5 0.00 0.00 14) Aggregated Non-Media Expenditures (CRO-1315) S 0.00 59.28 15) Loan Repayments (CRO-1420) S 0.00 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) S S 196.00 196.00 17) In-Kind Contributions (CRO-1510) 1,365.80 5,978.90 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) S S 6.131.75 12.933.02 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 7,910.88 7.910.88 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 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) S 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

Aggregated Contributions from Individuals $P_{age} = \frac{1}{1} \text{ of } \frac{2}{1} = \frac{1}{1} \text{ No}$

Amendment

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

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Aggregated Contributions from Individuals

Page 2 of 2 Tyes No

Amendment

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

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		Amendment					
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				Amendment			
Pg	2	of	17_	☐ Yes	⊠ No		

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

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			Amendment			
Pg	 of	17	☐ 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) PHYSICIAN PAUL J CARROLL 3130 BRYCEWOOD COURT c. Employer's Name/Specific Field BURLINGTON, NC 27215 AMERICAN ANESTHESIA e. Election 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 06/26/2014 S 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) PRESIDENT THOMAS E CHANDLER JR PO BOX 131 c. Employer's Name/Specific Field BURLINGTON, NC 27216 CHANDLER CONCRETE CO INC e. Election Sum to Date S 250.00 f. Prior g. Account Code b. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 06/11/2014 S 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) MANAGER MICHAEL L DAVIS 533 TENNIS AVENUE c. Employer's Name/Specific Field AMBLER, PA 19002 HEALTH MARKET SERVICE e. Election Sum to Date INC 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k Amount Check 05/11/2014 S 100.00 П S S 4. Total only this Page 600.00 S 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) S 9,690.80

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Contributions from Individuals	Pg	4	of	17	☐ Yes	X No
Use this form to report individual contributions over \$50 or contribution	บารบบส	er \$50	if for	m CRO 120	Sie notues	

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Amendment Pg _______ of 17 ☐ Yes

 \square 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) KEVIN DALE GREESON c. Employer's Name/Specific Field PO BOX 573 ALAMANCE, NC 27201 APPLE BELL JOHNSON & e. Election Sum to Date CO, PA 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check П 05/13/2014 S 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) HOMEMAKER **ELLEN S HARRISON** c. Employer's Name/Specific Field 1021 W FRONT STREET BURLINGTON, NC 27215 NONE 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 ŧ 05/21/2014 S 100.00 \$ S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY J WADE HARRISON c. Employer's Name Specific Field 1021 W. FRONT STREET BURLINGTON, NC 27215 WISHART NORRIS e. Election Sum to Date HENNINGER & PITTMAN 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (nim/dd/yyyy) k Amount Check ŧ 05/21/2014 S 100.00 S S 4. Total only this Page

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

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

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					Amendm	ent
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f. Total only this Page	425.00
5. Total of ALL CRO-1210 Pages	442.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	9,690.80

Amendment 12_ of 17 ☐ 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) PEDITRICIAN CHARLES K SCOTT c. Employer's Name/Specific Field 2126-A WEST FRONT STREET BURLINGTON, NC 27215 **BURLINGTON PEDIATRICS** e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 06/24/2014 S 500.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title Profession d. Comments (include city, state, & zip) RETIRED HENDERSON SCOTT 1400 N JIM MINOR ROAD c. Employer's Name/Specific Field HAW RIVER, NC 27258 RETIRED e. Election Sum to Date S 00.001 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k Amount Check 06/12/2014 S 00.001 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED WILLIAM C SCOTT SR c. Employer's Name/Specific Field PO BOX 2690 BURLINGTON, NC 27216 RETIRED e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k Amount Check 1 06/12/2014 5 1.000.00 S S 4. Total only this Page 1,600.00 S

5. Total of ALL CRO-1210 Pages

9.690.80

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Pg 13 of 17 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) PHYSICIAN KATHLEEN SHAPLEY-QUINN 130 JUSTICE STREET c. Employer's Name/Specific Field CHAPEL HILL, NC 27516 ALAMANCE COUNTY e. Election Sum to Date HEALTH DEPARTMENT 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Electric Funds Tran 1 04/20/2014 S 250.00 S П S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHYSICIAN **TODD SHAPLEY-OUINN** 130 JUSTICE STREET c. Employer's Name/Specific Field CHAPEL HILL, NC 27516 DUKE UNIVERSITY e. Election 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 Electric Funds Tran 04/20/2014 S 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) UNKNOWN RICHARD H SHIRLEY JR 2208 W FRONT STREET c. Employer's Name/Specific Field BURLINGTON, NC 27215 UNKNOWN e. Election Sum to Date 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k Amount Check 1 05/10/2014 S 200.00 S S 4. Total only this Page S 700.00 5. Total of ALL CRO-1210 Pages S (This line must be on line 6 of Detailed Summary Page CRO-1100) 9,690.80

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P_{g}	14	of	17	☐ Yes	No.

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	HIRD STREET			c. Employe	er's]	Name/Specific Field			
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Amendment $P_{\rm g} = 15$ of 17 ☐ 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) MANAGING PRINCIPAL WILLIAM H SMITH 905 SUNSET DRIVE c. Employer's Name/Specific Field GREENSBORO, NC 27408 TRUST COMAPNY OF THE e. Election Sum to Date SOUTH 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (nim/dd/3333) k Amount Check 1 06/03/2014 S 100.00 S П S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED PRISCILLA STARLING 2507 ELDERWOOD LANE c. Employer's Name/Specific Field BURLINGTON, NC 27215 RETIRED e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/5333) k. Amount Check 1 05/21/2014 S 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) PHYSICIAN CHARLES F SYDNOR c. Employer's Name/Specific Field 6707 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349 ALAMANCE EYE CENTER 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 1 06/27/2014 S 100.00 S S 4. Total only this Page S 450.00 5. Total of ALL CRO-1210 Pages

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

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Pg 16 of 17 Amendment Ves 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) HORSE TRAINER CYNTHIA B SYDNOR c. Employer's Name/Specific Field 6707 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349 SELF EMPLOYED 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 06/27/2014 S 100.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED STEVE ALLEN VANPELT 580 GRANDVIEW DRIVE c. Employer's Name/Specific Field GRAHAM, NC 27253 RETIRED e. Election 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 05/24/2014 S 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 ROBERT H WINDHAM JR 2008 SWEETBAY CIRCLE c. Employer's Name/Specific Field BURLINGTON, NC 27215 RETIRED 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 05/09/2014 S 100.00 S S 4. Total only this Page S 450.00 5. Total of ALL CRO-1210 Pages S (This line must be on line 6 of Detailed Summary Page CRO-1100) 9.690.80

Contributions	from	Individuals
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			Amendm	ent
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Disburseme	nts
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				☐ State	☐ Munic	ipality:	e. Election Su	m to Date
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(336) 226-1488			İ	□ State	☐ Munici	pality:	e. Election Sun	ı to Date
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			Amendme	ent
Pg _	 of	4	☐ Yes	X No

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3. Type of Disbi	ursement (Please	use separate CR	<u>0-1310</u>	forms for eac	h typ	e of Disbu	ursemu	ent.)	
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MARKELL PUB	LISHING CO INC			<u></u>					
PO BOX 668				c. Level Regis	tered	l (Specify)			
BURLINGTON.	NC 27215			Federal		County			
				☐ State		■ Municip	pality:	e. Election	Sum to Date
								S	4,979.82
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4805 MT HOPE I	DRIVE			c. Level Regis	tered	(Specify)			
BALTIMORE, M				☐ Federal		County:			
(410) 580-5777				☐ State				e. Election S	Sum to Date
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220 HILLSBORO				c. Level Regist	ered	(Specify)			
RALEIGH, NC 2	7603			Federal		County:			
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	Amendment								
Pg3_	of	4	☐ Yes	X No					

1. Committee 1	full Name (and Fund	if applicable)				_		2. ID Numb	er
COMMITTEE '	TO ELECT BOB BYR	D							
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for eac	ch type	of Disbi	ırsem	ent.)	
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BURLINGTON.				☐ Federal		County			
(336) 226-6122				☐ State				e. Election S	Sum to Date
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1. Committee F	ull Name (and Fund	if applicable)						2. ID N	umber
COMMITTEE T	O ELECT BOB BYR	D							
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for eac	ch type o	of Disbi	ırsem	ent.)	 •
Operating Ex	penses 🔲 Cont	ributions to Candida	ites/Polit	ical Committee					Expenditures
4. Payee Inform	nation			Add 🔲	Remo				<u> </u>
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Com	nittee N	ame	d. Com	uents
(include city, sta	ate, & zip)						***************************************	***************************************	
PIRYX									
144 2ND ST 1ST				c. Level Regi					
SAN FRANCISC	CO, CA 94105			☐ Federal		County			
(888) 648-2220				☐ State	Ц	Munici	pality:	e. Electi	on Sum to Dat
				1				S	45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k Re	quired R	emarks
1	Electric Funds Tran	K	0	4/20/2014	S	14.38	ONL	INE DON	ATION FEE
1	Electric Funds Tran	К	0	4/20/2014	s	14.38	ONL	INE DON	ATION FEE
4. Payee Inform	ation		J	Add 🗆	Remov		07.12		THOMES
	ailing Address & Ph	one		b. Coordinate			anie	d. Comn	ients
(include city, sta	_								
PIRYX	The state of the s	***************************************		1					
144 2ND ST 1ST	FLOOR			c. Level Regis				ĺ	
SAN FRANCISC	O, CA 94105			☐ Federal		County			
(888) 648-2220				☐ State		Municip	zality:	e. Electio	n Sum to Date
								s	45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyvy)	i. Amor	unf	k. Re	quired Ro	marks
1	Draft	K	*************	4/29/2014	S	1.15	†	·	ATION FEE
ı	Electric Funds Tran	K	00	5/22/2014	S	2.88	1		ATION FEE
4. Payee Informa	ation			Add 🔲	Remov				
	iling Address & Pho	one		b. Coordinate			ame	d. Comm	ents
(include city, sta	te, & zip)			***************************************	***************************************	1+11+111	****************		***************************************
PIRYX									
144 2ND ST 1ST	FLOOR			c. Level Regis					
SAN FRANCISCO	O, CA 94105			☐ Federal		County:			
(888) 648-2220				☐ State	Ц	Municip	ality:	e. Electio	n Sum to Date
								\$	45.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amou	t	k. Re	quired Re	marks
1	Draft	K	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5/22/2014	S	5.75	***********	······	ATION FEE
		-		,	5				
5. Total only this	Pogo		_		,				
		 		· :				<u>S</u>	38.
	CRO-1310 Pages						ĺ		
	line 13a of Detailed Si							S	4.569.
(This line goes in	t line 13b of Detailed St t line 13c of Detailed St	ummary Page CRO ummary Page CRO	1100 y C 1100 if C	conorb to Candi Coordinamd Par	idates/Po rtv Expen	lineal Co dinivas)	тт)		
	des (List detailed e				ty Expen			-	
A* - Media	B* - Printing			ndraising		D - Ta	Anoth	er Candi	
- Salaries	F* - Equipme	-		tical Party					ffice Expense
- Postage	J - Penalties			fice Expenses					l Expense Fun
O* Other				-		. ~.		En	period 1 dil
	detailed explanation	in required rema	arks fie	eld (k)					
7D/1 1 21/1									

Refunds/Re	eimhı	ircemente	From the Co	mmittoo			Amenda	<u>-</u> _
Use this form to r	renort re	funds/reinbur	sements, including o	ontributions sen	g <u> </u>	1	☐ Yes	X No
1. Committee Fu	ll Name	(and Fund if ar	oplicable)	mar anomodium	imed to the conti		r D Numbe	
СОММІТТЕЕ ТО				***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ID MIRVE	1
3. Payee Informa	tion .			Add □ Re	emove			
a. Full Name, Mai		iress & Phone	<u></u>	d. Type of Com		T	Comments	
(include city, state, & zip)				Cancidate	□ PAC	<u>5</u> . '	Сошщени	i
ROBERT BYRD				Referendum				
2826 CHARLOTTE LANE			e. Level Registe		h. (Original R	leceipt Date	
BURLINGTON, NC 27215			☐ Federal	County:	[
			☐ State	☐ Municipality: 05/02/2014			2/2014	
					,	i. C	Original R	eceipt Amount
	_	 				S		196.00
b. Job Title/Profes	sion	c. Employer's l	Name/Specific Field	f. Purpose Code j. Election S			lection Su	n to Date
RETIRED		NONE		 P		s		1,198.60
k. Account Code	l. Form	of Payment	m. Required Reman		n Data (new/34)		, 	
	Check		***************************************	'AS	n. Date (mm/dd/y	333)	o. Amour	1 t
1	Cileck		REFUND FOR STAMPS		05/02/2014		S	196.00
4. Total only this			_			S	-	196.00
5. Total of ALL C	RO-132	0 Pages	<u> </u>			1	_	
			mmary Page CRO-110			S		196.00
			sement code in (f) al	oove)			-	
L - Returned to			Overpayment for Ser	rvice	N - Exceed	led C	ontibution	n Limit
P* - Reimburse			Other					
* Codes require CRO-1320	e detaile	d explanation i	n required remarks					
CRU-1320			NC State Boar	rd of Elections				July 2007

In-Kind Contributions

Use CRO-1215 if In-Kind Contributions were of 1. Committee Full Name (and Fund if applicable)	ole)			2. ID	Number	
COMMITTEE TO ELECT BOB BYRD		***************************************	······			
3. Contributor Information	ПАЛЛ					
a. Full Name, Mailing Address & Phone			ntributor	c Cor	nments	
(include city, state, & zip)		ndividual			mments	
BRIAN BOYLSTON	***************************************	andidate				
5005 WINDSOR CT	□ 5	arty				
ELON, NC 27244	□ F	PAC				
		leferendu		d. Ele	tion Sum	to Date
	🗆 0	other Rec	eipt Source	S		1,150.0
e. Description			f. Date (mm/		To Foin V	Iarket Amour
IT CONSULTING			***************************************		ig. rair v	iarket Amour
			06/30/2	014	S	300.0
					s	
					S	''
3. Contributor Information		☐ Re				
t. Full Name, Mailing Address & Phone			atributor	c. Con	iments	***************************************
(include city, state, & zip)		idividual		-		
ROBERT BYRD		ancidate				
2826 CHARLOTTE LANE						
BURLINGTON, NC 27215		ac eferendun	1	d Floo	tion Sum	in Dada
	l		ipt Source	n. Liec	non Sum	to hate
			.pr vonc.	S		198.6
Description			f. Date (mm/c	ld'yyyy)	g. Fair M	arket Amoun
TTAMPS			05/02/20	014	S	196.0
					S	<u></u>
	<u> </u>				S	
. Contributor Information	☐ Add	☐ Ren	nove	.	<u> </u>	
Full Name, Mailing Address & Phone			tributor	c. Com	ments	
(include city, state, & zip)		dividual				
CHRIS KETCHEL	I=	ncidate				
04 MOLINE STREET	l	rty				
DURHAM, NC 27707	□ P.	tC ferendum				
919) 533-9535			pt Source	d. Llect	ion Sum t	o Date
		na necei	pt source	S		419.30
Description			f. Date (mm/d	d'yyyy)	g. Fair Ma	irket Amouni
OMPUTER CODING			06/30/20	14	S	119.80
-					S	
				ı		
		_			S	
Total only this Page Total of ALL CRO-1510 Pages				\$	S	615.80

Amendment

In-Kind Contributions				_			Amendment	
							☐ Yes	☑ No
Use this form to report non-monetary contribution	ns, donations,	goods or se	avice	s pro	vided t	to the co	mmittee or :	fund.
Use CRO-1215 if In-Kind Contributions were	or will be refu	inded with	in 7	days	; <u> </u>			
1. Committee Full Name (and Fund if applical	ble)					2. ID	Number	
COMMITTEE TO ELECT BOB BYRD		***************************************			***************************************			,,,,,
3. Contributor Information	□ Ac	id □ R	emo	ve				
a. Full Name, Mailing Address & Phone	b. 1	Type of Co	ntril	butor	,	c. Cor	uments	
(include city, state, & zip)		Individual	•	••••••	·•••		***************************************	
CAROLINE KING		Candidate						
2932 N NC HWY 119		Party						
MEBANE, NC 27302	□ PAC							
		Referendu	m			d. Election Sum to Date		
		Other Rec-	eiot S	Source	è			
]		•			\$ 2		2,250.00
e. Description			f. I)ate ((mm/d	d/3333)	g. Fair M	arket Amount
BOOKKEEPING SERVICES				06	/30/20	14	S	750.00
							S	
			 				S	
4. Total only this Page						S		750.00

NC State Board of Elections

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100)

CRO-1510

Amendment

S

1,365.80

December 2007

			Amendment				
Pg	 of	1	☐ Yes	No No			

December 2007

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

1. Commi	ttee Full Name (and Fund if app	licable)	2. ID Num	her	
	TEE TO ELECT BOB BYRD	***************************************		V-1	
3. Lender	Information	☐ Add ☐ Remove			
	me, Mailing Address & Phone	b. Job Title/Profession	d. Comme	nts	
(include	city, state, & zip)	RETIRED		***************************************	
ROBERT	BYRD				
2826 CHA	RLOTTE LANE		e. Start Da	te (mm/dd/yyyy)	
BURLING	STON, NC 27215	c. Employer's Name/Specific Field		01/21/2014	
		NONE			
			f. End Date	(mm/dd/yyyy)	
				(4)	
g. Rate	h. Security Pledged	i, Original Loan Amount	j. Remaini	ng Loan Balance	
0.00%	NONE	\$ 1,000.		1,000.00	
k. Full Nan	ue of Lending Institution		l. Loan Nu	nber	
4. Total	only this Page		s	1,000.00	
	of ALL CRO-1430 Pages must be on line 21 of Detailed Sum.		s	1,000.00	
CRO-1430)	NC State Board of Elections		December 2007	