Amendment Disclosure Report Cover Yes 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 c. ID Number 82-1276120 Ewing for Mebane b. Mailing Address (include City, State and Zip Code) d. Date Filed 304 Stratford Road 07/26/2019 Mebane, NC 27302 e. Phone Number 614-378-8464 4. Period End Date 5. Treasurer Full Name 3. Period Start Date (mm/dd/yy) 2. Report Year (mm/dd/yy) Ellen Edwards 10/24/2017 06/30/2019 2019 9. Type of Report (check only one type of report from one category) 6. Type of Committee (Check One) State/County Referendum Municipal Candidate Campaign Party PAC Referendum Organizational Organizational Organizational Independent Pre-referendum Joint Fundraiser П Thirty-five day Quarterly Expenditure Legal Expense Fund Final Type of Fund (if applicable, check one) Pre-primary First Supplemental Final "Booster Fund' Pre-election Second Pre-runoff Third Annual **Building Fund** Special Semi-annual Fourth Mid Year Semi-annual 10. Special Report Name Other: Year End Mid Year Year End Final 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name Truliant Federal Credit Union c. Account Code c. Account Code b. Purpose b. Purpose All campaign 1 expenses d. Period Begin Balance d. Period Begin Balance \$ 2.63 \$ 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 07/26/2019 Ellen Edwards Signature of Appointed Date Printed Name of Signer FOR OFFICE USE ONLY Delivery Method 7/26/19 Employee: Date Received: Normal Mail Registered Mail Employee: Date Postmarked: Hand Delivered Electronically Filed Employee: Date Scanned: 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.

Date Data Entered:

Employee:

Amendment No

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

Ose this form to summarize all disclosure reporting forms a		The second secon	3. ID Number
1. Committee Full Name (and Fund if applicable)  Ewing for Mebane	Semi Annual Mid		82-1276120
Eving for Mount			
Start of Election Cycle: January 1,	2018	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 2.63	\$ 2.63
RECEIPTS 15		φ 2.03	Ψ 2.03
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 50.00
	(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	(CD 0 1350)	0	· c
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$
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)	c, 11d and 11e)	\$ 864.44	\$ 864.44
<b>EXPENDITURES</b>			Land de Carlos de Land
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 131.96	\$ 131.96
13b) Contributions to Candidates/Political Commit	tees (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	i, 16 and 17)	\$ 246.40	\$ 246.40
19) Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 620.67	\$ 620.67
ADDITIONAL INFORMATION			A particular of the second of
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	1972 E. S. C.
	(CRO-1620)	\$	Control of the Contro
	(CRO-1720)	\$	on the second of
A COLUMN	(CRO-1710)	\$	\$
25) Administrative Support			
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

<u>1</u>

Amendment Yes 🖂

No.

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

	for Mebane	mes(sureseuno	if applicable)		2:10	82-1276120
3 Conf	ributor Inforn	nation				
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
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	il of ALL CI		ges mary Page CRO-1100)		\$	50.00

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		and Fund if applical				2. ID Nun	THE STANKING STANKING ASSESSMENT	
Ewing fo	or Mebane						82-1276120	)
3. Contr	ibutor Informatio	on (	$\boxtimes$	Add 🔲 Rei	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			Retired				
Cynthia V	_			70 1 N 1 N 100	lier pina			
	dlawn Road, Lot I NC 27302	_		c. Employer's Name/Sp Retired	ecinc Field			
336-380-				Rothod	e. Election S	um to Date		
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1.00 (0.00)	city, state, & zip)			Not employed				
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	Davis Street			c. Employer's Name/Sp	ecific Field			
-	n, NC 27215			Not employed		e. Election St	ım to Date	an and an
336-639-	8004					\$	100.00	
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330-345-6						e. Election Su	m to Date	
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							\$	
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	only this Page					\$		700.00
5. Total	of ALL CRO-	1210 Pages		776 - Arrest -		\$		814.44

814.44

\$

Amendment

## Amendment **Contributions from Individuals** $\boxtimes$ No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Ewing for Mebane 82-1276120 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Engineer Sean Ewing c. Employer's Name/Specific Field 304 Stratford Road Mebane, NC 27302 Volvo Group Trucks 614-678-8464 e. Election Sum to Date \$ 114.44 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 114.44 05/11/2019 \$ 1 In-kind Campaign shirts \$ \$ 3. Contributor Information AddRemove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment \$ \$ Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Employer's Name/Specific Field

CRO-1210 NC State Board of Elections April 2007

i. In-Kind Description

f. Prior

g. Account Code

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

h. Form of Payment

e. Election Sum to Date

k. Amount

\$

\$

\$

\$

\$

114.44

814.44

j. Date (mm/dd/yyyy)

In-Kind Contributions Use this form to report non-monetary contributions, donations, go	ods oı	r servi	Pg <u>1</u> ces provid	of led to th	e com	1 Yes No No mittee or fund.	
Use CRO-1215 if In-Kind Contributions were or will be refunded	withi	n 7 da	ys.			D Number	
1. Committee Full Name (and Fund if applicable) Ewing for Mebane			<u> </u>		2. 11	82-1276120	
3. Contributor Information Add F	Remov	ve					
a. Full Name, Mailing Address & Phone		<u> </u>	Contributor		c. Co	mments	
(include city, state, & zip)		Indi	vidual				
Sean Ewing		Can	didate				
304 Stratford Road		Part					
Mebane, NC 27302							
614-378-8464			Referendum Other Receipt Source		d. Ele	ection Sum to Date	
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e. Description			f. Date (m	m/dd/yy	/у)	g. Fair Market Amount	
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V	and the second second						

**In-Kind Contributions** 

Amendment

## Disbursements

Amendment

banners

\$

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 82-1276120 Ewing for Mebane 3. Type of Disbursement (Pleuse use separate CRO-1310 forms for each type of Disbursement.) Coordinated Party Expenditures Operating Expenses Contributions to Candidates/Political Committees 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Vantiv c. Level Registered (Specify) 8500 Governors Hill Drive Symmes Township, OH 45249 Federal County: e. Election Sum to Date 866-622-2390 State Municipality: \$ 2.27 h. Purpose Code k. Required Remarks f. Account Code i. Date (mm/dd/yyyy) g. Form of Payment i. Amount Online txn fee \$2,27 1 Draft O 06/12/2019 Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Bannersonthecheap.com c. Level Registered (Specify) 11525A Stonehollow Drive Austin, TX 78758 Federal County: e. Election Sum to Date State Municipality: 877-710-1876 95.83 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Political \$98.83 06/18/2019 1 Draft В

4. Payee Inforn	nation	$\boxtimes$	Add	Remove	A STATE OF THE STA	
a. Full Name, Mailing Address & Phone		b. Coordinated Committee N	d. Comments			
(include city, state,	& zip)					
VistaPrint.com				NATIONAL PROPERTY OF THE PARTY		
275 Wyman Str	reet		c. Level Registered (Specify)			
Waltham, MA 02451 866-614-8002		Federal State	County: Municipality:	e. Election Sum to Date		
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
I	Draft	В	06/29/2019	\$31.58	Campaign business cards	
				\$		
5. Total only th	is Page	L			\$ 129.68	

E - Salaries

I - Postage O\* - Other

6. Total of ALL CRO-1310 Pages

A\* - Media B\* - Printing

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

F\* - Equipment

J - Penalties

(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)

C\* - Fundraising

G - Political Party

K\* - Office Expenses

131.96

\$

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

D - To Another Candidate

					Amendment
Disbursements	Pg	<u>2</u>	of	<u>2</u>	☐ Yes

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 82-1276120 Ewing for Mebane 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses  $\square$ Remove 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Piryx, Inc. c. Level Registered (Specify) 995 Market Street, 2nd Floor Federal County: San Francisco, CA 94103 e. Election Sum to Date Municipality: 888-648-2220 State 2.28 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment Online txn fee \$2.28 Draft 1 O 06/28/2019 \$ Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount \$ \$ Remove 4. Pavee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks g. Form of Payment f. Account Code \$ \$ 2.28 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 131.96 (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) C\* - Fundraising D - To Another Candidate A\* - Media B\* - Printing G - Political Party H\* - Holding Public Office Expenses F\* - Equipment E - Salaries Q\* - Donation to Legal Expense Fund K\* - Office Expenses J - Penalties I - Postage

\* Codes require detailed explanation in required remarks field (k)

O\* - Other