Disclosure Report Cover

Amendment

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 Information									
a. Full Name							c. ID Number		
COMMITTEE TO ELECT BOB	BYRD								
b. Mailing Address (include Ci	ty, State and Zip	Code)					d. Date Filed		
2826 CHARLOTTE LANE BURLINGTON, NC 27215							10/27/2014		
BURLINGTON, NC 27213							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 0	7/01/2014			10/18/2	2014	CAROLINI	EKING		
6. Type of Committee (Check			e of Report	(c)		type of repo	ort from one category)		
X Candidate Campaign ☐ Pa		Munic			State/County		Referendum		
☐ Joint Fundraiser ☐ PA		닏	Organizatio		Organizatio	mal	Organizational		
			Thirty-five		Quarterly		Pre-referendum		
7. Type of Fund (if applicab "Booster Fund"	le, check one)	믐	Pre-primary Pre-election		First Second		Final		
Building Fund		H	Pre-runoff	1	✓ Third		Supplemental Final Annual		
Presidential Election Year Car	didates Fred	ш	Semi-annua		Fourth		Special		
NC Public Campaign Financing			Mid Ye	20	Semi-annua		☐ opeciai		
The I some campaign I manent	, 1 0.10	ă	Year E		Mid Ye	7	10. Special Report Name		
Other:		Ħ	Final		Year E	50.0%	10. Opecial report rame		
8. Number of Fundraisers this		Ħ	Special		☐ Final				
0			•		Special				
3. Account Information	LE NOTOR DE LO PERMITENTO	un anno est		2 1	op				
a. Financial Institution Full Na	ma			ANY STREET, SALES OF PERSONS	ount Informati	AND X DESCRIPTION OF THE RES			
CAPITAL BANK, INC	me			a. 1 1113	inciai instituti	JH 1 411 1 1 411	16		
CAITTAL BANK, INC									
b. Purpose	c. Account Code	2		b. Purj	pose		c. Account Code		
CAMPAIGN ACTIVITY		1							
	d. Period Begin	Balan	ce				d. Period Begin Balance		
	S		7,910.88				S		
CERTIFICATION									
I certify that the Committee Chapter 163 of the NC Gene funds. I further certify that Caroline Ki Printed Name of	I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board								
FOR OFFICE USE ONLY					10				
Date Received:	10-27-14	1	Emplo	yee .	16		<u>ivery Method</u> Normal Mail		
Date Postmarked:			Emplo	yee .		- 🖁	Registered Mail Hand Delivered		
Date Scanned:		-	Emplo	yee .		- "	Electronically Filed		
Date Data Entered:			Emplo	yee .			Signer has not received mandatory training		
1	annot be used to nt treasurer, cus	todian	of books i	nfo m a	tion, or accour	nt information	on.		

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

	2. Type of Re	port	3. ID	Number
COMMITTEE TO ELECT BOB BYRD	2011 Third Q	uarter		
Start of Election Cycle: January 1,2014		Total this Reporting Perio	ed	Total this Election Cycle
4) Cash on Hand at Start		\$ 7,910	-	\$ 0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 2,276	.70	S 4,341.70
6) Contributions from Individuals	(CRO-1210)	\$ 18,778	.03	36,556.93
7) Contributions from Political Party Committees	(CRO-1220)	\$ 400	.00	\$ 400.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 400	.00	\$ 400.00
9) Loan Proceeds	(CRO-1410)	S 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)	5 0	.00	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	S 0	.00 5	0.00
11c) Outside Sources of Income	(CRO-1250)	2 0	.00 5	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	2 0	.00	00.00
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,	11d and 11e)	\$ 21,854	-+	42,698.63
<u>EXPENDITURES</u>				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	S 21,483	.10	28,181.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S 0	.00	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	S 0	.00	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	.00	59.28
15) Loan Repayments	(CRO-1420)	\$ 0	.00 5	0.00
(6) Refunds/Reimbursements from the Committee	(CRO-1320)		.00 5	-
17) In-Kind Contributions	(CRO-1510)	\$ 4,530		·
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 26.013		 -
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 3.751		
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		.00	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 1,000	.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	S 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)	S 0	.00 S	0.00
6) Forgiven Loans	(CRO-1440)	5 0.	.00 S	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.	2 00.	0.00
(8) Contributions to be Refunded CRO-1100 NC State Board	(CRO-1215)	\$ 0.	2 00.	0.00

Amendment

Aggregated Contributions from Individuals $p_{age} = 1$ of 3 \square $Y_{es} = N_0$

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

		Fund if applicable)	Trom maividuals of \$2		2. ID N	lumber	
СОММІТТЕ	E TO ELECT BOB	BYRD		4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1			
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	(3333)	f. Amount	
□ Aćć	1	Check		07/14/2014	*******************************	S	50.00
□ Remove □ Aćć	,			07/17/201		د ا	
Remove	1	Check		09/23/2014	4	S	50.00
☐ Aċċ ☐ Remove	l	Check		08/13/2014	4	S	35.00
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☐ Add ☐ Remove	1	Electric Funds Tran		09/29/2014	4	5	50.00
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☐ Aċċ ☐ Remove	1	Check		09/16/2014	4	\$	50.00
□ Add □ Remove	1	Check		07/27/2014	1	5	50.00
□ Aćć □ Remove	1	Check		09/14/2014	1	5	25.00
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☐ Aċċ ☐ Remove	l	Check		07/15/2014	1	S	37.50
□ Remove □ Add □ Remove	1	Check		09/23/2014		S	25.00
🛘 Aćć	1	Check		07/11/2014	 1	5	50.00
Remove	1	Check		07/11/2014	1	5	50.00
Remove	1	Check		07/09/2014	‡	S	40.00
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□ Add □ Remove	l	Electric Funds Tran		08/07/2014	1	5	50.00
□ Aċċ □ Remove	l	Cash	3333	08/20/2014	1	5	50.00
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	ALL CRO-12		S		\$2,276.70		
(1 his line m CRO-1205	ust be on time 3 of Di	etailed Summary Page (C State Board of Elections	_			April 2007

Amendment

Aggregated Contributions from Individuals $P_{age} = \frac{2}{2} \quad of \quad \frac{3}{2} \quad \square \quad Y_{es} \quad \square \quad N_0$

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

		Fund if applicable)		2. 🖸	Number	
COMMITTE	E TO ELECT BOB	BYRD				
3. Contribut	or Information			J		
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy) f. Amoun	t
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□ Add □ Remove	1	Check		08/21/2014	S	50.00
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□ Add □ Remove	1	Check		08/07/2014	5	50.00
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	ıly this Page			S		\$866.70
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RO-1205			C State Board of Elections	•		April 200

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Aggregated Contributions from Individuals $P_{age} = \frac{3}{100} \text{ of } \frac{3}{100} \frac{3}$

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

I. Committe	e Full Name (and	Fund if applicable)			2. ID Number		
СОММІТТЕ	E TO ELECT BOB	BYRD		i			
3. Contribut	or Information		-		 -		
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	(,,,,,	f. Amoun	t
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□ Add □ Remove	l	In-Kind	INVITATIONS AND REFRESHEMENT FOR	10/08/201	4	S	35.00
☐ Aćd ☐ Remove	1	Check		09/23/201-	4	S	50.00
4. Total or	ly this Page		<u> </u>	•	S		\$435.00
5. Total of	ALL CRO-12	05 Pages etailed Summary Page	CRO-1100)		S		\$2,276.70
RO-1205			C State Board of Elections				April 200

CRO-1205 NC State Board of Elections April 2007

		om Individuals			Pg 1 of 21		Amendmen Tes	No No
				ontributions	under \$50 if form CRO			
	MITTEE TO ELECT	(and Fund if applicab	le)			2.	ID Number	
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3. Cont	ributor Informati	ion		Add 🔲	Remove			
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BR AN	SBACHER							
	DAVIS STREET			c. Employer	's Name/Specific Field			
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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)

		com Individual		ontributions	Pg <u>2</u> of <u>21</u> under \$50 if form CRO	_ [Amendment DYes No No s not used
1. Com	mittee Full Name	(and Fund if applical	ole)				Number
COMN	IITTEE TO ELECT	F BOB BYRD					
3. Con	tributor Informat	ion		Add 🗆 I	Remove		
a. Full	Name, Mailing Ad	dress & Phone		b. Job Title		d. Cc	omments
(incl	ude city, state, & 2	cip)		DISTRIBUT	ION		
	T BOORAS					_	
	OBBY JEAN RD			c. Employer	's Name/Specific Field		
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BRIAN	BOYLSTON						
	INDSOR CT			c. Employer'	s Name/Specific Field		
ELON,	NC 27244			HEWLETT-	PACKARD	<u></u>	
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5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

560.00

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C Us

contributions from Individuals		,	21	Amendme	
se this form to report individual contributions over \$50 or contribution				☐ Yes 5 is not use	
Committee Full Name (and Fund if applicable)	·			ID Number	

1. Com	mittee Full Name	(and Fund if applicab	le)			-	2.	ID Number	_
l	IITTEE TO ELECT			111111111111111111111111111111111111111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3. Cont	ributor Informati	on		Add	□ Re	emove			_
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Cont	tributions fi	om Individual	s		Pg 4 of 21		Amendme	ent N No
			·· -		under \$50 if form CRO	_		
		(and Fund if applicab		-		_	ID Number	
СОММ	IITTEE TO ELECT	BOB BYRD					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. Cont	ributor Informat	ion		Add 🔲	Pamova			
	Name, Mailing Ad			b. Job Title		d. Comments		
	ude city, state, & 2			RETIRED				***************************************
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5348 S				c. Employe	r's Name/Specific Field			
BURLI	NGTON, NC 2721	15		RETIRED			<u> </u>	
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(inclu	ide city, state, & z	ip)		RETIRED				
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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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Pg	9_	of	21	☐ Yes	X No

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	D WELL DRIVE NC 27244			····		Name/Specific Field		
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Ese this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used	se this form to	report individual	contributions	over S50 or co	ntributions u	nder S50 if form	CRO 1205 is not used
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Pg 11 of 21 Yes No

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$\mathbf{P}_{\mathbf{g}}$	_13_	of	21	☐ Yes	∑ 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 applicab	le)				2.	ID Number	-
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3. Cont	ributor Informati	ion		Add	☐ Re	emove			
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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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		6 of Detailed Summary 1	Page CRO-1100)			\$		18,778.03

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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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				ent	
Pg	19	of	21	☐ Yes	X No

18,778.03

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number 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) FORD FRANCHISE DEALER DALE STEARNS c. Employer's Name/Specific Field 711 N GURNEY STREET BURLINGTON, NC 27215 STEARNS FORD 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 Electric Funds Tran 09/12/2014 S 200.00 S П S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY DEREK B STEED c. Employer's Name/Specific Field 3316 DORAL CT BURLINGTON, NC 27215 GLEN RAVEN, INC 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 07/24/2014 S 500.00 S S 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED EDUCATOR LEONORAH H STOUT c. Employer's Name/Specific Field 2020 SULLIVAN PARK CIRCLE BURLINGTON, NC 27215 RETIRED e. Election Sum to Date (336) 227-0362 1,370,46 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check i 07/14/2014 S 500.00 1 In-Kind REFRESHMENTS AND S 08/13/2014 370.46 DECOR FOR MEET AND S 1,570.46 4. Total only this Page S 5. Total of ALL CRO-1210 Pages

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Pg	20	of	21	☐ 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 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title Profession d. Comments (include city, state, & zip) RETIRED BARBARA H TAYLOR c. Employer's Name/Specific Field 1106 W DAVIS STREET 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 09/14/2014 S 100.00 S S ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED JEROME B TAYLOR c. Employer's Name/Specific Field 1106 W DAVIS STREET BURLINGTON, NC 27215 RETIRED 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 10/14/2014 S 500.00 5 П S ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DENTIST MICHAEL J TOULOUPAS c. Employer's Name/Specific Field 1019 VALLEYDALE DRIVE BURLINGTON, NC 27215 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 09/29/2014 S 100.00 S S 700.00 4. Total only this Page S 5. Total of ALL CRO-1210 Pages S 18,778.03 (This line must be on line 6 of Detailed Summary Page CRO-1100)

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Pe	21	of	21	🗖 Yes	No.				

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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) CEO LARRY VELLANI c. Employer's Name/Specific Field 104 EAST JACKSON STREET MEBANE, NC 27302 SMART START OF FORSYTH e. Election Sum to Date COUNTY INC 100.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount Electric Funds Tran 10/16/2014 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) CORPORATE OFFICER TOM E WILLIAMSON JR c. Employer's Name/Specific Field 201 CHAPEL HILL ROAD BURINGTON, NC 27215 AMERICAN CLASSIC e. Election Sum to Date PROVISIONS, INC. 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 07/03/2014 S 500.00 Check ı S 07/30/2014 500.00 S ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FISHERMAN ROBERT J WISHART c. Employer's Name/Specific Field 1200 OLMSTEAD LAND WILMINGTON, NC 28405 ROBERT NORRIS 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 1 S 07/12/2014 75.00 S 5 1,175.00 4. Total only this Page S 5. Total of ALL CRO-1210 Pages

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

		cal Party Committees P	g <u>l</u> of _	1	Amendmer Yes	at No
Use this form to	o report contribution	s from a political party				
1. Committee Fu	ll Name (and Fund if a	pplicable)		2. ID :	Number	
COMMITTEE TO	ELECT BOB BYRD					
3. Contributor In		☐ Add ☐ R	emove			
a. Full Name, Mai	lling Address & Phone			b. Con	nments	(4111)
(include city, s	tate, & zip)	(44))))				
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				c. Tiec	tion Sum to	Date
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CRO-1220		NC State Board of Elections				April 2007

Use this form to report contributions from other candidate, referendum or PAC committees 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT BOB BYRD 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) IAN BALTUTIS FOR NC HOUSE 2966 S CHURCH STREET BOX 222 BURLINGTON, NC 27215 D State C. Level Registered (Specify) State Municipality: e. Election Sum	nt No
a. Full Name, Mailing Address & Phone (include city, state, & zip) IAN BALTUTIS FOR NC HOUSE 2966 S CHURCH STREET BOX 222 BURLINGTON, NC 27215 b. Type of Committee d. Comments Tall Candidate PAC Referencium c. Level Registered (Specify) Federal County:	
(include city, state, & zip) IX Candidate □ PAC IAN BALTUTIS FOR NC HOUSE □ Referendum 2966 S CHURCH STREET BOX 222 c. Level Registered (Specify) BURLINGTON, NC 27215 □ Federal □ County:	
	to Date
f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount	400.00
1 Check 09/17/2014 S	400.00
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\$	
4. Total only this Page	\$400.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) CRO-1230 NC State Board of Elections	\$400.00

Disbursen	iante						Amendmen	_
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committees and	report expenditures coordinated party ex	from the committ	ee for c	perating exper	ises, contribut	ons to	o candidate polit	acal
	ull Name (and Fund i						2. ID Number	
	O ELECT BOB BYRI						2. AD INHIBOU	en de la companya de
3. Type of Disbi	rsement (Please)	use separate CR()-1 <i>310</i>	forms for eacl	h type of Disbu	rseme	! ent)	
X Operating Exp		ributions to Candida					ed Party Expendit	uf≘s
4. Payee Inform	ation			Add □	Remove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comments	
(include city, sta	ıte. & zip)							***************************************
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				21212	Aromen	panty:	e. Liection Sum	то рате
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l l	Draft	A	0	8/04/2014	S 0.47	WEB	SSITE HOSTING	
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				2(41-2	☐ Municip	anty:	e. Election Sum	to Date
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l	Draft	A	1	0/06/2014	\$ 0.48	WEB	SITE HOSTING	
4. Payee Inform	ation	<u></u>		Add 🗆	Remove	J	-	
	ailing Address & Pho	one		b. Coordinates	d Committee N	ame	d. Comments	
(include city, sta	te, & zip)							
BURLINGTON (JSPS							
405 MAPLE AVI					tered (Specify)			
BURLINGTON, 1	NC 27215			☐ Federal ☐ State	County Municip		e. Election Sum	to Dota
(336) 227-4293				J. State	_ Money	ziity.	***************************************	to Date
							S	218.80
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1	Debit Card	Ī	0	9/22/2014	\$ 49.00			
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5. Total only thi	s Page	_					2	50.89
6. Total of ALL	CRO-1310 Pages							
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	n line 13b of Detailed S		_			отт)	_	≈1,70J.1U
	n line 13c of Detailed S				ny Expenditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)				

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

 Q^{\star} - Donation to Legal Expense Fund

A* - Media

E - Salaries

I - Postage

O* Other

B* - Printing

J - Penalties

F* - Equipment

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

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				Amendment						
Pg _	2	of	7	□ Yes	X No					

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nt	ımber	
СОММІТТЕЕ Т	O ELECT BOB BYRI	D								
3. Type of Disb	ursement (Please	use separate CR(0-1310	forms for eac	h time	of Dishu	rvome	ent.)		
Operating Ex	penses 🔲 Cont	ributions to Candida							xpenditure	
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	ailing Address & Ph		<u>_</u>	b. Coordinate			2000	d. Comn	. ontr	
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MENLO PARK,				☐ Federal		County	· · · · · · · · · · · · · · · · · · ·			
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I HACKER WA				c. Level Regis	tered (Specify)				
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a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Com	nittee N:	ame	d. Comm	ients	
(include city, sta	ıte, & zip)				************************	•••••	************			
FACEBOOK, IN	С									
1 HACKER WAY	Y			c. Level Regis						
MENLO PARK,	CA 94025			☐ Federal		County:				
				☐ State		Municip	ality:	e. Electic	n Sum to	Date
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	odes (List detailed									
A* - Media	B* - Printin	_		undraising				ner Candi		
E - Salaries	F* - Equipme			litical Party	_		_		Office Exp	
I - Postage O* Other	J - Penaltie	2	K * - U	office Expense:	S	Q* - D	onatio	n to Lega	il Expens	e Fund
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								Amendm	ent
Disbursements				Pg _	3	of	7	☐ Yes	X

1. Committee Fr	ull Name (and Fund	if applicable)				,,,		2. ID Num	iber
СОММІТТЕЕ Т	O ELECT BOB BYRI								
3. Type of Disbu Operating Exp	rsement (Please	use separate CR(ributions to Candida	2-1310	forms for ea	ch ty	pe of Disbu	rseme	en <u>t.)</u> ed Party Exp	
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	ailing Address & Ph			b. Coordinat			2010	d. Comme	nts
(include city, sta	_	one		o, coordina	ieu C	UMMILLEE 11	аше	4. Comme	113
	DOOR ADVERTISIN	G		1					
1920 W LEE STE	•	O .		c. Level Reg.	istere	ed (Specify)		1	
GREENSBORO,	NC 27403			☐ Federal		County			
				☐ State		☐ Munici	pality:	e. Election	Sum to Date
								S	2,560.00
f. Account Code	g, Form of Payment	h. Purpose Code	i. Date	= (mm/dd/yyyy) j	Amount	k Re	quired Ren	narks
1	Check	A	0	9/03/2014	S	2,560.00	BILL	BOARD	
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4. Payee Inform				Add 🗆		move		1	
	ailing Address & Ph	one		b. Coordinat	ed C	ommittee N	ame	d. Comme	nts
(include city, sta									
GLEN RAVEN N	*			c. Level Reg	istera	ed (Specify)			
1821 N PARK A' BURLINGTON,				☐ Federal		County			
BOKEINGTON,	RC 2/21/			☐ State				e. Election	Sum to Date
								S	245.74
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4. Payee Inform				Add 🗆		move		T	
	ailing Address & Ph	one		b. Coordinat	ed C	ommittee N	1D16	d. Comme	nts
(include city, sta									
ROSIE HALLER				c. Level Regi	stere	ed (Snecife)			
4306 FLINTLOC DURHAM, NC				☐ Federal		County	·		
(919) 308-3925	27704			State				e. Election	Sum to Date
(>1,9,555,57						*****		S	57.70
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7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin			undraising		D - To	Anot	her Candid	ate
E - Salanes	F* - Equipm	ent	G - Po	litical Party		H* - H	olding	g Public Of	fice Expenses
I - Postage	J - Penaltie	S	K* - C	Office Expens	es	Q* - D	onatio	on to Legal	Expense Fund
O* Other * Codes require	e detailed explanatio	n in remired ren	narks f	ield (k)					

X No

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- []	1	1)1	1148	em	en	TS

			Amendment						
Pg	4	of	7	🛚 Yes	X No				

1. Committee Fi	ull Name (and Fund	if applicable)					2. ID Nu	mber
COMMITTEE T	O ELECT BOB BYRI)		,				
3. Type of Disbu	rsement (Please	use separate CRO	7-1310	forms for each	h type of Di	bursen	ent.)	
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4. Payee Inform				Add 🗆	Remove			
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(include city, sta	_							
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PO BOX 668				c. Level Regis				
BURLINGTON,	NC 27215			☐ Federal	Con	_		
				☐ State	☐ Mu	icipality	: e. Electio	on Sum to Date
							S	5,542.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k R	lequired R	emarks
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l .	ailing Address & Ph	one		b. Coordinate	d Committe	Name	d. Comm	lents
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MEBANE ENTE				c. Level Regis	tered (Sneci	fc)		
106 N FOURTH : MEBANE, NC 2				☐ Federal	Cor			
MILBAINE, INC. 2	1302			☐ State		_	e. Election	on Sum to Date
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		1			1			1,789.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mmdd yyyy)	1	k R	lequired R	emarks
1	Check	A	0	7/25/2014	\$ 450	.00 NE	WSPAPER	ADS
1	Check	A	0	9/27/2014	S 1,339	.50 NE	WSPAPER	ADS
4. Payee Inform	ation			Add 🔲	Remove			
a. Full Name, Ma	ailing Address & Ph	one	<u> </u>	b. Coordinate	d Committe	Name	d. Comn	ients
(include city, sta	te, & zip)			,				
MEDA CORPOR	ATION						_	
65 TOWN MOU				c. Level Regis				
ASHEVILLE, NO	28804			State	Cou		. Tienti	on Sum to Date
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							S	4,975.00
f. Account Code	g. Form of Payment	h. Purpose Code	i, Date	(mmqq,2333)	j. Amount	k. R	lequired R	emarks
1	Check	A	1	0/03/2014	\$ 4,975	.00 AD	S	***************************************
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5. Total only thi			*				S	7,327.56
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	odes (List detailed	····			iy aspendan			
A* - Media	B* - Printin			undraising	<u>n</u>	To And	ther Cand	idate
E - Salaries	F* - Equipm	_		litical Party				Office Expenses
I - Postage	J - Penaltie			Office Expense				al Expense Fund
O* Other					ŧ			,
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				Amendment							
Pg	5_	of	7	☐ Yes	X No						

1. Committee Fu				****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	2. ID N	umber	***************************************
COMMITTEE TO	O ELECT E	BOB BYRI	D								
3. Type of Disbu	rsement	(Please	use separate CR(<i>D-1310</i>	forms for eac.	h tvoe	of Disbu	rseme	int)		
X Operating Exp	enses	☐ Cent	ributions to Candida	tes Polit	ical Committees		□ C ₀	ordinal	ed Party l	Expenditu	
4. Payee Inform					Add 🛘	Remo		-	•	-	
a. Full Name, Ma	iling Addı	ress & Ph	one		b. Coordinate			ame	d. Com	nents	
(include city, sta						**************		h			
PIRYX				***************************************	[
144 2ND ST 1ST	FLOOR				c. Level Regis	tered	(Specify)]		
SAN FRANCISC	O, CA 941	05			☐ Federal	L	County				
(888) 648-2220					☐ State	L] Municit	ozlity:	e. Electi	on Sum	to Date
									\$		83,12
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k Re	quired K	emarks	
1	Dra	aft	0	0	8/07/2014	S	2.88	ONL	INE DON	NATION	FEE
1	Dra	aft	0	0	9/10/2014	S	5.75	ONL	INE DON	IATION	FEE
4. Payee Inform:	ition		•		Add 🔲	Remo	ve				
a. Full Name, Ma	iling Addr	ress & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Comz	nents	
(include city, star	te. & zip)										
PIRYX											
144 2ND ST 1ST			c. Level Regis								
SAN FRANCISCO, CA 94105					∐ Federal		County				
(888) 648-2220					State	***************************************] Municip	ality:	e. Llecti	on Sum	to Date
									S		83.12
f. Account Code	g. Form of	Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k Re	quired R	emarks	
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a. Full Name, Ma	_	ess & Ph	one		b. Coordinate	d Com	mittee N	anse	d. Comp	aents	
(include city, stat	e, & zip)			***************************************							
PIRYX					T 177	. 17	· · · · · ·				
144 2ND ST 1ST		~ -			c. Level Regis	*************	Specify) County:				
SAN FRANCISCO (888) 648-2220	J, CA 9410	JS			State		Municip		a Flacti	on Sum	to Data
(656) 046-2220											
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ŀ	Dra	ıft	0	11	0/09/2014	S	5.75	ONL	INE DON	ATION	FEE
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6. Total of ALL (CRO-1310	Pages									
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(This line goes in	line 13b of	Detailed S	ummary Page CRO-	-1100 if	Convib to Cand	idates/	Political C	отт).	\$		21,483.10
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			expenditure code								
A* - Media		- Printin	_		undraising				ner Cand		
E - Salanies		- Equipm			itical Party			_	Public (-
I - Postage	J -	Penaltie	S	K* - 0	ffice Expenses	2	Q* - D	onatio	n to Leg	al Expen	ise Fund
O* Other	dotail-4 -			l -	בת נה:						
CDO 1210	uciamen e	vhranatio	n in required rem	arks I	eia (K)						

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21(1	hurs	em	ents

				Amendm.	ent
P_{E}	6	of	. 7	☐ Yes	X No

	I ll Name (and Fund DELECT BOB BYRI							2. ID Nu	mber
	· · · · · · · · · · · · · · · · · · ·								
3. Type of Disbu	rsement <i>(Please</i>)	use separate CRC) <u>-1310</u>	<u>forms for eacl</u>	k type	of Disbu	rseme	nt.)	
X Operating Exp		ributions to Candidat				Сос	orcinat	ed Party E	xpenditures
4. Payee Inform:				Add 🔲	Remo			T	
	iling Address & Ph	one		b. Coordinate	d Con	mittee N	3112 E	d. Comm	ents
(include city, sta	te, & zip)	***************************************		ļ					
PIRYX				- T 1 P		(C15.)			
144 2ND ST 1ST				c. Level Regis		County:			
SAN FRANCISC (888) 648-2220	O, CA 94105			State		-		e. Electio	n Sum to Date
(000) 040-2220									
								S	83.12
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm dd yyyy)	j, Am	ount	k. Re	quired Re	marks
. 1	Draft	0	1	0/12/2014	S	1.44	ONL	INE DON	ATION FEE
1	Draft	0	1	0/16/2014	s	5.75	ONL	INE DON	ATION FEE
4. Payee Inform:	ation			Add 🔲	Remo	ve			
	iling Address & Ph	one		b. Coordinate	d Con	mittee N	ıme	d. Comm	ents
(include city, star	_					*************************	************	***************************************	
THE ALAMANC	E NEWS								
114 WEST ELM S	STREET			c. Level Regis	tered (
GRAHAM, NC 2		☐ Federal	Ļ	County:					
				☐ State	L	■ Ninnest	ality:	e. Llectio	n Sum to Date
								S	1,898.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm dd yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Check	A	0	9/29/2014	S	1,898.80	NEW	SPAPER.	ADS
				· · · · · · · · · · · · · · · · · · ·	s				
4. Payee Inform:	ıtion			Add □	Remo	ve			
•	iling Address & Ph	one		b. Coordinate	d Com	mittee N	ıme	d. Comm	ents
(include city, star	_						***********		
THE TIMES NEV	VS								
PO BOX 481				c. Level Regis					
BURLINGTON, N	NC 27215			☐ Federal	County:				
				☐ State	L)lrutett	ality:	e. Llectio	n Sum to Date
								S	8,002.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/qq,i,i,i,)	i. Am	ount	k. Re	quired Re	marks
1	Check	Α	1	7/25/2014	S		İ	PAPER A	
1	Check	A		8/27/2014	S	- 		SPAPER .	
5. Total only this					I	1,000.00	11217	S	3,905.99
-	CRO-1310 Pages					<u>-</u>		-	2,702.77
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	n line 13a of Detailed S n line 13b of Detailed S					Policical C	onem)	S	21,483.10
-	r line 13c of Detailed S						omuny		
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin			undraising		D - To	Anot	her Candi	date
E - Salaries	F* - Equipm	_		litical Party					Office Expenses
I - Postage	J - Penaltie			ffice Expense:	5		_		ıl Expense Fund
O* Other								_	
* Codes require	e detailed explanatio	n in required ren	ıarks f	ield (k)					

-							,
11	ı٠	h	11	re	em	An	te
_	TЮ	•	u	ТΩ	чш	L LI	1.3

				Amendment					
Pg	7	of	7	☐ Yes	X No				

1. Committee Fi	ıll Name (and Fund i						2. ID Number
	O ELECT BOB BYRI		************				
3. Type of Disbu	rsement (Please	use separate CR(2_1310	forms for each	h type of Dishu	rsøm ø	(mt)
Operating Exp		ributions to Candida		~		**********	ed Party Expenditures
4. Payee Inform					Remove		
	iling Address & Ph	one			d Committee N	1D16	d. Comments
(include city, sta	_			••••••			
THE TIMES NEV	VS						
PO BOX 481				c. Level Regis	tered (Specify)		
BURLINGTON, 1	NC 27215			☐ Federal	County:		
				☐ State	☐ Municip	ality:	e. Election Sum to Date
							S 8,002.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mmdd yyyy)	j. Amount	k Re	quired Remarks
l	Check	Α	0	9/29/2014	S 2,646.16	NEW	/PAPER ADS
1	Check	NEW	EWSPAPER ADS				
4. Payee Inform:	ation			Add □	Remove		
a. Full Name, Ma	illing Address & Ph	one		b. Coordinate	d Committee N	ıme	d. Comments
(include city, sta	te, & zip)]			
WPCM							
1109 TOWER DE	RIVE			c. Level Regis	tered (Specify)		
BURLINGTON, 1	NC 27215			☐ Federal	County:		
				☐ State	☐ Municip	ality:	e. Election Sum to Date
							\$ 405.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
1	Check	A	1	0/16/2014	\$ 405.00	RAD	IO ADS
					S		
5. Total only this	s Раде	•			3		S 6,407.17
	CRO-1310 Pages						3 0,107.17
	•		****		,		
_	n line 13a of Detailed S		•		•		S 21,483.10
	n line 13b of Detailed S n line 13c of Detailed S					omm)	
					ty Lapendidies)		<u> </u>
7. Purpose Co A* - Media	des (List detailed				D T		
A - Media E - Salaries	B* - Printin	_		undraising			her Candidate
L - Saianes I - Postage	F* - Equipm J - Penaitie	-					Public Office Expenses
0 + Other	o - renaide	3	n - C	ince Expense:	, An	onall(on to Legal Expense Fund
	detailed explanatio	n in remired ren	ıarks f	ield (k)			
CDO 1310	acinica expianatio			eru (K)			D1 2000

7 77 10 40 0					Amendm	ent
In-Kind Contributions	Pg	1	of	5	☐ Yes	X No

Use CRO-1215 if In-Kind Contributions were or will 1. Committee Full Name (and Fund if applicable)	<u> </u>	4144-		2. ID	Number	
COMMITTEE TO ELECT BOB BYRD				<u> </u>		
3. Contributor Information	ΠA	.dd □ R	emove			
a. Full Name, Mailing Address & Phone		Type of Co		c. Con	nments	
(include city, state, & zip)		Individual				
Aggregated Individual Contribution		Canddata		Ī		
		Party				
		PAC		<u> </u>		
İ		Reference		d. Elec	tion Sum (to Date
	-	Other Rec	:eipt Source	S		12.70
e. Description			f. Date (mm/d	<u> </u> d/ງງງງ)	g. Fair M	arket Amount
REFRESHEMENT FOR MEET AND GREET			09/28/20		<u>s</u>	12.70
			03.20.2	017	s	12
		_			 	
3. Contributor Information	ПА	dd □ Re	· massa		<u> </u>	
a. Full Name, Mailing Address & Phone		Type of Co		c Con	ıments	
(include city, state, & zip)		Individual			lments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Aggregated Individual Contribution		Candidate				
Aggregated marriadal Controlation		Party		Ī		
		PAC				
	- 1	Referendu		d. Elec	tion Sum t	o Date
		Other Rec	≅ipt Source	S		35.00
e. Description	Ļ_		f. Date (mm/d	d yyyy)	g. Fair Ma	rket Amount
INVITATIONS AND REFRESHEMENT FOR MEET AND GREET			10/08/20		S	35.00
			 		S	
·					 	
					S	
3. Contributor Information		dd 🔲 Re	masia			
- F 11 W V. 111 A J.J				T		
-	ъ. Т	Type of Cor		e. Com	ments	
(include city, state, & zip)	ъ. Т	Type of Cor Individual		e. Com	ments	
(include city, state, & zip) BRIAN BOYLSTON	ъ. Т	Type of Cor Individual Candidate		e. Com	ments	
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT	ъ. Т	Type of Cor Individual		c. Com	ments	
(include city, state, & zip) BRIAN BOYLSTON	ъ. Т	Type of Cor Individual Candidate Party	ntributor		iments	o Date
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT	ъ. Т	Type of Cor Individual Candidate Party PAC	ntributor n	d. Elec		
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n ≘ipt Sowe≥	d. Elec	tion Sum t	
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n	d. Elec S d/3333)	tion Sum t	1,360.00
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244 e. Description	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n sipt Source f. Date (mm/d	d. Elec S d/3333)	g, Fair Ms	1,360.00 trket Amount
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244 e. Description	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n sipt Source f. Date (mm/d	d. Elec S d/3333)	g. Fair Ms	1,360.00 trket Amount
(include city, state, & zip) BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244 e. Description IT SERVICES	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n sipt Source f. Date (mm/d	d. Elec S d'11111)	g. Fair Ma	1,360.00 urket Amount 210.00
BRIAN BOYLSTON 5005 WINDSOR CT ELON, NC 27244 e. Description	ъ. Т	Type of Con Individual Candidate Party PAC Referendur	ntributor n sipt Source f. Date (mm/d	d. Elec S d/3333)	g. Fair Ms	1,360.00 trket Amount

In-Kind Contributions

				лшениш	eut
$\mathbf{p}_{\mathbf{g}}$	2	of	_ 5	☐ Yes	\overline{N} No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

<u>Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.</u>

1. Committee Full Name (and Fund if applicat	ole)			2. ID ?	iumber	
COMMITTEE TO ELECT BOB BYRD						
3. Contributor Information	□ A	id □ Re	move			
a. Full Name, Mailing Address & Phone		Type of Cor		c. Con	ıments	
(include city, state, & zip)	X	Individual		***************************************		e
ROBERT BYRD		Candidate				
2826 CHARLOTTE LANE		Party				
BURLINGTON, NC 27215		5YC				
		Referendun		d. Elec	tion Sum	to Date
		Other Rece	Apt Source	S		1,443.88
e. Description			f. Date (mm/d	(ئىئىئ	g, Fair X	larket Amount
MILEAGE			10/15/20)14	S	245.28
					S	
	•				S	
3. Contributor Information		id 🔲 Re				
a. Full Name, Mailing Address & Phone	6	Type of Cor	ıtributor	c. Con	ıments	
(include city, state, & zip)		Individual	***************************************			
DIANE E FORD		Canádat a				
5645 JEWELL ROAD		Party				
GRAHAM, NC 27253		PAC				
		Referendun		d. Elec	tion Sum	to Date
		Other Rece	apt Source	S		130.50
e. Description	1		f. Date (mm/d	գումու)	g, Fair \	larket Amount
REFRESHMENT FOR MEET AND GREET			08/17/20	014	s	30.50
					S	
					S	
3. Contributor Information		id □ Re				* **
a. Full Name, Mailing Address & Phone	*******	Type of Cor	tributor	e. Con	ıments	
(include city, state, & zip)		Individual				
CLARA FORIEST		Candidate				
2211 QUAIL DRIVE		Party				
GRAHAM, NC 27253		PAC			1 **	
		Referendun		d. Elec	tion Sum	to Date
	⊔	Other Rece	apt source	S		52.36
e. Description			f. Date (mm/d	ф <u>ээээ)</u>	g. Fair M	larket Amount
REFRESHEMENTS FOR MEET AND GREET	 -		10/09/20)14	S	52.36
					s	
		-			S	
4. Total only this Page			-	S	•	328.14
5. Total of ALL CRO-1510 Pages	Daga CDO t	100)		S		4,530.73

In.	-Kine	1.Co	ntri	bnti	one
111	-12111		,,,,,,		

				Amendme	ent
$\mathbf{p}_{\mathbf{g}}$	3	of	5	☐ Yes	X 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 rull Name (and Fund if applicable)		***************************************	2. ID	Number	H
COMMITTEE TO ELECT BOB BYRD					
3. Contributor Information	□ Add □ R	lemove			
a. Full Name, Mailing Address & Phone	b. Type of Co	ontributor	c. Cor	uments	
(include city, state, & zip)	X Individual				
TONY FORIEST	☐ Canddata				
2211 QUAIL DRIVE	☐ Party	•			
GRAHAM, NC 27253	☐ PAC				
GRAHAM, NC 27255	Referendu		J 51.	tion Sun	4- N-4-
		an :≅ipt Source	u. Liei		
	D Outside	rathr somes	S		52.38
e. Description		f. Date (mm/d	d 3333.)	g. Fair !	larket Amount
REFRESHMENTS FOR MEET AND GREET		10/09/20)14	S	52.38
				5	·
				s	
3. Contributor Information	□ Add □ R	emove		<u> </u>	_
a. Full Name, Mailing Address & Phone	b. Type of Co		e. Con	ments	
(include city, state, & zip)	X Individual		L. Cul		
ROSIE HALLER	Candidate				
	☐ Party				
4306 FLINTLOCK LANE	□ PAC				
DURHAM, NC 27704	Referendu	_	1 51		1 D :
(919) 308-3925	1—		d. Liec	tion Sum	to Date
	Other Rec	eibt pontce	S		2,580.00
e. Description		f. Date (mm/d	d/3333)	g. Fair N	Iarket Amount
DESIGN SERVICES		10/15/20	14	S	540.00
	_			S	
				S	
3. Contributor Information	☐ Add ☐ Re	emove			
a. Full Name, Mailing Address & Phone	b. Type of Co		c. Com	ments	-
(include city, state, & zip)	X Individual			***************************************	***************************************
RICHARD HATCH	☐ Candidate				
922 GOLF HOUSE ROAD EAST	☐ Party		1		
WHITSETT, NC 27377	☐ PAC				
WIGISETT, NC 27577	Referendu	m	d. Flec	tion Sum	to Data
	Other Rec		\$		68,29
e. Description		f. Date (mm/de	i/www)	g. Fair \	larket Amount
REFRESHMENTS AND SUPPLIES FOR MEET AND GREET		08/24/20		S	68.29
		 		S	
				-	·
4. Total only this Page			1 -	\$	
			S		660.67
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page	CRO-1100)		S		4,530.73

In-Kind Contributions Pg 4 of 5 ☐ 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) COMMITTEE TO ELECT BOB BYRD

CONVENTED TO SUBSTITUTE and Fund it applicable)		••••	2. ID	Number	
COMMITTEE TO ELECT BOB BYRD					
	Add R	Lemove			
a. Full Name, Mailing Address & Phone	b. Type of Co	ontributor	e. Co	mments	 .
(include city, state, & zip)	☑ Individual				
NANCY HEMRIC	Candidate	ı			
2419 PINEWAY DRIVE	☐ Party				
BURLINGTON, NC 27215	□ PAC		<u> </u>		
	Referencis		d. Ele	ction Sun	ı to Date
	∐ Other Kee	esipt Source	S		421.2
e. Description		f. Date (mm	(qq/2222)	g. Fair	Market Amoun
REFRESHMENTS AND INVITATIONS FOR MEET AND GREET	•	09/16/2	2014	\$	421.2
		+		S	
		+		\	
3. Contributor Information	Add □ Re	emove			
a. Full Name, Mailing Address & Phone	b. Type of Cor	ntributor	c. Con	nments	
(include city, state, & zip)	X Individual			***************************************	***************************************
CAROLINE KING	Candidate		1		
2932 N NC HWY 119	☐ Party				
MEBANE, NC 27302	☐ PAC			_	
	Referencion		d. Elec	tion Sum	to Date
	Other Rece	eipt Source	5		4,250.00
e. Description		f. Date (mm/c		g, Fair \	farket Amount
BOOKKEEPING SERVICES		10/17/2		S	2,000.00
				S	
		 		S	
3. Contributor Information	Add 🛘 Res	move		<u> </u>	
a. Full Name, Mailing Address & Phone	b. Type of Con		c. Com	ments	,
(include city, state, & zip)	X Individual		***	,	
LAURA LEACH	Canddata				
4227 AVIEMORE RUN	Party				
BURLINGTON, NC 27215	□ PAC		<u> </u>		
	Referendum Other Recei			tion Sum	to Date
T. 1.1			S		170.00
2. Description REFRESHEMENT FOR MEET AND GREET		f. Date (mm/d		g. Fair M	larket Amount
REFRESHEMENT FOR MEET AND GREET		09/27/20)14 ————	S	170.00
]		S	
				S	
1. Total only this Page			S	-	2,591.21
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	0.1100)		s		4,530.73

Tn	L'in	a C		uil.	utions	
4 H-	- N I I I		ш		muons	

				Amendm	ent
$\mathbf{p_g}$	5	of	5	☐ Yez	No 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]	Numbe	r
COMMITTEE TO ELECT BOB BYRD						***************************************	
3. Contributor Information	Add	1 🔲	Rei	move			
a. Full Name, Mailing Address & Phone	b. Ty	pe of	Соп	itributor	c. Con	uments	
(include city, state, & zip)	****	Individ					
CLAYSMITH		Candida	.ate				
1921 GWYN ROAD		Sarty Party			1		
BURLINGTON, NC 27215		PAC Referen	مانتان ب	-	d Fler	Han St	um to Date
				i ipt Source		:Don	
					S		130.73
e. Description				f. Date (mm/dd	(ئۆئۇنۇ	g. Fai	r Market Amount
FOOD. DRINK, AND FACILITIES FOR MEET AND GREET				09/22/201	14	S	130.73
						S	
						s	
3. Contributor Information				move			
a. Full Name, Mailing Address & Phone	***********			tributor	e. Con	aments	
(include city, state, & zip)		Individa Candida					
PRISCILLA STARLING	1= -		ate				
2507 ELDERWOOD LANE							
BURLINGTON, NC 27215		riac Referen	ndum	1	d. Elec	rion Su	ım to Date
				ipt Source	S		441.82
e. Description				f. Date (mm/dd	<u> </u> -************************************	g, Fai	r Market Amount
REFRESHMENTS FOR MEET AND GREET	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		09/27/201	4	\$	191.82
						S	
						S	
3. Contributor Information	Add		Rer	nove		1	
a. Full Name, Mailing Address & Phone				tributor	e. Con	aments	
(include city, state, & zip)	. —	Individ					
LEONORAH H STOUT		Candida	ate				
2020 SULLIVAN PARK CIRCLE		Party					
BURLINGTON, NC 27215		PAC Referen	ورود داري	-	1 1100	٠ و,	ım to Date
(336) 227-0362				i ipt Source	d. Elec	tion su	1,370.46
e. Description				f. Date (mm/dd		g. Fai	r Market Amount
REFRESHMENTS AND DECOR FOR MEET AND GREET				08/13/201	4	S	370.46
						S	
						S	
4. Total only this Page				<u> </u>	5		693.01
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page Ch	RO-110t	0)			S		4,530.73

Outstanding Loans	O	uts	tan	din	g L	oans
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				Amendment			
Pg	1	of	ì	☐ 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. Commi	ttee Full Name (and Fund if appl	2. ID Number					
	TEE TO ELECT BOB BYRD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. Lender	Information	Ac	id 🔲 Ren	nove	<u></u>		
1	ue, Mailing Address & Phone	b	b. Job Title Profession			d. Comments	
(include	city, state, & zip)	RE	RETIRED				
ROBERT 2826 CHA	BYRD RLOTTE LANE				e. Start Date (mm/dd/yyyy)		
BURLINGTON, NC 27215		c. I	c. Employer's Name/Specific Field		. 01/21/2014		
		NO	NONE				
					f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged		i. Original Loan Amount		j. Remaining Loan Balance		
0.00%	NONE		S	1,000.00	S	1,000.00	
k. Full Name of Lending Institution					l. Loan Number		
4. Total only this Page						1,000.00	
5. Total of ALL CRO-1430 Pages (This lins must be on lins 21 of Detailed Summary Page CRO-1100)						1,000.00	
CRO-1430		NC State Boar	d of Elections			December 2007	