

# 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>Ewing for Mebane  | c. ID Number<br>82-1276120      |
| b. Mailing Address (include City, State and Zip Code)<br>304 Stratford Road<br>Mebane, NC 27302 | d. Date Filed<br>07/26/2019     |
|   | e. Phone Number<br>614-378-8464 |

|                        |   |   |   |
|------------------------|---|---|---|
| 2. Report Year<br>2019 | 3. Period Start Date (mm/dd/yy)<br>10/24/2017 | 4. Period End Date (mm/dd/yy)<br>06/30/2019 | 5. Treasurer Full Name<br>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"/> Party            | <input type="checkbox"/> Municipal                                  | <input type="checkbox"/> State/County   | <input type="checkbox"/> 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 type="checkbox"/> Thirty-five day                            | Quarterly                               | <input type="checkbox"/> Pre-referendum     |
| <input type="checkbox"/> Legal Expense Fund            |   |   |   |   |
| 7. Type of Fund (if applicable, check one)             |   | <input type="checkbox"/> Pre-primary                                | <input type="checkbox"/> First          | <input type="checkbox"/> Final              |
| <input checked="" type="checkbox"/> "Booster Fund"     |   | <input type="checkbox"/> Pre-election                               | <input type="checkbox"/> Second         | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund                 |   | <input type="checkbox"/> Pre-runoff                                 | <input type="checkbox"/> Third          | <input type="checkbox"/> Annual             |
|  |   | <input type="checkbox"/> Semi-annual                                | <input type="checkbox"/> Fourth         | <input type="checkbox"/> Special            |
| <input type="checkbox"/> Other:                        |   | <input checked="" type="checkbox"/> Mid Year                        | <input type="checkbox"/> Semi-annual    |   |
|  |   | <input type="checkbox"/> Year End                                   | <input type="checkbox"/> Mid Year       |   |
|  |   | <input type="checkbox"/> Final                                      | <input type="checkbox"/> Year End       |   |
|  |   | <input type="checkbox"/> Special                                    | <input type="checkbox"/> Final          |   |
|  |   |   | <input type="checkbox"/> Special        |   |
| 8. Number of Fundraisers this Report<br>1              |   | 10. Special Report Name   |   |   |

| 11. Account Information   |                                    | 11. Account Information            |                               |
|---|------------------------------------|------------------------------------|-------------------------------|
| a. Financial Institution Full Name<br>Truliant Federal Credit Union |                                    | a. Financial Institution Full Name |                               |
| b. Purpose<br>All campaign expenses                                 | c. Account Code<br>1               | b. Purpose                         | c. Account Code               |
|   | d. Period Begin Balance<br>\$ 2.63 |                                    | d. Period Begin Balance<br>\$ |

**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 \_\_\_\_\_ 07/26/2019 \_\_\_\_\_  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: 7/26/19 Employee: JG

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: 8-2-19 Employee: JG

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 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.

# 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   |  | Semi Annual Mid Year |           | 82-1276120                  |                           |
| Start of Election Cycle: <b>January 1,</b>                                   |  | <b>2018</b>          |           | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |  |                      |           | \$ 2.63                     | \$ 2.63                   |
| <b>RECEIPTS</b>  |  |                      |           |                             |                           |
| 5) Aggregated Contributions from Individuals                                 |  | (CRO-1205)           | \$ 50.00  | \$ 50.00                    |                           |
| 6) Contributions from Individuals  |  | (CRO-1210)           | \$ 814.44 | \$ 814.44                   |                           |
| 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) |  |                      | \$ 864.44 | \$ 864.44                   |                           |
| <b>EXPENDITURES</b>  |  |                      |           |                             |                           |
| 13) Disbursements  |  |                      |           |                             |                           |
| 13a) Operating Expenditures  |  | (CRO-1310)           | \$ 131.96 | \$ 131.96                   |                           |
| 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)           | \$ 114.44 | \$ 114.44                   |                           |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  |                      | \$ 246.40 | \$ 246.40                   |                           |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  |                      | \$ 620.67 | \$ 620.67                   |                           |
| <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

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

|   |                        |                           |                               |  |  |                                |  |
|---|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                        |                           |                               |  |  | <b>2. ID Number</b>            |  |
| Ewing for Mebane  |                        |                           |                               |  |  | 82-1276120                     |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| Cynthia Wright<br>218 Woodlawn Road, Lot L<br>Mebane, NC 27302<br>336-380-0530                            |                        |                           |                               | Retired                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Retired                                  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Check                     |                               | 06/10/2019                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| Benjamin Ansbacher<br>1132 W Davis Street<br>Burlington, NC 27215<br>336-639-8064                         |                        |                           |                               | Not employed                             |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Not employed                             |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 100.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Electronic                |                               | 06/18/2019                               |  | \$ 100.00                      |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |  |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |                        |                           |                               | <b>b. Job Title/Profession</b>           |  | <b>d. Comments</b>             |  |
| John & Sharon Ewing<br>5163 Crooked Creek Drive<br>Wooster, OH 44691<br>330-345-6520                      |                        |                           |                               | Retired                                  |  |                                |  |
|   |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |  |                                |  |
|   |                        |                           |                               | Retired                                  |  | <b>e. Election Sum to Date</b> |  |
|   |                        |                           |                               |  |  | \$ 500.00                      |  |
| <b>f. Prior</b>   | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              |  | <b>k. Amount</b>               |  |
| <input type="checkbox"/>  | 1                      | Electronic                |                               | 06/28/2019                               |  | \$ 500.00                      |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <input type="checkbox"/>  |                        |                           |                               |  |  | \$                             |  |
| <b>4. Total only this Page</b>  |                        |                           |                               |  |  | \$ 700.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b>   |                        |                           |                               |  |  | \$ 814.44                      |  |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                                    |                        |                           |                               |  |  |                                |  |

# Contributions from Individuals

Amendment  
 Yes  No

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

|  |                        |                           |  |                             |                                |  |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |  |                             | <b>2. ID Number</b>            |  |
| Ewing for Mebane   |                        |                           |  |                             | 82-1276120                     |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| Sean Ewing<br>304 Stratford Road<br>Mebane, NC 27302<br>614-678-8464   |                        |                           | Engineer                                 |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           | Volvo Group Trucks                       |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$ 114.44                      |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   | 1                      | In-kind                   | Campaign shirts                          | 05/11/2019                  | \$ 114.44                      |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
|  |                        |                           |  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           |  |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                   |                        |                           |  |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                 |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
|  |                        |                           |  |                             |                                |  |
|  |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|  |                        |                           |  |                             |                                |  |
|  |                        |                           |  |                             | <b>e. Election Sum to Date</b> |  |
|  |                        |                           |  |                             | \$                             |  |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <input type="checkbox"/>   |                        |                           |  |                             | \$                             |  |
| <b>4. Total only this Page</b>   |                        |                           |  |                             | \$ 114.44                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br><i>(This line must be on line 6 of Detailed Summary, Page CRO-1100)</i> |                        |                           |  |                             | \$ 814.44                      |  |

# 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<br>(include city, state, & zip)<br><br>Sean Ewing<br>304 Stratford Road<br>Mebane, NC 27302<br>614-378-8464 |  | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                       |
|   |  | c. Comments<br><br>d. Election Sum to Date<br>\$ 114.44  |                       |
| e. Description  |  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount |
| Campaign t-shirts   |  | 05/11/2019   | \$ 114.44             |
|   |  |  | \$                    |
|   |  |  | \$                    |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove   |  |  |                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)   |  | b. Type of Contributor<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                       |
|   |  | c. Comments<br><br>d. Election Sum to Date<br>\$   |                       |
| 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<br>(include city, state, & zip)   |  | b. Type of Contributor<br><input type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source            |                       |
|   |  | c. Comments<br><br>d. Election Sum to Date<br>\$   |                       |
| e. Description  |  | f. Date (mm/dd/yyyy)   | g. Fair Market Amount |
|   |  |  | \$                    |
|   |  |  | \$                    |
|   |  |  | \$                    |
| 4. Total only this Page   |  | \$ 114.44  |                       |
| 5. Total of ALL CRO-1510 Pages  |  | \$ 114.44  |                       |
| (This line must be on line 17 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.

|   |                           |   |   |   |                                |
|---|---------------------------|---|---|---|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |   |   |   | <b>2. ID Number</b>            |
| Ewing for Mebane  |                           |   |   |   | 82-1276120                     |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>  |                           |   |   |   |                                |
| <input checked="" type="checkbox"/> Operating Expenses  |                           | <input type="checkbox"/> Contributions to Candidates/Political Committees |   | <input type="checkbox"/> Coordinated Party Expenditures |                                |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |   |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   | <b>b. Coordinated Committee Name</b>                                  |   | <b>d. Comments</b>             |
| Vantiv<br>8500 Governors Hill Drive<br>Symmes Township, OH 45249<br>866-622-2390  |                           |   |   |   |                                |
|   |                           |   | <b>c. Level Registered (Specify)</b>                                  |   |                                |
|   |                           |   | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |   |                                |
|   |                           |   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                |
|   |                           |   |   |   | <b>e. Election Sum to Date</b> |
|   |                           |   |   |   | \$ 2.27                        |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |
| 1   | Draft                     | O   | 06/12/2019  | \$2.27  | Online txn fee                 |
|   |                           |   |   | \$  |                                |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |   |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   | <b>b. Coordinated Committee Name</b>                                  |   | <b>d. Comments</b>             |
| Bannersonthecheap.com<br>11525A Stonehollow Drive<br>Austin, TX 78758<br>877-710-1876   |                           |   |   |   |                                |
|   |                           |   | <b>c. Level Registered (Specify)</b>                                  |   |                                |
|   |                           |   | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |   |                                |
|   |                           |   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                |
|   |                           |   |   |   | <b>e. Election Sum to Date</b> |
|   |                           |   |   |   | \$ 95.83                       |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |
| 1   | Draft                     | B   | 06/18/2019  | \$98.83   | Political banners              |
|   |                           |   |   | \$  |                                |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |   |   |   |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |   | <b>b. Coordinated Committee Name</b>                                  |   | <b>d. Comments</b>             |
| VistaPrint.com<br>275 Wyman Street<br>Waltham, MA 02451<br>866-614-8002   |                           |   |   |   |                                |
|   |                           |   | <b>c. Level Registered (Specify)</b>                                  |   |                                |
|   |                           |   | <input type="checkbox"/> Federal <input type="checkbox"/> County:     |   |                                |
|   |                           |   | <input type="checkbox"/> State <input type="checkbox"/> Municipality: |   |                                |
|   |                           |   |   |   | <b>e. Election Sum to Date</b> |
|   |                           |   |   |   | \$ 31.58                       |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>  | <b>i. Date (mm/dd/yyyy)</b>   | <b>j. Amount</b>  | <b>k. Required Remarks</b>     |
| 1   | Draft                     | B   | 06/29/2019  | \$31.58   | Campaign business cards        |
|   |                           |   |   | \$  |                                |
| <b>5. Total only this Page</b>  |                           |   |   |   | \$ 129.68                      |
| <b>6. Total of ALL CRO-1310 Pages</b><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) |                           |   |   |   | \$ 131.96                      |
| <b>7. Purpose Codes</b> (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)  |                           |   |   |   |                                |

# Disbursements

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

|   |                           |                        |  |                                     |                                |
|---|---------------------------|------------------------|--|-------------------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |                        |  |                                     | <b>2. ID Number</b>            |
| Ewing for Mebane  |                           |                        |  |                                     | 82-1276120                     |
| <b>3. Type of Disbursement</b> <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  |                           |                        |  |                                     |                                |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| Piryx, Inc.<br>995 Market Street, 2nd Floor<br>San Francisco, CA 94103<br>888-648-2220  |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$ 2.28                        |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
| 1   | Draft                     | O                      | 06/28/2019   | \$2.28                              | Online txn fee                 |
|   |                           |                        |  | \$                                  |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
|   |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$                             |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
|   |                           |                        |  | \$                                  |                                |
|   |                           |                        |  | \$                                  |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
|   |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$                             |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
|   |                           |                        |  | \$                                  |                                |
|   |                           |                        |  | \$                                  |                                |
| <b>5. Total only this Page</b>  |                           |                        |  |                                     | \$ 2.28                        |
| <b>6. Total of ALL CRO-1310 Pages</b>   |                           |                        |  |                                     | \$ 131.96                      |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |  |                                     |                                |
| <b>7. Purpose Codes</b> (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)  |                           |                        |  |                                     |                                |