

Disclosure Report Cover

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 <i>Harold Owen for City Council</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>223 Engleman Avenue Burlington N.C. 27215</i>	d. Date Filed <i>09/01/2017</i>
	e. Phone Number <i>336-516-6600</i>

2. Report Year	3. Period Start Date (mm/dd/yy) <i>08/01/2017</i>	4. Period End Date (mm/dd/yy) <i>08/29/2017</i>	5. Treasurer Full Name <i>Frank Hope</i>
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
8. Number of Fundraisers this Report <i>0</i>		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>American National Bank & Trust</i>	b. Purpose	a. Financial Institution Full Name	b. Purpose
c. Account Code	d. Period Begin Balance <i>\$ 6073.50</i>	c. Account Code	d. Period Begin Balance <i>\$</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.

Harold Owen Printed Name of Signer *Frank Hope* Signature of Appointed Treasurer *09/01/2017* Date

FOR OFFICE USE ONLY

Date Received: *8-31-17* Employee: *JG* Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: *8-31-17* Employee: *JG* Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

08-31-17A09:44 RCVD
08-31-17A09:44 RCVD

Detailed Summary

Amendment
 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
Harold Owen for City Council		35 Day	
Start of Election Cycle: January 1, 2014		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6078.50	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 14,600	\$ 18,968.05
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 2000.00
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)		\$ 14,600	\$ 20,968.05
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5,781.09	\$ 52,075.59
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
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)	\$ 2000.00	\$ 2000.00
17) In-Kind Contributions	(CRO-1510)	\$	\$ 268.05
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7,781.09	\$ 74,756.41
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 13,492.41	\$ 13,492.41
ADDITIONAL INFORMATION			
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)			

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Harold Owen for City Council							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Constance Owen McCall 9008 Pleasant Meadow Drive Raleigh N.C. 27615				EPA		Daughter	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Ropes + Gray Attorneys		\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	HTO	check		07/29/2017	\$ 100. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
G.H. Grayson 3140 Robinson Place Burlington N.C. 27215				Retired Local Gov.			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	HTO	check		07/29/2017	\$ 50. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Perry Nichols 509 Truitt Drive Burlington N.C. Eaton N.C. 27244				President / Auto Dealer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Nichols Pontiac / Jeep		\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	HTO	check		7/29/2017 2000	\$ 2000. ⁰⁰		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2150. ⁰⁰	
5. Total of ALL CRO-1210 Pages						\$ 14600. ⁰⁰	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							

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) Harold Over the City Council					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sam Hunt 161 Via Palma Palm Beach FL 33480				b. Job Title/Profession President		d. Comments
				c. Employer's Name/Specific Field Hunt Electric		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTO	Check		7/26/2017	\$ 2000 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Richard Shirley 2209 W. Front Street Rochester NC 27215				b. Job Title/Profession Owner/Operator		d. Comments
				c. Employer's Name/Specific Field Dick Shirley Chev.		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTO	Check		08/03/2017	\$ 2000 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ernest Koway Jr. P.O. Box 350 Rochester N.C. 27015				b. Job Title/Profession President		d. Comments
				c. Employer's Name/Specific Field Koway Enterprises		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTO	Check		08/04/2017	\$ 1000 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 5000 ⁰⁰	
5. Total of ALL CRO-120 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14600 ⁰⁰	

1. Committee Full Name (and Fund if applicable) <i>Hand Over for City Council</i>						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
<i>John Mc Donald 900 E Lake Drive Burlington N.C. 27215</i>			<i>Owner</i>			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>ATO</i>	<i>check</i>		<i>08/09/2017</i>	\$ <i>500.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
<i>James McGill 1915 W. Lake Drive Burlington N.C. 27215</i>			<i>Retired Banker</i>			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<i>ATO</i>	<i>check</i>		<i>03/11/2017</i>	\$ <i>1000.00</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
<i>Mark Jones 4346 Wire Valley Drive Burlington N.C. 27215</i>			<i>Owner / Franchiser</i>			
			c. Employer's Name/Specific Field			
			<i>Buffalo Wild</i>		e. Election Sum to Date	
			<i>WINGS</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>ATO</i>	<i>check</i>		<i>08/11/2017</i>	\$ <i>2500</i>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <i>4000.00</i>	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ <i>14600.00</i>	

1. Committee Full Name (and Fund if applicable)						2. ID Number
H270 Ours for City Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Randy Cox 1120 Fieldstone Drive Raleigh, NC 27215 336-585-1883				Owner		
				c. Employer's Name/Specific Field		
				Raleigh 27215		
				Zibbon Drive		
				e. Election Sum to Date		\$
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"/>	HTD	check		02/15/2017	\$ 500 ⁰⁰	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Tim Johnson 2514 Maury Arch Raleigh, N.C. 27215 336-227-6386				Retired		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTD	check		02/16/2017	\$ 100 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Dr. Christine Beck Owen Beck 1014 Bianca Drive Raleigh N.C. 27607				Medical Doctor		Daughter
				c. Employer's Name/Specific Field		
				Duke University		
				e. Election Sum to Date		\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTU	check		02/21/2017	\$ 500 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 1100
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 14600 ⁰⁰

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

1. Committee Full Name and Fund if applicable						2. ID Number
Harold Ewer for City Council						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Allen E. Cant Jr 1022 W. Davis Street Burlington N.C. 27215			CEO Textiles			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Glen Raven Inc		\$	
Prior	g. Account Code	h. Form of Payment	i. Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTO	check		09/25/2017	\$ 2000 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rick N. Fisher 1005 S. Main Street Burlington N.C. 27215			Financial Advisor			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Fisher Investments		\$	
Prior	g. Account Code	h. Form of Payment	i. Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	HTO	check		09/25/2017	\$ 150 ⁰⁰	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
5. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Hugh E. Wilson Jr 3126 Sutter Pl SE Burlington N.C. 27215			President			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Lynn Machinery		\$ 200	
Prior	g. Account Code	h. Form of Payment	i. Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
f. Total only this Page					\$ 2350 ⁰⁰	
g. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Form CRO-1100)					\$ 14600 ⁰⁰	

Disbursements

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable) **2. ID Number**
 Harold Davis for City Council

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Louis of Burlington 12517 New Mill Road Burlington N.C. 27215			Drill utilized for sign installment
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 117.35	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
H70	check	F	08/21/2017	\$ 117.35	Drill for Sign.
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Jeff Wilson 325 Buckhorn Ridge Rd Mebane N.C. 27302			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 590. ⁰⁰	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
H70	check	E	08/22/2017	\$ 590. ⁰⁰	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments
Alamance Professional Supplies Inc. P.O. Box 5054 Burlington N.C. 27216			
c. Level Registered (Specify)		e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 1879.08	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
H70	check	B	08/23/2017	\$ 1879.08	Signs
				\$	

5. Total only this Page \$ 2586.43

6. Total of ALL (CRO-1310) Pages \$ 5181.09
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

- 7. Purpose Codes** (List detailed expenditure code in (h.) above)
- | | | | |
|--------------|----------------|----------------------|-------------------------------------|
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office 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)

Disbursements

Amendment
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Harold Owen for City Council							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Alamance Professional Supplies Inc P.O. Box 5054 Burlington N.C. 27216							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$2111.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HTO	check	B	08/23/2017	\$232.72	Cards		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Alamance Professional Supplies Inc P.O. Box 5054 Burlington N.C. 27216							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$2291.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HTO	check	B	08/23/2017	\$189.08	Inside Signs		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Alamance Professional Services Inc P.O. Box 5054 Burlington NC 27216							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$3314.54	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
HTO	check	B	08/25/2017	\$1023.00	Pens for Voters		
				\$			
5. Total only this Page						\$ 3144.54	
6. Total of ALL CRO-1310 Pages						\$ 5181.09	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (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)							

Disbursements

Amendment
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Harold Owen For City Council							
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Walmart Burlington 3141 Garden Road Burlington N.C. 27215						Materials for Festival Booth	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 89.47	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1470	check	0	08/26/2017	\$ 89.47	Festival materials		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Office Dept of Burlington 1025 S. Church St Burlington N.C. 27215						Supplies for Festival	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 13.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1470	check	0	08/27/2017	\$ 13.43	Festival Materials		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Alamance Professional Services Inc P.O. Box 5054 Burlington N.C. 27216							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 4,322.21	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1470	check	B	08/29/2017	\$ 1007.67	Vand Sign		
				\$			
5. Total only this Page						\$ 1110.57	
6. Total of ALL CRO-1310 Pages						\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 5181.09	
7. Purpose Codes (List detailed explanation 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)							

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

1. Committee Full Name (and Fund if applicable) <i>Harold Owen for 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 (include city, state, & zip) <i>American National Bank + Trust 3101 S. Church Street Rushington, N.C 27215</i>				b. Coordinated Committee Name		d. Comments <i>Printing checks</i>	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ <i>39.00</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	<i>Automatic draw!</i>	<i>B</i>	<i>08/21/2017</i>	\$ <i>39.00</i>	<i>Checks</i>		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <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		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <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		
				\$			
				\$			
5. Total only this Page						\$ <i>39.00</i>	
6. Total of ALL CRO-1310 Pages						\$ <i>5181.09</i>	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (Use detailed explanation in required remarks field (k))							
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							

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Harold Owen for City Council					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
Denise Owen 223 Englemans Avenue Burlington N.C. 27215			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		07/21/2017
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		\$ 2000 ⁰⁰
			f. Purpose Code		j. Election Sum to Date
			L		\$ 2000 ⁰⁰
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
Retired				H.T.O.	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
check				08/27/2017	\$ 2000 ⁰⁰
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
			f. Purpose Code		j. Election Sum to Date
					\$
b. Job Title/Profession		c. Employer's Name/Specific Field		k. Account Code	
l. Form of Payment	m. Required Remarks			n. Date (mm/dd/yyyy)	o. Amount
					\$
4. Total only this Page					\$ 2000
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 2000 ⁰⁰
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					