Disclosure Rep	port Cover				Yes No
	eral report and committee	information, must be	e signed and su	bmitted along with	h other detailed forms.
	to update information				
1. Committee Information	nation		a de la companya de		c. ID Number
Yvette For Burlingto	on				C. ID Number
T vette i or Barmigte		11			
	de City, State and Zip Code)				d. Date Filed
111 Fonville Street	7				11.2.17
Burlington, NC 2721	7	10-02-1	7A10:25 R	CVD	e. Phone Number
					336-675-2725
2. Report Year	3. Period Start Date (mm/	(mm/dd/yy)	End Date	5. Treasurer F	ull Name
2017	08/30/17	9/2	5/17	Diana Soto	
6. Type of Committee		9. Type of Kepor			port from one category)
Candidate Campai	gn Party  Referendum	Municipal Organizationa		County Organizational	Referendum Organizational
Independent	Joint Fundraiser	Thirty-five da		Quarterly	Pre-referendum
Expenditure Legal Expense Fu		Timty-five do	,	Quarterry	
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff Semi-annual		Third Fourth	Annual Special
		Mid Yea	ır	Semi-annual	
Other:		Year En	d 📗	Mid Year	10. Special Report Name
O Manufacture of Francis	saisaus this Danaut	Final Special		Year End Final	
8. Number of Fundr	aisers this Report	Special		Special	
11. Account Informa	ation		11. Account	Information	
a. Financial Institution F			a. Financial Ins	stitution Full Name	
ВВ&Т					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign					
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 644.0	1.4			\$
CEDMING	W 1-1.				
CERTIFICATION Legrify that the Com	mittee or Fund is in compl	iance with all applic	able provisions	of Article 22A 2	2B, & 22D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are c	ommingled with pro	nibited or other	non-disclosed fur	nds. I further certify that this report
	correct and that I have bee	n trained by the NC	State Board of	Elections.	10/1/2017
<u>Diana Soto</u>	Printed Name of Signer		Signature of Appoin	nted Treasurer	10/1/2017 Date
FOR OFFICE USE O	THE ARMADAN CONTRACTOR OF THE		· Similar of Appara		A CONTRACTOR OF THE CONTRACTOR
Date Received:	10-2-17	Employee:		6	Delivery Method
Batto reconstant					Normal Mail Registered Mail
Date Postmarked	:	Employee:	-		Hand Delivered
Date Scanned:	10-31-17	Employee:		16	Electronically Filed Signer has not received
Date Data Entere	d:	Employee:			mandatory training
Please Note: This	form cannot be used to ar	mend committee info	rmation such a	s the committee a	ddress, treasurer, assistant treasurer,
	custodi	ian of books informa	tion, or accoun	t information.	
	You must amend the State	ement of Organizatio	n (CRO-2100A	(-E) to make com	mittee changes.

Amendment

Amendment

No

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

	ype of Report	3	. ID Number
Yvette For Burlington			
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 644.64	S Election Cycle
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 45.00	\$ 45.00
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$ 2369.53
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 d	and 11e)	\$ 445.00	\$ 2414.53
EXPENDITURES		$= \frac{1}{2} \left( \frac{1}{2} \frac{1}{2}$	A STATE OF THE STA
13) Disbursements		10 M	
13a) Operating Expenditures	(CRO-1310)	\$ 961.69	\$ 1142.05
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)	\$	\$ 1144.53
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$ 961.69	\$ 2286.58
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin		\$ 127.95	\$ 127.95
ADDITIONAL INFORMATION			7 42 114
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	4120
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	# 100 mm 11 mm
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	4.45
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

	Ame	iam cm	
of		Yes	N

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

			d if applicable)		2. I	D Number	
Yvette	For Burlington						
3. Con	tributor Inforn	nation					
a. Amen	d	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
	Add	1	Cash		9/13/17	\$ 10.00	
	Remove Add						
	Remove	1	Cash		9/13/17	\$ 25.00	
	Add	1	0.1		0/12/17	£ 10.00	
	Remove	1	Cash		9/13/17	\$ 10.00	
	Add					\$	
	Remove						
<u> </u>	Add					\$	
	Remove Add					· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Remove					\$	
	Add						
П	Remove					\$	
	Add						
	Remove					\$	
	Add			77 778 484 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Ф.	
	Remove					\$	
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	Add	"				S	
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	Add Remove					\$	
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	Add		1,1,1			C C	
	Remove					\$	
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	Adđ					\$	
	Remove						
<u> </u>	Add					\$	
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	Add					\$	
	Remove			-			
<del> </del>	Add Remove					\$	
4. Tota	al only this P	age	I		\$	45.00	
			9068				
	5. Total of ALL CRO-1205 Pages  (This line must be on line 5 of Detailed Summary Page CRO-1100)  45.00						

					Amendment	
Contributions from Individuals	Pg	1	of	2_	Yes [	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 Number		
Yvette Fo	or Burlington									
3. Contri	butor Informatio	n		Add		Rem	iove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Tit	tle/Profes	ssion		d. Comments		
(include	city, state, & zip)			Retired						
Dana N C	Courtney			Social V	Worker					
2521 Rog	ers Road			c. Employ	yer's Nar	ne/Spe	ecific Field			
Graham,	NC 27253			Retired						
								e. Election Si	um to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	
		Check					09/02/20	)17	\$	50.00
									\$	
									\$	
	butor Informatio		$\boxtimes$	Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job Tit	le/Profes	ssion		d. Comments		
	city, state, & zip)			Nurse						
Constance										
						ne/Spe	cific Field			
Burlington, NC 27215 Retired										
								e. Election St	ım to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					09/13/20	)17	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add	Ц	Rem	ove			
a. Full Nam	e, Mailing Address &	2 Phone		b. Job Tit	le/Profes	sion		d. Comments		
	city, state, & zip)			Retired						
BR Ansba										
	avis Street			c. Employ		ne/Spe	cific Field			
Burlingto	n, NC 27215			Retired				e. Election St	to Data	
								e. Election St	im to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Descrip	otion		j. Date (mm/dd/yyy	yy)	k. Amount	
		Check					9/11/20	17	\$	50.00
									\$	
									\$	
	only this Page						<del></del>	\$		200.00
	of ALL CRO-	<del>-</del>						\$		400.00
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)	)						

					Amen	ament	
Contributions from Individuals	Pg	_2	of	2_		Yes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if fori	n CRO	1205 is no	t used		

1. Comm	ittee Full Name (	and Fund if applical	ble)					2. ID Number		
	or Burlington									
3. Contri	butor Informatio	n	$\boxtimes$	Add		Rem	iove			
a. Full Nan	ne, Mailing Address &	k Phone		b. Job Ti	tle/Prof	ession		d. Comment	S	
(include	city, state, & zip)			BIZ Ac	dmin					
Ian Baltu										
	laury Arch						ecific Field			
Burlingto	on, NC 27215			Vibrati				e. Election S	um to Data	
				Burling	gton, N	iC .		e. Election S	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy)	vv)	k. Amount	
	J	Check					9/12/20		\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	love			
	ie, Mailing Address &		<u></u>	b. Job Ti	<u> </u>			d. Comment	S	I
	city, state, & zip)			Restaurant Owner				·		
Melba Ag	<del></del>									
1809 Bee				c. Employ	yer's Na	me/Spe	cific Field			
Burlingto	n, NC 27217			Colombian Cravings						
								e. Election S	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check		*****			8/30/20	17	\$	100.00
									\$	
									\$	T
3. Contri	butor Informatio	n		Add		Rem	ove			<u> </u>
a. Full Nam	ie, Mailing Address &	Phone		b. Job Tit		ession		d. Comment	s	
	city, state, & zip)			Interpre	eter					
	e Laukaitis			·	1 37	(6)	-10' - T2'-1-A			
	ville Street			Cone H		me/Spe	eific Field			
Burningto	n, NC 27215			Concin	icaitii			e. Election S	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					8/31/20	17	\$	50.00
									\$	
									\$	
4. Total	only this Page	е						\$		200.00
5. Total of ALL CRO-1210 Pages						\$		400.00		
(This line	e must be on line 6 of a	Detailed Summary Page C	CRO-1100	)						

			Pg ee for; operating expenses,	1 of contributions to	Amendment  Yes No  candidate/political	
	Full Name (and Fun		STANFOR ZODBALITY		2. ID Number	
3. Type of Dish Operating I	Expenses		RO-1310 forms for each to adidates/Political Committees		nent.) oordinated Party Expenditures	
4. Payee Informal Full Name, Mail (include city, state, GrafiXlook	ling Address & Phone		b. Coordinated Committee N	Remove ame	d. Comments	
Burlington, NC	27217	į	c. Level Registered (Specify)  Federal State	County: Municipality:	e. Election Sum to Date	
f. Account Code	g. Form of Payment Check	h. Purpose Code	i. Date (mm/dd/yyyy)  9/2/17	j. Amount \$400.00	k. Required Remarks Printing of	
	Check	В	912/11	\$	Campaign Goods	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)		c. Level Registered (Specify)  Federal State	County: 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	
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT Burlington, NC		Add b. Coordinated Committee No. c. Level Registered (Specify) Federal	County:	d. Comments		
		-	State	Municipality:	e. Election Sum to Date \$	
f. Account Code	g. Form of Payment  Cash	h. Purpose Code  K*	i. Date (mm/dd/yyyy)	j. Amount \$13.98	k. Required Remarks  Campaign Supplies	
				\$		

5. Total only this Page 413.98 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A\* - Media B\* - Printing C\* - Fundraising D - To Another Candidate E - Salaries F\* - Equipment G - Political Party H\* - Holding Public Office Expenses J - Penalties K\* - Office Expenses I - Postage Q\* - Donation to Legal Expense Fund \* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

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

Yes

1. Committee F	ull Name (and Fun	d if applicable)			2. ID Number		
Yvette For Bur	lington						
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each t	type of Disburser	ment.)		
Operating I:			ndidates/Political Committees		oordinated Party Expenditures		
4. Payee Inforn		П	Add	Remove			
	ing Address & Phone	30.4	b. Coordinated Committee N	lame	d. Comments		
(include city, state,	-						
The Home Dep			-				
Burlington, NC			c. Level Registered (Specify)				
Durinigion, ive	2/21/		Federal	County:			
			State	Municipality:	e. Election Sum to Date		
			State	within ciparity.	C. Election Sum to Date		
					\$		
		h. Purpose Code	1:5:4 (11/	1	I. Descioud Describe		
f. Account Code	g. Form of Payment	n. r ar pose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	POS	F*	9/25/17	\$36.46	Supplies for		
					Campaign Banner		
				\$			
	<u> </u>	[					
4. Payee Inform		Ш	Add	Remove	1.5		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
The Home Dep	ot						
Burlington, NC			c. Level Registered (Specify)		_		
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					th.		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	8				Supplies for		
	POS	F*	0/28/2017	\$26.46	Campaign Banner		
				<del> </del>	Campaign Bainet		
				\$			
4 D I. f.	4:00		Add	Remove			
4. Payee Inform			b. Coordinated Committee N		d. Comments		
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,							
The Home Depo					_		
Burlington, NC			c. Level Registered (Specify)		4		
			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		
	Cook	F*	9/30/17	\$28.98	Supplies for		
	Cash	r ·	9/30/17	\$20.90	Campaign Banner		
				0			
*				\$			
5. Total only th	is Page				\$ 91.90		
	CRO-1310 Pages			···· ·· · · · · · · · · · · · · · · ·			
	_	ımarı: Page CRO-110	0 if Operating Expenses)				
	(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						
	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Canadades/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
	es (List detailed ex	C* - Fund		D - To Anot	her Candidate		
A* - Media E - Salaries	B* - Printing F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund		
O* - Other	g · renatues	A -Om		2 20	e i		
	e detailed explanati	on in required re	emarks field (k)				

<b>Disbursements</b> Use this form to report expenditu committees and coordinated party	res from the committee for; operating exp	Pg <u>3</u> penses, co	-	9 o candid	Amendment Yes date/political	No
1. Committee Full Name (and F			<del></del>		2. ID Number	 
Yvette For Burlington						 
3. Type of Disbursement (1	Please use separate CRO-1310 forms for	each type	of Disburse	ement.)		
NZ 0 1 1	7 0 17 1 0 17 10 17				. 10 . 11 . 11	 

1. Committee 1	full Name (and Fun	id ii applicable)			2. 1D Number
Yvette For Bur					
3. Type of Dish	oursement (Plea	ase use separate (	CRO-1310 forms for each	type of Disburser	nent.)
Operating I		Contributions to Ca	indidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state,	, & zip)	<del></del>			
MaxWay					_
Burlington, NC	27217		c. Level Registered (Specify)		4
			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
	POS	K*	9/15/17	\$23.56	Supplies for Political Forum
				¢.	1 Ontical 1 Orani
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state,	& zip)		_		
Family Dollar					_
Burlington, NC			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
	POS	   K*	08/30/2017	\$9.87	Supplies for
	103	K	00/30/2017	\$7.07	Political Forum
				\$	
4. Payee Inform	ıation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	-				
Shell Hwy 54 H					
Burlington, NC			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
	POS	0*	9/09/17	\$27.51	Transportation
				4-1.5	
				\$	
5. Total only thi	is Page				\$ 60.94
6. Total of ALL	CRO-1310 Pages				<u>;</u>
	line 13a of Detailed Sun				\$
	•		0 if Contrib to Candidates/Politi		
			0 if Coordinated Party Expendit	ures)	
	es (List detailed exp			D T 4 1	au Candidata
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anoth	er Candidate g Public Office Expenses
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund
O* - Other	. viiiivio		er e	£ 20	,
* Codes requir	e detailed explanati	ion in required re	emarks field (k)		

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

1. Committee 1	Full Name (and Fun	d if applicable)			2. ID Number
Yvette For Bur	lington				
3. Type of Dish	oursement (Plea	ase use separate C	CRO-1310 forms for ea	ch type of Disburs	sement.)
Operating I	Expenses	Contributions to Ca	andidates/Political Committee	es	Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state,	, & zip)				
Burlington Inte	rior Alt.				
Textile			c. Level Registered (Spe	cify)	
Burlington, NC	27217		Federal 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
i. Account Couc	g. rorm or rayment		i. Date (min/du/yyy)	j. Amount	Supplies for
	Cash	K*	9/30/17	\$23.99	Political Forum
					1 Officer 1 Offitti
				\$	
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committ	ee Name	d. Comments
(include city, state,	& zip)				
Harbor Freight					
Burlington, NC			c. Level Registered (Spec	eify)	
			Federal	County:	
			State [	Municipality:	e. Election Sum to Date
					\$
	T		<u> </u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	POS	F*	09/30/2017	\$4.03	Supplies for
					Campaign
				\$	
4. Payee Inform	1ation		Add [	Remove	
	ing Address & Phone	<u> </u>	b. Coordinated Committ		d. Comments
(include city, state,	=				
Shell Hwy Grov			-		
Burlington, NC			c. Level Registered (Spec	ify)	
burnington, ive			Federal	County:	
			State	Municipality:	e. Election Sum to Date
				<u> </u>	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	POS	0*	9/30/17	\$14.41	Transportation
	103		9/30/17	\$14.41	
				\$	
					\$ 42.43
5. Total only thi					\$ 42.43
	CRO-1310 Pages	D CDO 1100	O if O and in a Famous and		
	line 13a of Detailed Sum	-		- Edinal Canada	\$
**	•		0 if Contrib to Candidates/P		
<del></del>			(h.) abova)	nanures)	
A* - Media	es (List detailed exp B* - Printing	C* - Fund		D. To And	other Candidate
E - Salaries	F* - Equipment	G - Politic			ing Public Office Expenses
I - Postage	J - Penalties		e Expenses		tion to Legal Expense Fund
O* - Other			•	-	•
* Codes requir	e detailed explanati	an in required re	marks field (k)		

					Amendment	
Disbursements	Pg	5	of	9	Yes	N
Use this form to report expenditures from the committee for operating e-	xpenses	contribut	ions to	cand	idate/nolitical	

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)

	un Name (and Fun	u ii applicable)					2. 1D Number
Yvette For Burl							
3. Type of Disb	ursement <u>(Plea</u>	ise use separate C	RO	0-1310 forms for e	ach ty	pe of Disbur.	sement.)
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			c.	. Level Registered (Spe	ecify)		
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4. Payee Inform	ation			dd	П	Remove	
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5. Total only thi							\$ 69.51
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	s (List detailed exp					n	
A* - Media	B* - Printing	C* - Fund					other Candidate
E - Salaries	F* - Equipment J - Penalties	G - Politica <b>K* - Offic</b>					ing Public Office Expenses ition to Legal Expense Fund
<ul><li>I - Postage</li><li>O* - Other</li></ul>	J - Penames	K" - Offic	e E	apenses		A nous	mon to Degai expense runo
	detailed explanation	on in required re	ma	rks field (k)			

					Amendment	
Disbursements	Pg	6	of	9	Yes	N
lea this form to report expenditures from the committee for accepting					J: J a 4 a / 1:4: 1	

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 Num

	run Name (and Fur	id it applicable)			2. ID Number		
Yvette For Bur							
3. Type of Dish			CRO-1310 forms for each	type of Disburser	<u>ment.)</u>		
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4. Payee Inform	nation		Add	Remove			
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(include city, state,	, & zip)						
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			c. Level Registered (Specify	<i>'</i> \	<del>-</del> -		
Graham, NC 27	7253		Federal	County:	$\dashv$		
,			State	Municipality:	c. Election Sum to Date		
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(include city, state,	, & z <u>ip)</u>						
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			b. Cool diffact Commission	· ·	u. Comments		
(include city, state, K - Discount	& zip)		-				
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Burlington, NC			c. Level Registered (Specify)	····	_		
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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 Attount Cour	g. roim or rayment	W. W. p. s. s. s.	i. Date (min/de/jjjj)	J. Athount	· · · · · · · · · · · · · · · · · · ·		
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5. Total only thi				·····	\$ 50.70		
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	I if Operating Expenses)		\$		
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(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	) if Coordinated Party Expendit	ures)			
····	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate		
E - Salaries	F* - Equipment				g Public Office Expenses		
I - Postage	J - Penalties		e Expenses		on to Legal Expense Fund		
O* - Other	*		e Dapenses	ν	in to Degit Dapones I mill		
	e detailed explanation	on in required re	marks field (k)		1		

Disbursements

Pg 7 of 9 Yes Note 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 Yvette For Burlington 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) BB&T c. Level Registered (Specify) Graham, NC 27253 Federal County: e. Election Sum to Date State Municipality: h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Bank Fees \$12.00 Draft K\* 9/21/17 \$ 4. Payee Information  $\Lambda dd$ Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) SECU Burlington, NC c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code j. Amount ATM Bank K\* 09/07/2017 \$6.00 Draft Fees \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo c. Level Registered (Specify) Burlington, NC Federal County: State Municipality: e. Election Sum to Date \$ h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount ATM Draft K\* 9/05/17 \$6.00 Bank Fees \$ 5. Total only this Page \$ 24.00 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate A\* - Media B\* - Printing C\* - Fundraising H\* - Holding Public Office Expenses G - Political Party E - Salaries F\* - Equipment Q\* - Donation to Legal Expense Fund I - Postage J - Penalties K\* - Office Expenses \* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 8 of 9 Ves N

He this form to propert exposed it was from the committee form appearing exposure as a stributions to condidate (political).

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 Yvette For Burlington 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) STRAIGHTTALK c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date g. Form of Payment h. Purpose Code k. Required Remarks f. Account Code i. Date (mm/dd/yyyy) j. Amount Phone Service Draft K\* 9/18/17 \$49.18 \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) PRESS COFFEE Graham, NC c. Level Registered (Specify) Federal County: State e. Election Sum to Date Municipality: h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Campaign  $O^*$ POS 09/18/2017 \$10.27 Volunteer Mtg Remove 4. Payee Information Add d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone Candidate Table (include city, state, & zip) ALAMANCE PRIDE FESTIVAL Burlington, NC c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks f. Account Code g. Form of Payment j. Amount Fees  $O^*$ 9/25/17 \$95.00 Check #1026 for Festival \$ \$ 154.45 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) \$ (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) D - To Another Candidate A\* - Media B\* - Printing C\* - Fundraising H\* - Holding Public Office Expenses E - Salaries F\* - Equipment G - Political Party 1 - Postage J - Penalties K\* - Office Expenses O\* - Donation to Legal Expense Fund O\* - Other

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

				Amendment	
<b>Disbursements</b>	Pσ	9	of 9	Yes	
	- 6	<u> </u>	· · ·		

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

	Full Name (and Fur	id if applicable)					2. ID Number	
Yvette For Bui	lington				_			
3. Type of Disk	oursement (Plea	ase use separate (	CRC	0-1310 forms for each	type of Disburser	ment.)		
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A* - Media	B* - Printing	C* - Fund			<b>D</b> - To Anoth	or Cand	idate	
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