

## North Carolina

### State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

FILED BY:

Treasurer Phone:

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

# **Certification of Inactive Status**

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign

# Committee Name: Caroline King Treasurer Address: (include city, state, & zip) Committee to Elect Bob Byrd Caroline King 510 Country Club Drive Burlington, NC 27215

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

336-260-0985

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

Date Signed

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

COLOR, OHUNG

# Disclosure Report Cover

Amendme	ent		
☐ Yes	$\mathbf{X}$	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 In	THE RESERVE AND ADDRESS OF THE PARTY OF THE	- Harvania							
a. Full Name									c. ID Number
COMMITTEE T	O ELECT BOB	BYRD			***************************************	***************************************			
b. Mailing Addre	ess (include Ci	ty, State and Zip	p Code	)					d. Date Filed
2826 CHARLOT									01/12/2015
BURLINGTON,	NC 27215								e. Phone Number
									(336) 584-7302
2 D Vann	A To .: J Cto.			I. B. J.J	T 1D-				
2. Report Year	İ		/y)					5. Treasu CAROLIN	irer Full Name
2014	1.5	0/19/2014			12/31/2				
6. Type of Comm  ☐ Candidate Can				pe of Report	t (c.			ype of re	port from one category)
☐ Joint Fundrais			Munic	eipal Organizatio	-n-1		County ganization	· -1	Referendum  Organizational
Referendum		gal Expense Fund		Thirty-five			arterly	lai	Pre-referendum
7. Type of Fund		le, check one)		Pre-primary			First		☐ Final
☐ "Booster Fund				Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff			Third		Annual
Presidential El	lection Year Can	ididates Fund		Semi-annua	1		Fourth		Special
☐ NC Public Can	mpaign Financing	g Fund		Mid Ye	ar	Sen	ni-annval		
				Year Er	nd		Mid Yea	ır	10. Special Report Name
Other:				Final			Year En	d	
8. Number of Fu	ındraisers this	s Report		Special		☐ Fin:	al		
	0					□ Spe	cial		
3. Account Infor	rmation				3. Acc	ount In	formatio	n	
a. Financial Insti		me	Attorno					n Full Na	me
CAPITAL BANK									
b. Purpose		c. Account Cod	e		b. Pur	nose			c. Account Code
CAMPAIGN AC	TIVITY		1			,			
			- 1						
		d. Period Begin	Balan						d. Period Begin Balance
		S		3,751.78					S
CERTIFICATIO									
									22A, 22B & 22D-22M of
									other non-disclosed
funds. I furth	er certify that t	his report is cor	mplete,	, true and co	orrect a	and that	I have b	een train	ned by the NC State Board
0 - 11				00-	-0:	1	1)		
Carol	ne Di	$\bigcap Q$		CUE	In	01	un	a	01/12/2015
Pr	inted Name of Si	igner		Signa	ature of	Appoint	ed Treasu	rer	Date
FOR OFFICE US	SE ONLY						(		
Date Receive	ed:	1/12/15	_	Employ	yee _	59	H	De	elivery Method Normal Mail
Date Postma	rked:			Employ	yee _			X	Registered Mail Hand Delivered
Date Scanne	d:		_	Employ	yee _			П	Electronically Filed
Date Data En	ntered:	JAN 122	015	Employ	yee _	11600			Signer has not received mandatory training
Please Not	e: This form ca	annot be used t	o amer	ıd committe	e infor	mation :	such as	the comn	nittee address, treasurer,
		nt treasurer, cus							
v	on muct amen	d the Statement	of Org	ranization (	CRO-21	00 4 F)	to make	committe	aa ahangas

Amendment □ Yes □ 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		3.1	D Number
COMMITTEE TO ELECT BOB BYRD	2014 Fourth (		1	
Start of Election Cycle: January 1,2014	<u></u>	Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 3.75	1.78	\$ 0.00
RECEIPTS	-			
5) Aggregated Contributions from Individuals	(CRO-1205)	S 17:	5.00	\$ 4,516.70
6) Contributions from Individuals	(CRO-1210)	\$ 1,33	1.80	\$ 37.888.73
7) Contributions from Political Party Committees	(CRO-1220)	S	0.00	\$ 400,00
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	\$ 400.00
9) Loan Proceeds	(CRO-1410)	S	0,00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	00.0	\$ 0.00
11) Other Receipt Sources			171	
11a) Interest on Bank Accounts	(CRO-1250)	S (	0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	S	0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-12 <sup>-</sup> 0)	S	0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	S (	0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	5 1.500	5.80	\$ 44,205,43
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 3,560	5.61	\$ 31,748.55
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)	S 75	5.64	5 134.92
15) Loan Repayments	(CRO-1420)	S (	00.0	\$ 0,00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ (	00.0	\$ 196.00
17) In-Kind Contributions	(CRO-1510)	\$ 1,031	.80	S 11.541.43
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	. 16 and 17)	5 4.674	1.05	5 43,620.90
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	5 584	1.53	\$ 584.53
ADDITIONAL INFORMATION				Takkar - Nas Waa Mara tara a tara
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		00.0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	5 1,000	0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)		0.00	Mayor subsection
23) Debts and Obligations owed to the Committee	(CRO-1620)		0.00	Market State of the State of th
24) Account Transfers Within the Committee	(CRO-1720)	<del></del>	00.0	<b>表</b> 以前,1000年
25) Administrative Support	(CRO-1710)	S (	00,0	0.00
26) Forgiven Loans	(CRO-1440)	5 0	.00	\$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-3220)		.00	5 0.00
28) Contributions to be Refunded	(CRO-1215)	S 0	.00	S 0.00

		outions from I	_	1 of1	Amendme:	nt  X  No
Optional fo	rm used to repor	t NC Contributions	From Individuals of \$	50 or less		
. Committe	e Full Name (and	Fund if applicable)		2. II	Number	
COMMITTE	E TO ELECT BOB	BYRD				
3. Contribut	or Information		· -			
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	) f. Amount	
☐ Aċċ ☐ Remove	ì	Check		10/30/2014	5	50.00
☐ Add ☐ Remove	l	Electric Funds Tran		10/25/2014	5	50.00
Aćć Remove	1	Electric Funds Tran		10/20/2014	S	25.00
Aćć Remove	1	Cheek		10/30/2014	5	50.00
Totalo	ly this Page	·	1			\$175.00

5. Total of ALL CRO-1205 Pages
(This line must be on line 5 of Detailed Summary Page CRO-1100) CRO-1205 NC State Board of Elections April 2007

S

Amendment Contributions from Individuals ☐ Yes ☑ No Pg \_\_\_l of Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BOB BYRD 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED JANE BECK c. Employer's Name/Specific Field 1910 SHIRLEY DRIVE 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 11/04/2014 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 ROBERT BYRD c. Employer's Name/Specific Field 2826 CHARLOTTE LANE BURLINGTON, NC 27215 NONE e. Election Sum to Date S 1,609.64 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind MILEAGE 1 12/31/2014 S 165.76 S Ş ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) GRAPHIC DESIGNER ROSIE HALLER c. Employer's Name/Specific Field 4306 FLINTLOCK LANE DURHAM, NC 27704 JOURNALISTIC e. Election Sum to Date (919) 308-3925

					\$	2.820.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	l	In-Kind	AD DESIGN WORK	12/31/2014	S	240.00
					S	
					S	
4. Tota	al only this Pa	ge			5	505.76
5. Tot	al of ALL CR	O-1210 Pages			5	1,331.80

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

## **Contributions from Individuals**

				:Amendm	ent
Pg _	2	of	2	☐ 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. II	D Number	
	TITEE TO ELECT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3. Cont	ributor Informati	on		Add 🗆 l	Remove			
	Name, Mailing Ad		·	b. Job Title		d. C	omments	
(incl	ide city, state, & z	ip)		MD				
i	M KHAN			<u> </u>	1 3- (0) 100 501 13	4		
l	EADOWOOD DRIV				's Name/Specific Field			
BUKLI	NGTON, NC 2721	3		SELF EMP	LOYED	e. Election Sum to Date		
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	<u>,</u>					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	200.00	
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	ide city, state, & z	ip)		CPA		1		
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	1	In-Kind	BOOKEEPING	SERVICES	12/31/2014		\$ 500.00	
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							S	
3. Conti	ributor Informati	on		Add □ F	Remov-e		•	
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title:	Profession	d. C	omments	
	de city, state, & z	***************************************	***************************************	HEALTH CA	ARE EXECUTIVE			
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	BOR DRIVE				's Name/Specific Field			
ELON,	NC 27244			CONE HEA	LTH	e. Fl	ection Sum to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	]	k. Amount	
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4. Tota	ıl only this Pa	ge				5	826.04	
5. Tota	of ALL CRO	D-1210 Pages				S	1 221 00	
		of Detailed Summary I	Page CRO-1100)			د ا	1,331.80	

Disburser					Pg1 o			$\bar{N}$ N <sub>0</sub>
	o report expenditures I coordinated party e		ee for o	perating expe	nses, contribut	ions to	o candidate polit	ical
	ull Name (and Fund	_					2. ID Number	
	TO ELECT BOB BYRI						, anna anna anna anna anna anna anna an	
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3. Type of Disb  Operating Ex	ursement <u>trieuse</u>	use separate CR					ed Party Expendit	rea:
4. Payee Inform		Tribitotis to Candida			Remove	CIONE	201 Mty Expendic	5125
	lailing Address & Ph	ione		,	d Committee N	ame	d. Comments	
(include city, st								
AMAZON WEE	SERVICES			<u></u>				
410 TERY AVE	NORTH			***************************************	tered (Specify)	+++++++	ļ	
SEATLE, WA 9	98109			Federal State	County    Observed		e. Election Sum	to Data
					<u> </u>	Panty.		
· <del></del>							S	3.98
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/yyyy)	j. Amount	k Re	quired Remarks	
l	Debit Card	Α	t	1/03/2014	\$ 0.92	WEB	SITE HOSTING	
1	Debit Card	Α	1	2/03/2014	\$ 0.90	WEB	HOSTING	
4. Payee Inforn	ation			Add 🗆	Remove			
-	ailing Address & Ph	one		b. Coordinate	d Committee N	ame	d. Comments	
(include city, st							]	
COMPANY SHO				a Laral Rogic	tered (Specify)			
[268 E FRONT S' BURLINGTON.				Federal	County	······································		
BOKEINGTON.	NC 27215			State			e. Election Sum	to Date
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i, Account Code	Debit Card	***************************************	t		<b>†</b>	. †	quired Remarks	
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(include city, sta			*************					
FACEBOOK, IN I HACKER WA				c. Level Regist	tered (Specify)			
MENLO PARK,				☐ Federal	County	······································		
				☐ State	☐ Munici	ality:	e. Election Sum	to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. Amount	k Re	guired Remarks	
1	Draft	Α	1	0/31/2014	\$ 371.98	· · · · · · · · · · · · · · · · · · ·	BOOK ADS	
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COMPANY SHO	DPS MARKET								
268 E FRONT ST	68 E FRONT STREET URLINGTON, NC 27215				tered	(Specify)			
BURLINGTON,	NC 27215			☐ Federal		County			
				State		Municip	pality:	e. Electio	n Sum to Date
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4. Payee Inform	ation	<u></u>		Add 🔲	Remo	ove	!		
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Con	mittee N	аше	d. Commo	ents
(include city, sta	te, & zip)		*******************			***************************************			
FACEBOOK, IN	C								
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MENLO PARK,	CA 94025			☐ Federal		County:			
				L State		] Municip	ality:	e. Election	Sum to Date
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I	Draft	A	13	2/01/2014	S	69.49	FACI	EBOOK AI	OS
5. Total only thi	s Page							S	568.70
6. Total of ALL	CRO-1310 Pages								
(This line goes i	n line 13a of Detailed S	iummary Page CRO	-1100 if	Operating Expe	nses)			S	2 5// /:
(This line goes i	n line 13b of Detailed S	iummary Page CRO	-1100 if	Convib to Cand	idates/	Political C	отт)	2	3.566.61
(This line goes i	n line 13c of Detailed S	ummary Page CRO	-1100 if	Coordinawd Pa	ny Exp	enditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	above)	•				
A* - Media	B* - Printin		C* - F	undraising		D - To	Anotl	ier Candid	late
E - Salaries	F* - Equipme			itical Party		H* - He	olding	Public O	ffice Expenses
I - Postage	J - Penaltie	S	K* - O	ffice Expenses	S	Q* - D	onatio	n to Legal	Expense Fund
O* Other									
	detailed explanatio								
CRO-1310		NC S	tate Boa	rd of Elections					December 200:

Disbursen	ients				Pg _	of		Amenda	uent 🖸 No
	report expenditures coordinated party e		ee for c	perating expe	enses, c	ontributi	ons t	o candidate p	olitical
	ull Name (and Fund							2. ID Numb	er
COMMITTEE T	O ELECT BOB BYRI	)							
3. Type of Disbu	irsement <i>(Please</i>	use separate CRO	D-1310	forms for ea	ch type	of Disbu	rsem	ent.)	
Operating Exp	censes 🔲 Cont	ributions to Candidat	tes Polit	ical Committee	13	☐ Co	erdina	ted Party Expe	nditur≞s
4. Payee Inform					Remo				
	ailing Address & Ph	one		b. Coordinat	ed Com	mittee N	ame	d. Comment	.5
(include city, sta									
HARRIS TEETE				c. Level Regi	stered (	Specify)		1	
2727 S CHURCH BURLINGTON.				Federal	**************	County	······································		
DOKERIOTON:	NC 27215			☐ State				e. Election S	um to Date
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(include city, sta	_	one		o. Continua			- III E	o. Comment	
MEBANE ENTE				1					
106 N FOURTH :	STREET			c. Level Regi					
MEBANE, NC 2	7302			☐ Federal ☐ State		County.		T1 -2 -6	
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								\$	1.939.50
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THE ALAMANC				c. Level Regi	stared (	(nacify)		}	
114 WEST ELM : GRAHAM, NC-2				Federal		County:		1	
GRAHAM. NC 2	.1233			☐ State		Municip		e. Election S	um to Date
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5. Total only this								5	634,54

·	Circui II	12/01/2011	137,07 [11	MINE LOCAL	
5. Total only this	Page			5	634,54
6. Total of ALL C	RO-1310 Pages				
(This line goes in	line 13a of Detailed Summary Po	age CRO-1100 if Operating Expenses	į.	5	3.566.61
(This line goes in	line 13b of Detailed Summary Po	age CRO-1100 if Convib to Candida	tes/Political Comm	n)	5.500.01
(This line goes in	line 13c of Detailed Summary Po	ige CRO-1100 if Coordinated Party I	Expendianes)		
7. Purpose Cod	les (List detailed expenditu	re code in (h.) above)	-		
A* - Media	B* - Printing	C* - Fundraising	D - To An	other Candidat	:e
E - Salaries	F* - Equipment	G - Political Party	H* - Holdi	ng Public Offi	ce Expenses
I - Postage	${f J}$ - Penalties	K* - Office Expenses	Q* - Dona	tion to Legal E	xpense Fund
O* Other					
* Codes require	detailed explanation in requi	red remarks field (k)	_		
CRO-1310		NC State Board of Elections			December 2009

	nents report expenditure coordinated party		ee for c	perating exper	_	3_ contrib			_ 🗆 7		No   N
	ull Name (and Fund					_			2. ID Nu	mber	
	O ELECT BOB BYR										
3. Type of Disbu	irsement <i>(Please</i>	use separate CRC	)-1 <i>310</i>	forms for each	i typ	e of Di	sbu	rseme	nt.)		
Operating Exp	penses 🔲 Con	tributions to Candidat	es Polit	ical Committees	***************************************		Coc	rcinat	ed Party E	xpendit	ures
1. Payee Inform	ation	,		Add 🗆		nove					
ı. Full Name, M	ailing Address & Pl	none		b. Coordinate	d Co	nımitte	e Na	me	d. Comm	ents	
(include city, sta THE TIMES NE PO BOX 481 BURLINGTON.	WS NC 27215	L Downer Code	l. n	c. Level Regis Federal State		Cor	mty:	ality:	e. Flectic		10.225.54
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a. Full Name, M	ailing Address & Pl	none		b. Coordinate	d Co	mmitte	e Na	me	d. Comm	ents	
include city, sta	ite. & zip)	,,,,,									
WPCM 1109 TOWER DI	RIVE			c. Level Regis	tere	d (Speci	fy)				
BURLINGTON.				☐ Federal		Co1	_				
				☐ Stat∈		☐ Me	nicip	ality:	e. Electio	n Sum	to Date
									S		545.00
Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	niount		k. Re	quired Re	marks	
	Check	A	T	0/27/2014	S		0.00	RAD	IO ADS		
	-				S					-	
5. Total only thi	s Page	.1	1						S		2.363.37
									· · · · · · · · · · · · · · · · · · ·		

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

CRO-1310 NC State Board of Elections December 2009

C\* - Fundraising

G - Political Party

K\* - Office Expenses

3.566.61

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

6. Total of ALL CRO-1310 Pages

A\* - Media

E - Salaries

I - Postage

O\* Other

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

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

B\* - Printing

F\* - Equipment

J - Penalties

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Convib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

Aggregated	l Non-Media	Expenditures
------------	-------------	--------------

	A.	Amenament			
Page <u>l</u> of	<u>1                                    </u>	Yes	X	No	

Optional form used to report NC Non-Media Expenditures of \$50 or less.

L. Committee Full Name (and Fund if applicable)  2. ID Number						
	E TO ELECT BOI	,			animanan annon annon an	71392341111111344411111111111111111111111
3. Payee Inf	ormation					
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	I	Debit Card	К	10/21/2014	\$ 25.62	STORAGE CONTAINERS
☐ Add ☐ Remove	I	Debit Card	В	10/21/2014	\$ 15.00	CUTTING DOOR HANGERS
Ačć Remove	1	Debit Card	К	10/21/2014	S 19.20	NAME BADGES
□ A& □ Remove	l	Electric Funds Tran	0	10/20/2014	5 1.44	ONLINE DONATION FEE
□ Ačć □ Remove	I	Electric Funds Tran	0	10/25/2014	5 2.88	ONLINE DONATION FEES
Aćć Remove	ì	Electric Funds Tran	O	10/27/2014	\$ 11.50	ONLINE DONATION FEE
4. Total or	nly this Page				S	75.64
5. Total of	ALL CRO-1	315 Pages			s	75.64
(This line n	ust be on line 14 of	Detailed Summary Pa	ge CRO-1100)		3	75.04
6. Purpose	e Codes (List o	letailed expenditur	e code in (d) a	bove)	4.4	. :
	<b>B</b> *	- Printing	C* - Fundr	<b>aising</b> D - I	To Another Car	and the contract of the contra
B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses						
I - Posta	•	Penalties	K* - Office	Expenses Q*	Donations to	Legal Expense Fund
O* - Other						
* Codes	require detail	ed explanation is	a required ren	ıarks field (g)		

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions Use this form to report non-monetary contributions,	donations,	goods or set	g <u>l</u> of rvices provided		Amendmo  Ves  muittee or fi	$\overline{\mathbf{N}}$ No
<u>Use CRO-1215 if In-Kind Contributions were or </u>	will be refi	inded with	in 7 days.			
1. Committee Full Name (and Fund if applicable	)			2, ID	Number	
COMMITTEE TO ELECT BOB BYRD						
3. Contributor Information	□ A	dd □ Re	emove			
a. Full Name, Mailing Address & Phone	ь.	Type of Co.	ntributor	c. Con	ıments	
(include city, state, & zip)		Individual	***************************************			
ROBERT BYRD	1-	Candidate				
2826 CHARLOTTE LANE		Party				
BURLINGTON, NC 27215		PAC Referencia		1.71		D :
	l l	Other Reca		a. Tlec	tion Sum t	o Date
	-	1 Outs test	eiht Jenre	S		1.609.6
e. Description			f. Date (mm/c	ld/yyyy)	g. Fair Ma	rket Amount
MILEAGE	***************************************		12/31/20	014	S	165.76
		-		·	S	
3. Contributor Information					\$	
a. Full Name, Mailing Address & Phone		dd Re Type of Coi		J. C.		
(include city, state, & zip)		Individual	irioutor	e, Con	ments	
ROSIE HALLER		Candidate				
4306 FLINTLOCK LANE	<b>I</b>	Party		İ		
DURHAM, NC 27704		PAC				
(919) 308-3925	1-	Referendun		d. Election Sum to Date		
		Other Rece	ipt Source	S		2.820.00
e. Description			f. Date (mm/d	d'yyyy)	g. Fair Ma	rket Amount
AD DESIGN WORK			12/31/20	)14	5	240.00
	_				S	-
· · · · · · · · · · · · · · · · · · ·					S	
	<u> </u>				J .	
B. Contributor Information  B. Full Name, Mailing Address & Phone		id Re		T - 5		
(include city, state, & zip)		Type of Con Individual	tributor	c, Com	ments	
CAROLINE KING	·······	Canádata				
510 COUNTRY CLUB DRIVE	1=	Party				
BURLINGTON, NC 27215		PAC				
		Referendum	ı	d. Elect	ion Sum to	Date
	(IT	Other Free	int Savers	[	***************************************	

					abas <i>ınk</i> .	vent
In-Kind Contributions	Pg	2	_ of	2	☐ Yes	☑ No
Use this form to report non-monetary contributions. Use CRO-1215 if In-Kind Contributions were of	s, donations, goods or ser r will be refunded with	vices p n 7 da	orovided vs.	to the cor	nmittee or	fund.
I. Committee Full Name (and Fund if applicable				[2. ID]	Number	
COMMITTEE TO ELECT BOB BYRD	***************************************					
3. Contributor Information	☐ Add ☐ Re	move				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Con Individual	ıtribu	tor	c. Con	uments	
ELISABETH PENNINGTON 206 ARBOR DRIVE ELON, NC 27244	☐ Candidate ☐ Party ☐ PAC					
DEGINITE ETETT	Referendum			d. Election Sum to Date		
	Other Rece	sipt Son	pt Source		\$	
e. Description	1	f. Da	te (mm/c	ld'yyyy)	g. Fair \	larket Amount
FOOD AND REFRESHMENTS FOR MEET AND GREET			10/30/20	)14	S	126.04
			•		5	-
					S	
4. Total only this Page				S	1	126.04

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5

1,031.80

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

			Amendment				
Pg	1	of	1	☐ Yes	$\overline{\mathbf{N}}$ No		

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

1. Commit	tee Full Name (and Fund if applicat	le)			2. ID Number	
COMMIT	TEE TO ELECT BOB BYRD					
3. Lender	Information	☐ Ad	d 🔲 Remove		<u></u>	
a. Full Nan	ue, Mailing Address & Phone	ъ. Ј	ob Title Profession		d. Comments	
(include	city, state, & zip)	RE	TIRED			
ROBERT I	BYRD RLOTTE LANE				e. Start Date (n	am/dd/yyyy)
	TON. NC 27215	c. E	mployer's Name/Specif	ic Field	01/21/2014	
DONELLIO	1014116 27210	NO	NONE			
					f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original Loan Amou	ınt	j. Remaining L	oan Balance
0.00%	NONE		s	1.000.00	s	1.000.00
k. Full Nan	ne of Lending Institution	•			l. Loan Numbe	г
***************************************						
4. Total	only this Page				S	1,000.00
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	v Page CRO-11	00)		S	1,000.00

CRO-1430

NC State Board of Elections

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