Use this form to create a new or update an existing candidate		_	
This form must be accompanied by forms CRO-3100 and CI	RO-3500 (when ame	anding only r	e-submit if applicable).
1. Committee Information a. Full Name			c. ID Number
HAZULD Own for City Cancil	<u> </u>	<u></u>	L 25 - 1 - 1
b. Mailing Address (include City, State and Zip Code)			d. Date Organized
223 Encleman Avenus		· ·	7/14/17
Bushington N.C. 27215		i	e. Phone Number
Z		and the second	336-516-6600
2. Candidate Information	Management Street, Section 1997	200-00-00-00-00-00-00-00-00-00-00-00-00-	s Primary Committee
a. Full Name	e. Candidate ID Numb	jer	f. Party Affiliation
Harold Thomas Cover			Non - Port 30 J (Indicate Non-partisan if applicable)
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought		Was a second sec
223 Entropy AUFNUE Burlington NC 27215	Burlington (17 Ca	oncil
c. Phone Number d. Email Address	h. Next Election Year	i. Ju	urisdiction
336-576-6600 howen 2010@pmg, com	2017	Bu	רפלורול
☐Email copy of notices 3. Treasurer Information			V
3. Treasurer Information a. Full Name	4. Custodian of Bo a. Full Name	OKS HIDERA	<u>ition</u>
7 1 7/	3. Pula transc	<u>. 30 3 4</u>	
TTANK HOPE	I		
	b. Mailing Address (inc	clude City, State	e, and Zip Code)
2849 Forestdele Drivs			
Phone Number d. Email Address		d. Email Addro	
336-380-5419 Fhope 1972@ pmc.l. ron		<u></u>	72@5moil.com
	☐ Email copy of		
	6 Account Informa		CRO-3500)
NA	a. Financial Institution	Voliname Volina	Bark
. Mailing Address (include City, State, and Zip Code)	b. Purpose		
	Campaign	Transc	ctions
Phone Number d. Email Address	c. Account Code	d. Type	
		Cheekin	ľ
Email copy of notices			J
CERTIFICATION I certify that the Committee or Fund is in compliance with al	u onalicable nmvisi	one of Article	~ 22 A 22R & 22D-22M of
Chapter 163 of the NC General Statutes and that no funds ar	n approaute province	prohibited or	r other non-disclosed funds.
I further certify that this report is complete, true and correct.		F	. 1
Hard Vwo - Tr	and Hope		7/3//17
Printed Name of Signer Signs	nature of Appointed Treasu	arer	Date

CRO-2100A

NC State Board of Elections

July 2011



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director 08-01-17A09:00 RCVD

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

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:		
Candidate Name:	Maroll wer	
Treasurer Name:	Trank Appe	
Treasurer Address:	2349. Forest dale Drive	
(include city, state, & zip)	Surlington N.C. 27215	
		
Treasurer Phone:	836-382-5419	
	`	

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

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

Mailing Address

08-01-17A09:00 RCVD

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

how the committee's funds are to	be disbursed using the eight allowable methods outlined in	163-278.16B(a).
This Designation is filed at the B	oard of Elections office where the committee's campaig	ın reports are filed.
Candidate Name:	4.20/0 (dwe)	
Committee Name:	mald Charles Bushyten City	[Cong/
Treasurer Name:	TANK JOPP	
If Candidate is own treasurer	, designate an agent to carry out designations:	
Committee ID #:		
Level Registered: [State]	[County] If county, specify:	
(Name of Candidate) funds remaining in my Camp debts or reasonable expense	16R(a))	ermitted outstanding Fice) be paid in the
3		
By signing this form, I certify	that the foregoing entities are eligible beneficiar A copy of this form should be maintained with the foregoing entities are eligible beneficiary. A copy of this form should be maintained with the foregoing entities are eligible beneficiary.	
CRO-3900	Candidate Designation of Committee Funds	July 2014

Disclosure Repor	rt Cover				Amendment Yes No
Use this form for general	report and committ	ee information,	must be signed and	l submitted alo	ng with other detailed forms.
Do not use this form to up	the second secon	Santina de la compansión			and the second of the second control of the second of
1. Committee Information	on				
a. Full Name	\bigcap	1.0	,		c. ID Number
142010	Ches for	(ity Cour	10,1		
b. Mailing Address (include C	ity, State and Zip Code	e) '			d. Date Filed
223 Englema Durlington	1 HUENU	2E _			7/31/17
Durlington,	D.C. 2701	5			e. Phone Number
2. Report Year 3. Period		/yy) 4. Period	End Date (mm/dd/y	y) 5. Treasur	er Full Name
2017 9/19		7/3	s//17	Fran	The second secon
6. Type of Committee (C		the first of the same			ort from one category)
Candidate Campaign	Party	Municipal	State/Coun		Referendum Organizational
PAC Independent Expenditure	Referendum	OrganizationaThirty-five da			Pre-referendum
Legal Expense Fund	Joint Fundraiser	Pre-primary	· I— ·	rst	Final
Legal Expense 1 and		Pre-election	<u> </u>	econd	Supplemental Final
7. Type of Fund (if app	licable, check one)	Pre-runoff		hird	Annual
Booster Fund		Semi-annual	☐ F	ourth	Special
Building Fund		☐ Mid Yea	r Semi-a	onual	
		Year End	i 🔲 M	id Year	10. Special Report Name
Other:		Final	□ Y	ear End	
8. Number of Fundraiser	s this Report	Special	☐ Final		
			Special		
			بالبيان بسيد المساولات والمراز والترازي	the state of the s	and the second state of the second
11. Account Information			11. Account Info	rmation	
11. Account Information a. Financial Institution Full Nation	ngle /	,	11. Account Info a. Financial Instituti		
a. Financial Institution Full Na	1101	,			
a. Financial Institution Full Na	1101	le			c. Account Code
a. Financial Institution Full Nation Full	and Boxt	de /	a. Financial Institution		
a. Financial Institution Full Nation Full	and Boxt		a. Financial Institution		c. Account Code d. Period Begin Balance
a. Financial Institution Full Na	e. Account Cod		a. Financial Institution		
a. Financial Institution Full Nation Full	e. Account Cod		a. Financial Institution		d. Period Begin Balance
a. Financial Institution Full Na Iman Cal Very b. Purpose Campo S CERTIFICATION I certify that the Committee	c. Account Code d. Period Begin	n Balance '7/19/	a. Financial Institution b. Purpose 77 cable provisions of A	on Full Name	d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
a. Financial Institution Full Nation Full	c. Account Code d. Period Begin s or Fund is in compliand that no funds are	a Balance '7/19/ ance with all applicommingled with	a. Financial Institution b. Purpose 7 7 cable provisions of a prohibited or other a	on Full Name Article 22A, 22E	d. Period Begin Balance \$
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue applied.	c. Account Code d. Period Begin \$ or Fund is in compliant that no funds are correct and that I have	a Balance '7/19/ ance with all applicommingled with	a. Financial Institution b. Purpose 7 7 cable provisions of a prohibited or other a	on Full Name Article 22A, 22E	d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue applied.	c. Account Code d. Period Begin s or Fund is in compliand that no funds are	a Balance '7/19/ ance with all applicommingled with	a. Financial Institution b. Purpose 7 7 cable provisions of a prohibited or other a	on Full Name Article 22A, 22E	d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
a. Financial Institution Full Nation Full	c. Account Code d. Period Begin s or Fund is in compliant that no funds are of correct and that I have	a Balance '7/19/ ance with all applicommingled with the been trained by	b. Purpose 77 cable provisions of prohibited or other it he NC State Board	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and the Committee of the NC General Statutes a report is complete.	c. Account Code d. Period Begin \$ or Fund is in compliant that no funds are correct and that I have of Signer	a Balance '7/19/ ance with all applicommingled with the been trained by	a. Financial Institution b. Purpose 7 7 cable provisions of a prohibited or other a	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 8 & 22D-22M of Chapter 163
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and the Committee of the NC General Statutes a report is complete.	c. Account Cod d. Period Begin \$ or Fund is in compliand that no funds are correct and that I have of Signer	a Balance '7/19/ ance with all applicommingled with the been trained by	b. Purpose cable provisions of prohibited or other the NC State Board ature of Appointed Trees.	Article 22A, 22E non-disclosed fur of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this \[\frac{7}{2\left[\frac{1}{2}\right]}{\Date} \]
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and the Committee of the NC General Statutes a report is complete.	c. Account Code d. Period Begin \$ or Fund is in compliant that no funds are correct and that I have of Signer	a Balance '7/19/ ance with all applicommingled with the been trained by	b. Purpose 7 cable provisions of prohibited or other in the NC State Board Lature of Appointed Tra	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this \[\frac{7}{2\left[\frac{1}{2}\right]}{\Date} \] Every Method
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and printed Name of the NC General Statutes a report is complete.	c. Account Cod d. Period Begin \$ or Fund is in compliand that no funds are correct and that I have of Signer	a Balance 7/19/ ance with all applicommingled with the been trained by Sign Employ	b. Purpose 7 cable provisions of a prohibited or other the NC State Board Auture of Appointed Tracee:	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this \[\frac{1}{2\left(\frac{1}{2}\right)}{\Date} \] \[\text{ivery Method} \] Normal Mail
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and printed Name of the NC General Statutes a report is complete.	c. Account Cod d. Period Begin \$ or Fund is in compliand that no funds are correct and that I have of Signer	an Balance 7/19/ ance with all applicommingled with the been trained by	b. Purpose 7 cable provisions of a prohibited or other the NC State Board Auture of Appointed Tracee:	Article 22A, 22F con-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this This is a second content of the cont
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and Printed Name of FOR OFFICE USE ONLY	c. Account Cod d. Period Begin \$ or Fund is in compliand that no funds are correct and that I have of Signer	a Balance 7/19/ ance with all applicommingled with the been trained by Sign Employ	a. Financial Institution b. Purpose 7 cable provisions of a prohibited or other at the NC State Board Acture of Appointed Tracee:	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this \[\frac{1}{2\left(\frac{1}{2}\right)}{\Date} \] \[\text{ivery Method} \] Normal Mail
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and Printed Name of FOR OFFICE USE ONLY Date Postmarked:	c. Account Code d. Period Begin s or Fund is in compliant that no funds are correct and that I have of Signer	ance with all applicommingled with the been trained by Employ Employ	a. Financial Institution b. Purpose 7 cable provisions of a prohibited or other at the NC State Board Acture of Appointed Tracee: Gee: Gee: J. George George Gee: J. George George	Article 22A, 22F non-disclosed fu of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this This is a second content of the cont
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and Printed Name of the Received: Date Postmarked: Date Scanned:	c. Account Code d. Period Begin \$ 0 or Fund is in compliant that no funds are correct and that I have of Signer X 8-1-17	a Balance 7/19/ ance with all applicommingled with the been trained by Employ Employ Employ Employ	a. Financial Institution b. Purpose 77 cable provisions of a prohibited or other of the NC State Board Auture of Appointed Tracee: Gee: Gee: Gee:	Article 22A, 22E non-disclosed fur of Elections.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this
b. Purpose CERTIFICATION I certify that the Committee of the NC General Statutes a report is complete, frue and Printed Name of FOR OFFICE USE ONLY Date Postmarked: Date Postmarked: Date Data Entered: Please Note: This for	c. Account Code d. Period Begin \$ 0 or Fund is in compliant that no funds are correct and that I have of Signer X 8-1-17	an Balance 7/19/ ance with all applicommingled with the been trained by Employ Employ Employ Employ amend commi	a. Financial Institution b. Purpose 7 cable provisions of a prohibited or other at the NC State Board Acture of Appointed Tracee: 6 6 6 6 6 6 6 6 6 6 6 6 6	Article 22A, 22E non-disclosed functions.	d. Period Begin Balance \$ 3 & 22D-22M of Chapter 163 ands. I further certify that this

CRO-1000

Amendment

Detailed	Summary
-----------------	---------

Amendment

Yes No

Use this form to summarize all disclosure reporting forms as	nd to total me	matary information	Yes LI No
1. Committee Full Name (and Fund if applicable)	2. Type of		ID Number
HAZO Querlas City Concil		estimal	
Start of Election Cycle: January 1, 2017)	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ e
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 4/00	\$ 4/00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 2000	\$ 2000
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	nder fing - medden sektrologia austri 2000 var hallit Politika		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 6/00	\$ 6/00
<u>EXPENDITURES</u>		territoria de la companya de la comp	lgad district
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2% 58	\$ 286.58
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
(5) Loan Repayments	(CRO-1420)	\$	\$
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 26.56	\$ 286.58
(9) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18)	\$ 58/3.42	\$ 5213.42
ADDITIONAL INFORMATION			
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
(2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
4) Account Transfers Within the Committee	(CRO-1720)	\$ 	
5) Administrative Support	(CRO-1710)	\$	\$
6) Forgiven Loans	(CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
8) Contributions to be Refunded	(CRO-1215)	\$.	\$

	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used						
1. Co	ommittee Full Na	une (and Fund if ap	pplicable)			200 00 00	D'Number
23 C400 P12 C912 C	Aleibuto e Infort		L.	J Add □ R	.emove		
	Name, Mailing Add			b. Job Title/Pro	fession	d. C	Zomments
	lude city, state, & zip			Dunce	_		
14.	AROLD CLU	- P			lame/Specific Field	-	
2	23, Extens.	VC 27215		Dit He		1_	
کا,	からまった	V(: 27213		015	A 70 0	e. E	lection Sum to Date
	,					\$	2000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	_t iption	j. Date (mm/dd/yy		k. Amount
				-			\$
							\$
							\$
Sections	teributore inform	and the control of th	·	Add □ Re	move		
	Name, Mailing Addr		SSE AND ASSESSMENT OF THE SECOND OF THE SECO	b. Job Title/Profe	Name and Address of the Party o	đ. C	omments
	ide city, state, & zip)	<u> </u>		1 21,		1	
)VA	Ney Forte	(d) Dios.		c. Employer's Nar	me/Specific Field	1	
24	De Spolle	المراسل المراس		Co Handres	manhama		
R	whocker X	L. 27213			1	e. Ele	ection Sum to Date
υ.	11.7%	• • • • • • • • • • • • • • • • • • •			1	\$	500 500
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	/y)	k. Amount
							\$
							\$
							\$
20012-01-01-01-01-01-01-01-01-01-01-01-01-01-	idbulordidorna	Approximation of the second se	L	Add Ren	поче		
	ame, Mailing Addre		395-34-34	b. Job Title/Profes		d. Co	mments
	le city, state, & zip)	1		Dage-		ĺ	
Noh	inny Kokat	ts193 Hopedale 20 VC	Λ	c. Employer's Nan	ne/Specific Field		
14:	2 No Graham	Hapedula Ko	′	11/-	Slook		
\mathcal{D}	interest)	J'C'		Western	2//-	e. Ele	ction Sum to Date
	7,			140	リニュ	\$	100
. Prior		h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy	y) k	c. Amount
_ 1	g. Account Code		1		4		
	g. Account Code					\perp	\$
0	g. Account Code					\dashv	\$
	g. Account Code						\$
□ □ k.Tota	al only this Pa	Control of the contro					\$

	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used					
1. Co	muitee Full N	gue (and Vend 1/2	Ti. Co.	/		2 ID Number
3. Co	entributor Infor	001	19 (Bunch		Remove	
	Name, Mailing Add			b. Job Title/Pro	Secretaria de la company de la constitución de la c	d. Comments
(incl	lude city, state, & zi	ip)		6)	Manoa	us comme
-/	DILY (FERE	·hand		Owe-		
7	3 1	how 1889 2 Mills And Mills N. N. F			Name/Specific Field	
1	Anoline 1	1 1111		(A20/100		e. Election Sum to Date
F	338 /9 110	NAD MITTE		CA,20/100 Wiesaz	ノ	
<u> </u>	Sus/inspan					\$ 1500
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	iption	j. Date (mm/dd/yy	yy) k. Amount
				· 		\$
						\$
						\$
Access of the second	itributor Inform	STATE OF THE PROPERTY OF THE P] Add □ R	emove	I
	Name, Mailing Addi		Manager	b. Job Title/Prof	en e	d. Comments
(inclu	ide city, state, & zip	<u>) </u>	<u></u>	-		
				- Employage N	ame/Specific Field	
		•	•	C Editholer or	mespecial rest	
					I	e. Election Sum to Date
					ļ	\$
E. Prior	g. Account Code	b. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	<u> </u>
	8,	The E view was any	is ill inline or war.	PAROLE	J. Date (nuncur)	s Autouri
		 				
					<u> </u>	\$
П						\$
	ributor Inform			gas zymunada zymune	move	
	ame, Mailing Addre			b. Job Title/Profe	ssion	d. Comments
(life,same	le city, state, & zip)					
	/		I	c. Employer's Na	me/Specific Field	
						e. Election Sum to Date
			ļ	İ	ľ	·
Prior	A aunt Cada	In The Control of the	In war are an Electrical	<u> </u>	2	\$
	g. Account Code	h. Form of Payment	i. In-Kind Descript	ion	j. Date (mm/dd/yyyy	
						\$
						\$
		6				\$
CANTENDA O DESCRIPTION OF	al only this Pa	TOO THE PROPERTY OF THE PROPER				\$ 1500
ACC 12 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Control of the Contro	O-1210 Pages of Detailed Summary Pa	age CRO-1100)			\$ 150° \$ 1100

D:	1		
1718	nnrse	ments	ı

			Amendment	
Pg	 of	2	☐ Yes	□No

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

1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number	
Han	.10 ().	D. Ct	_ (oure!			- ,
3. Type of Dis	shursement (Plea	se use separate C			each type of Dis	hursement.)	
Operating Ex	xpenses Co	contributions to Candid	West and the second section of the second			ordinated Party Expenditures	żS
4. Payee Infor	rmation] Add □	Remove		
	Mailing Address & P	hone		b. Coordinat	ited Committee Name		
(include city, state		A A C	<u> </u>			Voter disk	
Honares	= Conty Bra.	2 y Flee	رد <i>د الج</i>	c. Level Reg	gistered (Specify)	Doro and	
		•		Federal	County:	Company of the second s	manner v n.a. južet i diland
				State	∠ Municipa	- Committee of the comm)ate
			_			\$ 4/6.53	
f. Account Code	g. Form of Payment	11 h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k Required Remarks	
			[\$		
					\$		
4. Payee Inform		L		and the second second second second second	Remove		
a: Full Name; Mail	iling Address & Phone			and the second second second second second	ted Committee Name		
(include city, sta				# # # # # # # # # # # # # # # # # # # #		Campaign Off,	E
Wedman	Hoffman Mill	LU		c. Level Regi	istered (Specify)	Supplies	
Bullat	(Federal	County:	SHILINK 45-M	
20	3.7			State	☐ ₩unicipal	- INEXXXXIIXIIIIIALAAAAAAAAAAAAAAAA	ate
						\$ 90.79	_
. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k. Required Remarks	
<u>Surgangeem</u>	Software Care	3 Edward Control of the Control of t			\$	St. archive	
					\$		
4. Payee Inform	 mation				Remove		
	ling Address & Phone			and the second second second second second	ed Committee Name	d. Comments	
(include city, stat	ite, & zip)			<u> Парадомина.</u>	Complete Spanish see 112		
U.S. You!	la Service		,	Towal Regi	stered (Specify)	P.O. Kar	
			f	c. Level Regist	stered (Specify) County:	- V. I.	
Burlys,	N-C		,	State	Municipali		ate
			1			\$ 38.80	
Account Code	g: Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy). j	j. Amount	k. Required Remarks	
A CONTRACTOR OF THE PARTY OF TH	S. Even	Zali New Avincentia comme	<u> Addin Addinous</u>	2.00	\$	A ZARAL A THEOREM	<u> </u>
		+			\$	176.0	<u> </u>
. Total only thi	· •	L			P .	\$ 200	3
	Ψ					3 X all	<u> </u>
	CRO-1310 Pages line 13a of Detailed Sum	Page CRO-11(an if Ope	tina Expense			!
(This line goes in	line 13b of Detailed Sum	nmary Page CRO-110	00 if Conti	trib to Candidat	ates/Political Comm)	\$ 236.58	O
(This line goes in l	line 13c of Detailed Sum	nmary Page CRO-1100	00 if Coord	rdinated Party E		ds6,20	<u>ن</u>
	odes (List detailed						
* - Media	B* - Printin		XX time and a property	undraising		Another Candidate	
C - Salaries - Postage	F* - Equipt J - Penaltie	distillation to select the selection of		litical Party ffice Expense	SAMPLE A STREET	olding Public Office E Mation to Legal Expe	
- Postage O* Other	J - Lonaine	β.	A Silvino	Herman	V	lauon to 205	HSC x C
Cadaa raanira		ion in required re	andre	and the			

Dish	ursem	ents
	ui Scii	\mathbf{c}

	_		Amendment	7	Owner,
Pg	2	of	2	☑ No	, preservor

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

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments. (include city, state, & zip) Output Could Comment Committee Name d. Comment Comment Committee Name d. Comment Committee Name d. Comment Committee Name d. Comment	**************************************
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses	100 Sept.
Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip)	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (Include city, state, & zip)	
(include city, state, & zip) Wolst, tx	
c. Level Registered (Specify)	
Federal County:	
State Municipality: e. Election Sum to Date	1.20 T.
\$ 93.80	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
\$	<u> </u>
\$	
4. Payee Information	
a: Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip)	
West He Day no c. Level Registered (Specify)	
Federal County: State Municipality: e. Election Sum to Date 21	
A SAMO AND	Addition which
f. Account Code g: Form of Payment h. Purpose Code Date (mm/dd/yyyy) Amount k. Required Remarks	asari e arevit
f. Account Code g. Form of Payment h. Purpose Code f. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
\$	
4. Payee Information	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	
(include city, state, & zip)	FACE OF 1 7AM
c. Level Registered (Specify)	
Federal County:	
State Municipality: e. Election Sum to Date	
\$	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
\$	
\$	
5. Total only this Page \$ 110-49	
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)	ĺ
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)	
7. Purpose Codes (List detailed expenditure code in (h.) above)	
A*-Media B*-Printing C*-Fundraising D-To Another Candidate E-Salaries F*-Equipment G-Political Party H*-Holding Public Office Expension	SPS (2)
I - Postage J - Penalties K*-Office Expenses Q*-Donation to Legal Expense F	
O* Other * Codes require detailed explanation in required remarks field (k)	
	r 2009

Loan P					Pg	of		Amendment Yes	☐ No
	m to report proceeds from a								
	eeds statement must accomp		that is	from an inc	ividual	n isteration			
i. Commit	tee Full Name (and Fund if	0, 1	ا ، برد					ID Number	
3 Lender I	nformation	-()/ COS		Add	Remove				
16 TO SELECTION (1994) SM 1/2/1997 TO SELECTION (1994)	Mailing Address & Phone			b. Job Title	A STATE OF LOOK STATE		d.	Conments	
 4 (4) (4) (4) (4) (4) (4) 	y, state, & zip)			\cap	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
10	10 0			Core	1				
1420	, IN Owen			c. Employer	la Nama/Cas	ojeo Fio		Start Date (mm/c	ld/yyyy)
223	Englemos HUE					- 11	- I	7/2//1	
	ID OWEL Englemos AUF Inglin XIC: 272	17		046	H3300	<i>€</i> +₹3	f. 1	End Date (mm/do	l/yyyy)
Bust	are the 212							11/10/19	7
g. Rate	h. Security Pledged		і. Ассоп	t Codo	j. Form of	Povmor	1 1	k. Amount	
	n. Security Freugen		i. Accou	m Code	J. Porm or	ayıncı			₹.
ひ %								\$ 2000	
i. Full Name of	Lending Institution						m.	Loan Number	
1 Endorser	s/Makers (The people who gi	arantee the loan	i)			40.00			
in family and an income and an income	Mailing Address & Phone		7/50-165	b. Job Title/l	Profession	1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. Empl	oyer's Name/Spe	cific Field
	, state, & zip)		&	<u> </u>					
				d. Percentage	?		e. Amou	int	
					·	%	\$		
					***************************************	70		***************************************	
The State of the S	Mailing Address & Phone			b. Job Title/I	rofession		c. Empl	oyer's Name/Spe	cific Field
(include city,	state, & zip)								
							•		
							<u> </u>	····-	
				d. Percentage			e. Amou	mt	
						%	\$		
. Full Name. M	failing Address & Phone			b. Job Title/P	rofession		c. Emplo	oyer's Name/Spe	cific Field
(include city,				<u> </u>					
			ţ	d. Percentage			e. Amou	ınt	
			Ì			%	\$		
		20 Talah merengan kecamatan dari berasa		Application of the control of the co		,,,		W 1 NT 11 10 10 10 10 10 10 10 10 10 10 10 10	eni jeutij (i)
. Full Name, M (include city,	failing Address & Phone			b. Job Title/P	rotession		c. Emplo	oyer's Name/Spec	anc rieid
emerane city,	state, & Apj					j			
			Ļ	- 42 v C 00 v 13 v 20			- 		
				I. Percentage			e. Amou	nt	
			Į			%	\$		
Total of	ALL CRO-1410 Pages							ري. دي.	
	t be on line 9 of Detailed Summar		00)				\$	2020	



State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

9	Name of committee to receive loan: //and/ Eway for Bother City Care
•	Person or committee to make loan:
•	Date of loan to committee:
	' l
•	Name of lending institution and account number (source):
•	Amount of loan: 4 2000 000 Description (if in-kind loan): 434
•	Description (if in-kind loan):
•	Names of all parties responsible for payment of loan (guarantors):
	manico of an partico responsible for payment of real (general)
	Paried of Leave
•	Period of loan:
0	Rate of interest of loan:
•	Security pledged for loan:
l, _	, acknowledge that all of the information (Person lending money to committee)
	(Person lending money to committee)
	ovided is complete, true, and accurate. I further understand I may not forgive a loan
ına	t has an outstanding balance to any source.
	140) Lever //3/19
Sig	mature of Lender Date Signed
عر	Truk des 9/21/197
Sig	nature of Treasurer of Committee Date Signed
CRC	O-6100 Loan Proceeds Statement July 2014