Disclosure Re	enort Cover						Amendi	nent Yes 🔀 No
Use this form for ge	neral report and committee	informat	ion, must be	signed	and sub	omitted along with		
	to update information							
1. Committee Infor	mation							
a. Full Name							c. ID	Number 92 1276120
Ewing for Mebane								82-1276120
	lude City, State and Zip Code)						d. Da	te Filed
304 Stratford Road Mebane, NC 27302								10/02/2017
			10-02-	17P12	2:41	RCVD	e. Pho	one Number
								614-378-8464
2. Report Year	3. Period Start Date (mm/c	dd/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Fu	ıll Name	
2017	07/01/2017			26/2017		Ellen Edwards		
6. Type of Commit	tea (Check One)	0 Tyr	e of Report	· (c	heck or	ly one type of repo	ort from o	ne category)
Candidate Camp		Munici		, (C	State/C			endum
PAC	Referendum		Organizationa	1		Organizational		Organizational
Independent	Joint Fundraiser		Thirty-five day			Quarterly		Pre-referendum
Expenditure			Timity-five da	y		Quarterry		The reference and
Legal Expense F		1	Pre-primary			First		Final
7. Type of Fund Booster Fund"	(if applicable, check one)	1	Pre-election		H	Second		Supplemental Final
"Booster Fund" Building Fund		IH .	Pre-runoff		H	Third		Annual
Building rund			Semi-annual		H	Fourth	IH	Special
		П	Mid Yea	r		Semi-annual		
Other:		lΗ	Year End		П	Mid Year	10. 5	Special Report Name
		lΠ	Final		П	Year End		
8. Number of Fund	raisers this Renort	I i	Special		П	Final		
o. ivaliber of rand	1					Special '		
11. Account Inforn	nation			11. Ac	count	Information		1. P. W. T. W.
a. Financial Institution				a. Fina	ncial Ins	titution Full Name		
Truliant Federal Cr	edit Union							
b. Purpose	c. Account Code			b. Purp	ose		c. A	Account Code
All campaign	1							
expenses								
	d. Period Begin Balanc	e					d. P	Period Begin Balance
	\$ 1,533.04						\$	
CERTIFICATION								
	nmittee or Fund is in compl	lanaa wi	th all applied	blo pro	vicione	of Article 22A 22	B & 22F	0-22M of Chapter 163 of
the NC Conerel Stat	utes and that no funds are co	mmingl	ui aii appiica ed with prob	ibited o	r other	non-disclosed fund	ds I furth	er certify that this report
is complete true and	d correct and that I have been	n trained	by the NC.	State Bo	ard of	Elections.	ao. i raitii	or corring that this report
Ellen Edwa		ii tiaiiica	9		100	1 1 / 1 / 1	10/02/2	2017
	Printed Name of Signer		S	ignature o	f Appoir	nted Treasurer		Date
FOR OFFICE USE O								
	10-2-17		Employee:		10	5		ry Method
Date Received:	100,11		Employee.				Control of the contro	Normal Mail
Date Postmarke	d·		Employee:					Registered Mail
Date I ostillarke			Biliprojee.			10		Hand Delivered
Date Scanned:	10-2-17		Employee:			J G		Electronically Filed Signer has not received
								nandatory training
Date Data Enter	red:		Employee:					,
Plaga Nata Ti	is form cannot be used to an	nand aan	nmittae info	rmation	euch or	the committee ad	dress tres	asurer assistant treasurer
riease mote: Th						t information.	aress, 1100	iouror, accionant a casarci,
							ittee che	ngas
	You must amend the State	ment of	∪rganızatıoı	I (CKO-	·2100A	-E) to make comm	intee char	iges.

Amendment

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

	2. Type of Report 35-Day Report		3. ID Number 82-1276120
Ewing for Mebane			
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 1,533.04	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 190.00	\$ 540.00
6) Contributions from Individuals	(CRO-1210)	\$ 836.79	\$ 2,700.95
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			3 3 3
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizatio	ons (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)	\$ 1,026.79	\$ 3,240.95
<u>EXPENDITURES</u>			
13) Disbursements	(CRO 1210)	\$ 1,788.59	\$ 1,800.55
13a) Operating Expenditures	(CRO-1310)		
13b) Contributions to Candidates/Political Committ		\$	\$
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)	\$ 296.79	\$ 965.95
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 2,085.38	\$ 2,766.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subt		\$ 474.45	\$ 474.45
ADDITIONAL INFORMATION		Φ.	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign		\$	
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

<u>of 1</u>

Yes

N

 \boxtimes

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

		ne (and Fun	d if applicable)			2. ID 1	Number
	g for Mebane				1000		82-1276120
3. Cor	ntributor Inform	ation					
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	,)	f. Amount
	Add Remove	1	Credit card		07/05/20	17	\$ 10.00
	Add	1	Check		07/05/20)17	\$ 25.00
	Remove Add	1	Check		07/05/20)17	\$ 50.00
	Remove Add	<u> </u>	Check		07/05/20)17	\$ 35.00
	Remove Add	1	A.PVII.				
	Remove	1	Cash		07/05/20)17	\$ 40.00
	Add Remove	1	Credit Card		07/13/20	17	\$ 30.00
	Add Remove						\$
	Add						\$
	Remove Add						\$
	Remove						
	Add Remove						\$
	Add						\$
	Remove Add						\$
	Remove Add						
	Remove						\$
	Add Remove						\$
	Add						\$
	Remove Add						\$
	Remove Add						
	Remove						\$
	Add Remove						\$
Ī	Add						\$
	Remove Add						\$
	Remove Add						
	Remove					 	\$
	Add Remove						\$
4. To	otal only this P	Page			1	\$	190.00
5. To	otal of ALL C	RO-1205 P				\$	190.00
(This	s line must be on line	5 of Detailed Su	mmary Page CRO-1100)				

Contributions from Individuals

				idment		
Pg	_1	of	3_	Yes	\boxtimes	No

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

1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Num	iber		
Ewing fo	r Mebane						82-1276120		
3. Contri	ibutor Informatio	n	\boxtimes	Add ☐ Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8		
(include	city, state, & zip)			Self-employed/Enti	repreneur				
Joel Helg	eson								
417 N Th	ird Street			c. Employer's Name/Sp	ecific Field	ļ			
Mebane,	NC 27302			Trackside Market					
919 - 304-	1289					e. Election S	um to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	i	
	1	Check			07/05/20	017	\$	100.00	
							\$		
							\$		
3. Contri	butor Informatio	n 4	\boxtimes	Add 🔲 Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s		
(include	city, state, & zip)			Retired					
Lorraine	Werts								
113 Some	erset Court			c. Employer's Name/Sp	ecific Field				
Mebane,	NC 27302			Retired					
919-360-	0037				e. Election S	um to Date			
						\$	90.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	i	
	1	Check			07/05/20	017	\$	40.00	
							\$		
							\$		
3. Contri	butor Informatio	n .	\square	Add 🔲 Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	8		
(include	city, state, & zip)			Administration					
Veronica	DeLario								
111 Walte	er Hagen Drive			c. Employer's Name/Sp	ecific Field				
Mebane,	NC 27302			Construction					
						e. Election St	um to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			07/05/20	017	\$	100.00	
							\$		
							\$		
4. Total	only this Page	e .				\$		240.00	
	of ALL CRO		DO 1100			\$		836.79	
(This line	e must be on line 6 of 1	Detailed Summary Page C	KU-1100)	4 2 3					

					Amer	ıdment		
Contributions from Individuals	Pg	2	of	3		Yes	\boxtimes	N
Use this form to report individual contributions over \$50 or contributions	s under	\$50 if form	n CRO	1205 is n	ot used			

1. Comm	ittee Full Name ((and Fund if applica	ble)			2. ID Num	ıber		
Ewing fo	r Mebane						82-1276120		
3. Contr	ibutor Informatio	on		Add Ren	nove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S		
(include	city, state, & zip)			Self-employed					
Debra Ka									
207 W H				c. Employer's Name/Sp	ecific Field				
	NC 27302			Freelance writer					
919-563-	2075					e. Election S	um to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			07/05/2	017	\$	100.00	
							\$		
							\$		
3. Contri	butor Informatio	on	\boxtimes	Add Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s		
(include	city, state, & zip)			Director of Institution	onal				
Brad Ewi				Effectiveness					
800 F Str				c. Employer's Name/Spo					
Juneau, A				University of Alask	a Southeast				
614-330-9	9499					e. Election S	um to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Draft			07/13/20	017	\$	100.00	
							\$		
							\$		
3. Contri	butor Informatio	n	\boxtimes	Add Rem	iove				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	S		
(include	city, state, & zip)			Self-employed					
	nt Johnson								
215 Padd				c. Employer's Name/Spe	ecific Field				
Mebane,				Attorney at Law		TI (1 C			
919-260-4	1498					e. Election Su	im to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy)	yy)	k. Amount		
	1	Check			08/25/20	017	\$	100.00	
							\$		
							\$		
4. Total	only this Page	3				\$		300.00	
	of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100)			\$		836.79	

		m Individuals dividual contributions	over \$5		Pg <u>3</u> onder \$50 if form Cl		Amendmen Yes The second of t	t 🛭 No
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Nu	mber	
Ewing f	or Mebane						82-1276120	
3. Cont	ributor Informat	ion		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on .	d. Comme	nts	
	e city, state, & zip)			Engineer				
Sean Ew	_							
	tford Road			c. Employer's Name/				
	ne, NC 27302 Volvo Group Trucks				icks			
614-678	-8464					e. Election	Sum to Date	
						\$	528.66	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	In-kind	T-S	hirts	07/07/2	2017	\$	64.50
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its	
	e city, state, & zip)			Candle maker				
Erin Hils								
404 S Fi				c. Employer's Name/S				
919-698-	NC 27302			Harmony Farm C	andles			
919-098-	-3200						Sum to Date	
						\$	268.29	
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	In-kind	Coo		07/04/2	017	\$	168.29
			supp	lies			+	
							\$	
							\$	
	ibutor Informatio				emove	T		
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Husband/Father				
Matthew				F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	oper Circle NC 27302			c. Employer's Name/S	specific Field			
336-509-				Asheley Skinner		e. Election S	Eum to Data	
JJU-JUJ-	0020							
						\$	64.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	In-kind	Para	de supplies	07/04/2	017	\$	64.00
							\$	

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)

296.79

836.79

\$

\$

\$

Disbursements

Amendment

of 2 Yes

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

	ull Name (and Fun	d if applicable)				2. ID Number
Ewing for Meba						82-1276120
3. Type of Disb				-1310 forms for each t		ent.) ordinated Party Expenditures
Operating E		السسم		ates/Political Committees	<u> </u>	ordinated Party Expenditures
4. Payee Inform				Gaardin atad Committee N	Remove	d. Comments
· ·	ng Address & Phone		D.	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		-			
Piryx, Inc.	and ru			T 170 1 1 1 10 10 10 1		
995 Market Stre	•		c.	Level Registered (Specify)		
San Francisco,	CA 94103				County:	
888-648-2220				_ State	Municipality:	e. Election Sum to Date
						\$ 23.92
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	О		07/05/2017	\$1.09	Online transac-
1	Dian	<u> </u>			Ψ1.02	tion fee
1	Draft	О		07/13/2017	\$2.67	Online transac-
					Remove	tion fee
4. Payee Inform	nation		A	dd 📗		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)]			
Piryx, Inc.						
995 Market Stre	eet, 2 nd Floor		c.	Level Registered (Specify)		
San Francisco, (CA 94103			Federal	County:	
888-648-2220				State	Municipality:	e. Election Sum to Date
						\$ 23.92
f, Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
						Online transac-
1	Draft	О		07/13/2017	\$8.20	tion fee
					Φ.	
					\$	
4. Payee Inform	ation		************	dd 灵 国	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,]			
Halo Branded S			<u>_</u>			
1980 Industrial	Drive		c.	Level Registered (Specify)		
Sterling, IL 610	81			Federal	County:	
888-352-7983			L	State	Municipality:	e. Election Sum to Date
						\$ 992.78
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	0		07/30/2017	\$992.78	Yard signs
					\$	
5. Total only th	is Page					\$ 1,004.74
Commence of the contract of th	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun				:	\$ 1,788.59
				Contrib to Candidates/Politic		ψ 1,700.27
				Coordinated Party Expenditu		
7. Purpose Code	es (List detailed ex	penditure code in ((h.)	above)	4 5	
A* - Media	B* - Printing	C* - Fund	drai	sing	D - To Anothe	
E - Salaries	F* - Equipment					Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce E	xpenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes require	e detailed explanati	on in required re	ema	rks field (k)		

Amendment

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

	ull Name (and Fun	а и аррисавие)			82-1276120
Ewing for Meba		isa waa sanarata C	CRO-1310 forms for each i	on a of Dishursam	
3. Type of Disb Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	-				
Star Sanders	a zip)		-		
119 Windrush I	ane		c. Level Registered (Specify)		
Durham, NC 27			Federal	County:	Ī
919-985-1107			State	Municipality:	e. Election Sum to Date
					\$ 43.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Draft	l o	07/24/2017	\$43.00	Campaign
					t-shirts
				\$	
4. Payee Inform	nation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Clay Street Prin	ting & Signs				
124 W Clay Str	eet		c. Level Registered (Specify)		
Mebane, NC 27	302		Federal	County:	
919-563-5034			State	Municipality:	e. Election Sum to Date
					\$ 740.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit card	Α	08/02/2017	\$286.09	Walking cards
					to distribute
1	Debit card	Α	08/27/2017	\$454.76	Walking cards to distribute
(D) (Add	Remove	to distribute
4. Payee Inform			b. Coordinated Committee N	2011311-31	d. Comments
*	ng Address & Phone		b. Coordinated Committee 1		
(include city, state,	& Zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Cour	g. Form of Fayment			<u> </u>	
				\$	
				\$	
5. Total only th	is Page				\$ 783.85
	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		\$ 1,788.59
			0 if Contrib to Candidates/Politic		Ψ 1,700.00
			0 if Coordinated Party Expendite	ures)	I
	es (List detailed ex			D Tr 4-11	or Condidate
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anoth H* - Holding	er Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other		· · · · · · · · · · · · · · · · · · ·	-		Barrier (State of the State of
* Codes wasnin	a detailed explanat	ion in required re	emarks field (k)		

In-Kind Contributions

				Amendment	
Pg	1	of	1	Yes	No

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
				3556 NO 12-14	
	Remove	***********	landerite de		amonto
a. Full Name, Mailing Address & Phone			Contributor	c. Cor	nments
(include city, state, & zip)			vidual didata		
Sean Ewing			didate		
304 Stratford Road Mehane, NC 27302		Party PAC			
Mebane, NC 27302 614-378-8464			rendum	d. Flo	ction Sum to Date
0.1.0.10 UTOT			er Receipt Source		
			F 200100	\$	528.66
c. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Campaign t-shirts			07/07/2017	7	\$ 64.50
			J., J., LUIT		
		_			\$
					\$
3. Contributor Information Add R	Remove				
a. Full Name, Mailing Address & Phone		200 200 X	Contributor	c. Con	nments
(include city, state, & zip)		Indiv	vidual		
Erin Hils			didate		
404 S First Street	🖳	Party			
Mebane, NC 27302		PAC		ļ. <u>.</u>	
919-698-5200	니니		rendum	d. Ele	ction Sum to Date
		Othe	er Receipt Source	\$	268.29
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
Cookout fundraiser supplies	-		07/04/2017	7	\$ 168.29
					\$
					\$
3. Contributor Information Add R	Remove				
a. Full Name, Mailing Address & Phone			ontributor	c. Con	nments
(include city, state, & zip)			vidual		
Matthew Skinner			didate		!
1605 Copper Circle	닏	Party			
Mebane, NC 27302		PAC	rendum	A Et-	ction Sum to Data
336-509-6028					ction Sum to Date
	Other Recei		recorpt source	\$ 64.00	
				L	·
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount
e. Description 4 th of July parade supplies			f. Date (mm/dd/yyy		
					g. Fair Market Amount
					g. Fair Market Amount \$ 64.00
4 th of July parade supplies					g. Fair Market Amount \$ 64.00 \$
				7	g. Fair Market Amount \$ 64.00 \$