

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 Ewing for Mebane | c. ID Number 82-1276120 |
| b. Mailing Address (include City, State and Zip Code) 304 Stratford Road Mebane, NC 27302 | d. Date Filed 07/25/2017 |
| 07-25-17P01:15 RCVD | |
| e. Phone Number 614-378-8464 | |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2017 | 04/25/2017 | 06/30/17 | Ellen Edwards |

| 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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | <table border="1"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special </td> <td> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special </td> </tr> </table> | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| Municipal | State/County | Referendum | | | | | |
| <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | | | | | |
| 7. Type of Fund (if applicable, check one) | 10. Special Report Name | | | | | | |
| <input checked="" type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | | | | | | |
| 8. Number of Fundraisers this Report | | | | | | | |
| 1 | | | | | | | |

| 11. Account Information | | 11. Account Information | |
|---|------------------------------------|-------------------------------------|-------------------------------|
| a. Financial Institution Full Name Truliant Federal Credit Union | a. Financial Institution Full Name | b. Purpose All campaign expenses | c. Account Code 1 |
| | | d. Period Begin Balance \$ 0.00 | d. Period Begin Balance \$ |

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.

Ellen Edwards _____ 07/25/2017 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 7-25-17 Employee: JG Delivery Method: Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: _____ Employee: _____
 Date Scanned: 7-21-17 Employee: JG
 Date Data Entered: _____ Employee: _____

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.

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 | |
|--|-------------------|------------------------------------|----------------------------------|
| Ewing for Mebane | Mid Year | 82-1276120 | |
| Start of Election Cycle: | January 1, | 2017 | |
| | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 350.00 | \$ 350.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 1,864.16 | \$ 1,864.16 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ |
| 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) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 2,214.16 | \$ 2,214.16 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 11.96 | \$ 11.96 |
| 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) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ 669.16 | \$ 669.16 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 681.12 | \$ 681.12 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,533.04 | \$ 1,533.04 |
| 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) | \$ | \$ |

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | | | | |
|--|-----------------|--------------------|------------------------|----------------------|-----------|--|
| Ewing for Mebane | | 82-1276120 | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/03/2017 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/06/2017 | \$ 25.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Credit card | | 06/13/2017 | \$ 20.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Credit card | | 06/20/2017 | \$ 20.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/20/2017 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/20/2017 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/20/2017 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Cash | | 06/20/2017 | \$ 25.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Cash | | 06/20/2017 | \$ 40.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Cash | | 06/20/2017 | \$ 20.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input checked="" type="checkbox"/> Add | 1 | Check | | 06/20/2017 | \$ 50.00 | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | 1 | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
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| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| <input type="checkbox"/> Add | | | | | \$ | |
| <input type="checkbox"/> Remove | | | | | | |
| 4. Total only this Page | | | | | \$ 350.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ 350.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|---|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Ewing for Mebane | | | | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | | Engineer | | | |
| | | | c. Employer's Name/Specific Field Volvo Group Trucks | | | |
| | | | | | e. Election Sum to Date \$ 464.16 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Draft | | 04/25/2017 | | \$ 95.00 |
| <input type="checkbox"/> | 1 | In-kind | Buttons | 04/15/2017 | | \$ 1.92 |
| <input type="checkbox"/> | 1 | In-kind | Car magnets | 04/29/2017 | | \$ 29.98 |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | | Engineer | | | |
| | | | c. Employer's Name/Specific Field Volvo Group Trucks | | | |
| | | | | | e. Election Sum to Date \$ 464.16 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | In-kind | Website fees | 05/01/2017 | | \$ 99.00 |
| <input type="checkbox"/> | 1 | In-kind | Buttons | 05/18/2017 | | \$ 81.90 |
| <input type="checkbox"/> | 1 | In-kind | Ad boost | 05/29/2017 | | \$ 5.00 |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | | Engineer | | | |
| | | | c. Employer's Name/Specific Field Volvo Group Trucks | | | |
| | | | | | e. Election Sum to Date \$ 464.16 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | In-kind | Posters | 06/09/2017 | | \$ 116.36 |
| <input type="checkbox"/> | 1 | In-kind | FB page boost | 06/29/2017 | | \$ 35.00 |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 464.16 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1,864.16 | |

Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Ewing for Mebane | | | | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Susan Cockrell 3720 Tarsus Road Palmyra, TN 37142 205-317-4466 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field Austin Peay State University | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Draft | | 05/25/2017 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Sharon Ewing 5163 Crooked Creek Drive Wooster, OH 44691 330-345-6520 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field Retired | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Check | | 05/30/2017 | | \$ 500.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Constance Chen 2511 Nottoway Terrace Burlington, NC 27215 336-228-7487 | | | Nurse | | | |
| | | | c. Employer's Name/Specific Field Retired | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Check | | 06/20/2017 | | \$ 150.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 750.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1,864.16 | |

Contributions from Individuals

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

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| Ewing for Mebane | | | | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Elaine Berry 409 Doral Court Mebane, NC 27302 410-370-5137 | | | Educator | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired | | | |
| e. Election Sum to Date | | | | | | |
| \$ 300.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | In-kind | Cookout suppl. | 06/17/2017 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Erin Hils 404 S First Street Mebane, NC 27302 919-698-5200 | | | Candle maker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Harmony Farm Candles | | | |
| e. Election Sum to Date | | | | | | |
| \$ 100.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 06/20/2017 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Cindy Wright 218L Woodlawn Road Mebane, NC 27302 336-380-0530 | | | Business Manager | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Kennon Craver, PLLC | | | |
| e. Election Sum to Date | | | | | | |
| \$ 75.00 | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 06/20/2017 | \$ 75.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 475.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1,864.16 | |

Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|----------|
| Ewing for Mebane | | | | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Robin Beddingfield 3500 Tree Farm Road Hillsborough, NC 27278 919-732-6369 | | | b. Job Title/Profession | | d. Comments | |
| | | | Commander, Retired | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | US Navy | | | |
| | | \$ 75.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 06/20/2017 | \$ | 75.00 |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Jane Purdy 115 Walter Hagen Drive Mebane, NC 27302 919-418-7384 | | | b. Job Title/Profession | | d. Comments | |
| | | | Educator | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | Retired | | | |
| | | \$ 100.00 | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 06/20/2017 | \$ | 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 | |
| | | | | | | |
| | | | 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"/> | 1 | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ | 175.00 |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ | 1,864.16 |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | |

Disbursements

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 |
| Ewing for Mebane | | | | | 82-1276120 |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Coordinated Committee Name | | d. Comments | |
| Piryx, Inc. 995 Market Street, 2 nd Floor San Francisco, CA 94103 888-648-2220 | | | | | |
| | | 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: | | \$ 11.96 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Draft | O | 05/25/2017 | \$8.20 | Online transaction fee |
| 1 | Draft | O | 06/13/2017 | \$1.88 | Online transaction fee |
| 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 | |
| Piryx, Inc. 995 Market Street, 2 nd Floor San Francisco, CA 94103 888-648-2220 | | | | | |
| | | 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: | | \$ 11.96 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1 | Draft | O | 06/20/2017 | \$1.88 | Online transaction fee |
| | | | | \$ | |
| 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 | | | | | \$ 11.96 |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | \$ 11.96 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | |
| E - Salaries | | F* - Equipment | | G - Political Party | |
| I - Postage | | J - Penalties | | K* - Office Expenses | |
| O* - Other | | | | D - To Another Candidate | |
| | | | | H* - Holding Public Office Expenses | |
| | | | | Q* - Donation to Legal Expense Fund | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Ewing for Mebane | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 334.16 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Campaign buttons | | 04/15/2017 | \$ 1.92 |
| Car magnets | | 04/29/2017 | \$ 29.98 |
| Website fees | | 05/01/2017 | \$ 99.00 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 334.16 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Campaign buttons | | 05/18/2017 | \$ 81.90 |
| Facebook ad boost | | 05/29/2017 | \$ 5.00 |
| Campaign posters | | 09/09/2017 | \$ 116.36 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Sean Ewing 304 Stratford Road Mebane, NC 27302 614-378-8464 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 35.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FB page boost | | 06/29/2017 | \$ 35.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 369.16 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 669.16 |

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Ewing for Mebane | | 82-1276120 | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Elaine Berry 409 Doral Court Mebane, NC 27302 410-370-5137 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 300.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Cookout fundraiser costs | | 06/17/2017 | \$ 300.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 300.00 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 669.16 |