

# Disclosure Report Cover

Amendment  
 Yes  No

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

| 1. Committee Information                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Full Name<br><i>Harold Owen For City Council</i>                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    | c. ID Number                                |                                                                                                                                                                                                                                                                                   |
| b. Mailing Address (include City, State and Zip Code)<br><i>223 Englema Avenue<br/>Burlington NC 27215</i>                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    | d. Date Filed                               |                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    | e. Phone Number<br><i>336-516-6600</i>      |                                                                                                                                                                                                                                                                                   |
| 2. Report Year                                                                                                                                                                                                                                                                                                                                                                                                | 3. Period Start Date (mm/dd/yy)<br><i>10/24/2017</i> | 4. Period End Date (mm/dd/yy)<br><i>12/31/2018</i>                                                                                                                                                                                                                                                                                                                                                                                 | 5. Treasurer Full Name<br><i>Frank Hope</i> |                                                                                                                                                                                                                                                                                   |
| 6. Type of Committee (Check One)                                                                                                                                                                                                                                                                                                                                                                              |                                                      | 9. Type of Report (check only one type of report from one category)                                                                                                                                                                                                                                                                                                                                                                |                                             |                                                                                                                                                                                                                                                                                   |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> PAC <input type="checkbox"/> Referendum<br><input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser<br><input type="checkbox"/> Legal Expense Fund                                                                                                        |                                                      | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input checked="" type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                             |                                                                                                                                                                                                                                                                                   |
| <b>State/County</b><br><input type="checkbox"/> Organizational<br>Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                                      | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| 7. Type of Fund (if applicable, check one)                                                                                                                                                                                                                                                                                                                                                                    |                                                      | 10. Special Report Name                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| 8. Number of Fundraisers this Report<br><i>0</i>                                                                                                                                                                                                                                                                                                                                                              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                       |                                                      | 11. Account Information                                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                                                                                                                                                                   |
| a. Financial Institution Full Name<br><i>Pomeroy National Bank &amp; Trust</i>                                                                                                                                                                                                                                                                                                                                |                                                      | a. Financial Institution Full Name                                                                                                                                                                                                                                                                                                                                                                                                 |                                             |                                                                                                                                                                                                                                                                                   |
| b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                    | c. Account Code                                      | b. Purpose                                                                                                                                                                                                                                                                                                                                                                                                                         | c. Account Code                             |                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| d. Period Begin Balance<br><i>\$ 5900.20</i>                                                                                                                                                                                                                                                                                                                                                                  |                                                      | d. Period Begin Balance<br><i>\$ 10/24/2017</i>                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| 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 of Elections.                                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| <i>Harold Owen</i>                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | <i>1-22-18</i>                                                                                                                                                                                                                                                                    |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                                                        |                                                      | Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Date                                                                                                                                                                                                                                                                              |
| FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                | <i>1-22-18</i>                                       | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>JG</i>                                   | Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                                                              |                                                      | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                                                                                                                                                                   |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                                                                 | <i>1-31-18</i>                                       | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>JG</i>                                   |                                                                                                                                                                                                                                                                                   |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             |                                                                                                                                                                                                                                                                                   |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.                                                                                                                   |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                             |                                                                                                                                                                                                                                                                                   |

# Detailed Summary

Yes  No

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 Report           | 3. ID Number              |
|------------------------------------------------------------------------------|------------|-----------------------------|---------------------------|
| Kendall Over to City Council                                                 |            |                             |                           |
| Start of Election Cycle: January 1, 2017                                     |            | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start                                                     |            | \$ 5,906.20                 | \$ -0-                    |
| <b>RECEIPTS</b>                                                              |            |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      | \$         |                             | \$                        |
| 6) Contributions from Individuals (CRO-1210)                                 | \$ 50.00   |                             | \$ 23,768.05              |
| 7) Contributions from Political Party Committees (CRO-1220)                  | \$         |                             | \$                        |
| 8) Contributions from Other Political Committees (CRO-1230)                  | \$         |                             | \$                        |
| 9) Loan Proceeds (CRO-1410)                                                  | \$         |                             | \$ 200                    |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       | \$         |                             | \$                        |
| 11) Other Receipt Sources                                                    |            |                             |                           |
| 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) | \$ 50.00   |                             | \$ 25,768.05              |
| <b>EXPENDITURES</b>                                                          |            |                             |                           |
| 13) Disbursements                                                            |            |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       | \$ 4536.00 |                             | \$ 21,812.25              |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             | \$ 4526.38 |                             | \$ 21,833.04              |
| 13c) Coordinated Party Expenditures (CRO-1310)                               | \$         |                             | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             | \$         |                             | \$                        |
| 15) Loan Repayments (CRO-1420)                                               | \$         |                             | \$                        |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     | \$         |                             | \$ 2237.14                |
| 17) In-Kind Contributions (CRO-1510)                                         | \$         |                             | \$ 268.05                 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          | \$ 4526.38 |                             | \$ 24,338.23              |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 1429.82 |                             | \$ 1429.82                |
| <b>ADDITIONAL INFORMATION</b>                                                |            |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  | \$         |                             | \$                        |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           | \$         |                             | \$                        |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   | \$         |                             | \$                        |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   | \$         |                             | \$                        |
| 24) Account Transfers Within the Committee (CRO-1720)                        | \$         |                             | \$                        |
| 25) Administrative Support (CRO-1710)                                        | \$         |                             | \$                        |
| 26) Forgiven Loans (CRO-1440)                                                | \$         |                             | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    | \$         |                             | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  | \$         |                             | \$                        |

# Contributions from Individuals

Pg \_\_\_\_ of \_\_\_\_

Amendment  
 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)<br><i>Harold Chen for City Council</i> | 2. ID Number |
|----------------------------------------------------------------------------------------|--------------|

3. Contributor Information  Add  Remove

|                                                                                                                                             |                                            |                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Dennis R. Odell<br/>63213 Beale Rd<br/>Snow Camp N.C. 27349</i> | b. Job Title/Profession<br><i>Engineer</i> | d. Comments                                |
|                                                                                                                                             | c. Employer's Name/Specific Field          |                                            |
|                                                                                                                                             |                                            | e. Election Sum to Date<br>\$ <i>50.00</i> |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount       |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input type="checkbox"/> | <i>1470</i>     | <i>check</i>       |                        | <i>10/27/17</i>      | \$ <i>50.00</i> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> |                 |                    |                        |                      | \$              |

3. Contributor Information  Add  Remove

|                                                                       |                                   |                               |
|-----------------------------------------------------------------------|-----------------------------------|-------------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) | b. Job Title/Profession           | d. Comments                   |
|                                                                       | c. Employer's Name/Specific Field |                               |
|                                                                       |                                   | e. Election Sum to Date<br>\$ |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

3. Contributor Information  Add  Remove

|                                                                       |                                   |                               |
|-----------------------------------------------------------------------|-----------------------------------|-------------------------------|
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip) | b. Job Title/Profession           | d. Comments                   |
|                                                                       | c. Employer's Name/Specific Field |                               |
|                                                                       |                                   | e. Election Sum to Date<br>\$ |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|--------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |
| <input type="checkbox"/> |                 |                    |                        |                      | \$        |

|                                                                                                                  |                 |
|------------------------------------------------------------------------------------------------------------------|-----------------|
| 4. Total only this Page                                                                                          | \$ <i>50.00</i> |
| 5. Total of ALL CRO-1210 Pages<br><small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | \$ <i>50.00</i> |

|                                                                                                                                                                                                                                                                                                    |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><i>Karl D. Over to City Council</i>                                                                                                                                                                                                             |  |                    |                 |                                                                                                                                                       |             | 2. ID Number                                        |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                                                                                                                                        |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                           |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |  |                    |                 | b. Coordinated Committee Name                                                                                                                         |             | d. Comments                                         |  |
| <i>Walmart Supercenter<br/>3141 Garden Road<br/>Burlington NC 27215</i> ✓                                                                                                                                                                                                                          |  |                    |                 | c. Level Registered (Specify)                                                                                                                         |             | e. Election Sum to Date                             |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |             |                                                     |  |
| f. Account Code                                                                                                                                                                                                                                                                                    |  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount   | k. Required Remarks                                 |  |
| HTO                                                                                                                                                                                                                                                                                                |  | check ✓            | D ✓             | 10/31/2017                                                                                                                                            | \$ 221.22 ✓ | Supplies Campaign<br>Dinner                         |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 |                                                                                                                                                       | \$          |                                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |  |                    |                 | b. Coordinated Committee Name                                                                                                                         |             | d. Comments                                         |  |
| <i>Walmart Supercenter<br/>3141 Garden Road<br/>Burlington NC 27215</i> ✓                                                                                                                                                                                                                          |  |                    |                 | c. Level Registered (Specify)                                                                                                                         |             | e. Election Sum to Date                             |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |             |                                                     |  |
| f. Account Code                                                                                                                                                                                                                                                                                    |  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount   | k. Required Remarks                                 |  |
| HTO                                                                                                                                                                                                                                                                                                |  | check ✓            | D ✓             | 11/04/2017                                                                                                                                            | \$ 82.52    | Campaign Election<br>Can Day Handouts               |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 |                                                                                                                                                       | \$          |                                                     |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                  |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                                                                                                                              |  |                    |                 | b. Coordinated Committee Name                                                                                                                         |             | d. Comments                                         |  |
| <i>Firehouse Subs<br/>2471 S. Church St.<br/>Burlington NC 27215</i> ✓                                                                                                                                                                                                                             |  |                    |                 | c. Level Registered (Specify)                                                                                                                         |             | e. Election Sum to Date                             |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |             |                                                     |  |
| f. Account Code                                                                                                                                                                                                                                                                                    |  | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy)                                                                                                                                  | j. Amount   | k. Required Remarks                                 |  |
| HTO                                                                                                                                                                                                                                                                                                |  | check              | D               | 11/6/17                                                                                                                                               | \$ 181.50   | Gas for 1000 ft<br>Campaign Election<br>Night Party |  |
|                                                                                                                                                                                                                                                                                                    |  |                    |                 |                                                                                                                                                       | \$          |                                                     |  |
| 5. Total only this Page                                                                                                                                                                                                                                                                            |  |                    |                 |                                                                                                                                                       |             | \$ 485.22                                           |  |
| 6. Total of ALL CRO-1310 Pages                                                                                                                                                                                                                                                                     |  |                    |                 |                                                                                                                                                       |             | \$ 4,526.38                                         |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| 7. Purpose Codes (List detailed expenditure code in (k) above)                                                                                                                                                                                                                                     |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| A* - Media                                                                                                                                                                                                                                                                                         |  | B* - Printing      |                 | C* - Fundraising                                                                                                                                      |             | D - To Another Candidate                            |  |
| E - Salaries                                                                                                                                                                                                                                                                                       |  | F* - Equipment     |                 | G - Political Party                                                                                                                                   |             | H* - Holding Public Office Expenses                 |  |
| I - Postage                                                                                                                                                                                                                                                                                        |  | J - Penalties      |                 | K* - Office Expenses                                                                                                                                  |             | Q* - Donation to Legal Expense Fund                 |  |
| O* Other                                                                                                                                                                                                                                                                                           |  |                    |                 |                                                                                                                                                       |             |                                                     |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                 |  |                    |                 |                                                                                                                                                       |             |                                                     |  |

4 of 6

|                                                                                                                                                                                                                                                                                                                                      |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Harold Ewan for City Council                                                                                                                                                                                                                                                      |                             |                      |                                    |                                                                                                                                                                                        |                                                       | 2. ID Number                          |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                                                                                                                                                                          |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                                                             |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>East Coast Wings<br>309 Holloman Mill Rd<br>Berkeley NC 27215                                                                                                                                                                                               |                             |                      |                                    | b. Coordinated Committee Name<br>Election Party                                                                                                                                        |                                                       | d. Comments                           |  |
|                                                                                                                                                                                                                                                                                                                                      |                             |                      |                                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                                       | e. Election Sum to Date<br>\$ 240.14  |  |
| f. Account Code<br>HTO                                                                                                                                                                                                                                                                                                               | g. Form of Payment<br>check | h. Purpose Code<br>0 | i. Date (mm/dd/yyyy)<br>11/06/2017 | j. Amount<br>\$ 240.14                                                                                                                                                                 | k. Required Remarks<br>For Election Admin<br>function |                                       |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>U.S. Postal Service<br>405 Mark Avenue<br>Burlington NC 27215                                                                                                                                                                                               |                             |                      |                                    | b. Coordinated Committee Name                                                                                                                                                          |                                                       | d. Comments<br>Stamps<br>mailings     |  |
|                                                                                                                                                                                                                                                                                                                                      |                             |                      |                                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                                       | e. Election Sum to Date<br>\$ 196.00  |  |
| f. Account Code<br>HTO                                                                                                                                                                                                                                                                                                               | g. Form of Payment<br>check | h. Purpose Code<br>2 | i. Date (mm/dd/yyyy)<br>11/06/2017 | j. Amount<br>\$ 49.00                                                                                                                                                                  | k. Required Remarks<br>Stamps, thank<br>you notes     |                                       |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Professional Systems USA                                                                                                                                                                                                                                    |                             |                      |                                    | b. Coordinated Committee Name                                                                                                                                                          |                                                       | d. Comments<br>Campaign<br>Mailings   |  |
|                                                                                                                                                                                                                                                                                                                                      |                             |                      |                                    | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                                       | e. Election Sum to Date<br>\$ 5053.50 |  |
| f. Account Code<br>HTO                                                                                                                                                                                                                                                                                                               | g. Form of Payment<br>check | h. Purpose Code      | i. Date (mm/dd/yyyy)<br>11/10/2017 | j. Amount<br>\$ 2333.74                                                                                                                                                                | k. Required Remarks<br>Campaign<br>Mailings           |                                       |  |
| 5. Total only this Page                                                                                                                                                                                                                                                                                                              |                             |                      |                                    |                                                                                                                                                                                        |                                                       | \$ 2621.04                            |  |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                             |                      |                                    |                                                                                                                                                                                        |                                                       | \$ 4,526.38                           |  |
| 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 Expenses   |  |
| I - Postage                                                                                                                                                                                                                                                                                                                          |                             | J - Penalties        |                                    | K* - Office Expenses                                                                                                                                                                   |                                                       | Q* - Donation to Legal Expense Fund   |  |
| O* Other                                                                                                                                                                                                                                                                                                                             |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                                   |                             |                      |                                    |                                                                                                                                                                                        |                                                       |                                       |  |

5 of 6

|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><i>Msrd/D Ward For City Council</i>                                                                                                                                                                                                                                               |                    |                 |                      |                                                                                                                                                                                       |                                  | 2. ID Number                           |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)<br><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                              |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Office Depot<br/>1825 S. Church Street<br/>Burlington NC 27215</i>                                                                                                                                                                                       |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                                         |                                  | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: |                                  | e. Election Sum to Date<br>\$ 59.11 ✓  |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                             | k. Required Remarks              |                                        |  |
| <i>HTO</i>                                                                                                                                                                                                                                                                                                                           | <i>check</i> ✓     | <i>K</i>        | <i>11/13/2017</i>    | <i>\$ 59.11</i>                                                                                                                                                                       | <i>Campaign Storage Supplies</i> |                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Burlington Times News<br/>207 S. Main Street<br/>Burlington N.C. 27215</i>                                                                                                                                                                               |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                                         |                                  | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                  | e. Election Sum to Date<br>\$ 3009.20  |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                             | k. Required Remarks              |                                        |  |
| <i>HTO</i>                                                                                                                                                                                                                                                                                                                           | <i>check</i> ✓     | <i>D</i>        | <i>11/16/2017</i>    | <i>\$ 360.20</i>                                                                                                                                                                      | <i>Advertising</i>               |                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                                    |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Office Depot<br/>1825 S. Church St<br/>Burlington NC 27215</i>                                                                                                                                                                                           |                    |                 |                      | b. Coordinated Committee Name                                                                                                                                                         |                                  | d. Comments                            |  |
|                                                                                                                                                                                                                                                                                                                                      |                    |                 |                      | c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality:            |                                  | e. Election Sum to Date<br>\$ 1,921.52 |  |
| f. Account Code                                                                                                                                                                                                                                                                                                                      | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                                                             | k. Required Remarks              |                                        |  |
| <i>HTO</i>                                                                                                                                                                                                                                                                                                                           | <i>check</i> ✓     | <i>K</i>        | <i>11/26/2017</i>    | <i>\$ 62.41</i>                                                                                                                                                                       | <i>Campaign Storage</i>          |                                        |  |
| 5. Total only this Page                                                                                                                                                                                                                                                                                                              |                    |                 |                      |                                                                                                                                                                                       |                                  | \$ <i>4,526.38</i> ✓                   |  |
| 6. Total of ALL CRO-1310 Pages<br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                    |                 |                      |                                                                                                                                                                                       |                                  | \$ <i>4,526.38</i>                     |  |
| 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 Expenses    |  |
| I - Postage                                                                                                                                                                                                                                                                                                                          |                    | J - Penalties   |                      | K* - Office Expenses                                                                                                                                                                  |                                  | Q* - Donation to Legal Expense Fund    |  |
| O* Other                                                                                                                                                                                                                                                                                                                             |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                                   |                    |                 |                      |                                                                                                                                                                                       |                                  |                                        |  |