Disclosure Report Cover

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                               |  |  |  |  |
| Yvette for Burlin   | atm                                   |                |             |  |                |  |  |  |  |  |
| b. Mailing Address (include City, State and Zip Code)  d. Date Filed                                |                                       |                |             |  |                |  |  |  |  |  |
| 111 Fonvillest.  Burlington, nc 27217  e. Phone Number  3310-1075-2721                              |                                       |                |             |  |                |  |  |  |  |  |
| Burlington, nc 2 1717 e. Phone Number   |                                       |                |             |  |                |  |  |  |  |  |
| 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name |                                       |                |             |  |                |  |  |  |  |  |
| 2. Report Year 3. Period Start  | Date (mm/dd/yy)                       | 4. Period I    | End Date    | e (mm/dd/yy)   | 5. Treasure    | r Full Name                                |  |  |  |  |
| 2017 7,10   | 2617-                                 | 8.5            | 29.         | 2017   | Dian           | a loto                                     |  |  |  |  |
| 6. Type of Committee (Check C   | ne) 9. 7                              | Гуре of Rep    |             |  | type of repo   | rt from one category)                      |  |  |  |  |
| Candidate Campaign Part   | y Mu                                  | nicipal        |             | State/County   |                | Referendum                                 |  |  |  |  |
| PAC Refe  | erendum                               | Organizationa  |             | Organizat  | ional          | Organizational                             |  |  |  |  |
| Independent Expenditure I Join  | t Fundraiser                          | Thirty-five da | у           | Quarterly  |                | Pre-referendum                             |  |  |  |  |
| Legal Expense Fund  |                                       | Pre-primary    |             | First  |                | Final                                      |  |  |  |  |
|   |                                       | Pre-election   |             | Seco   |                | Supplemental Final                         |  |  |  |  |
| 7. Type of Fund (if applicable,   | check one)                            | Pre-runoff     |             | Thir   |                | Annual ·                                   |  |  |  |  |
| Booster Fund  |                                       | Semi-annual    |             | Four   |                | Special                                    |  |  |  |  |
| ■ Building Fund   | ᄖ                                     | Mid Yea        |             | Semi-ann   |                | 10 Caratal Dancat None                     |  |  |  |  |
| -   | 님                                     | Year End       | i l         | Reposell   | Year           | 10. Special Report Name                    |  |  |  |  |
| Other:  | D                                     | Final          |             | Processed and Pr | : End          |  |  |  |  |  |
| 8. Number of Fundraisers this   | Keport                                | Special        |             | Final  |                |  |  |  |  |  |
|   |                                       |                |             | Special  |                |  |  |  |  |  |
| 11. Account Information 11. Account Information   |                                       |                |             |  |                |  |  |  |  |  |
| a. Financial Institution Full Name  |                                       |                | a. Financ   | cial Institution   | Full Name      |  |  |  |  |  |
| BBGT  |                                       |                |             |  |                |  |  |  |  |  |
| b. Purpose  | c. Account Code                       |                | b. Purpo    | se   |                | c. Account Code                            |  |  |  |  |
| Campaign  | /                                     |                |             |  |                |  |  |  |  |  |
| , ,   | d. Period Begin Ba                    | lance          |             |  |                | d. Period Begin Balance                    |  |  |  |  |
|   | \$ 0                                  |                |             |  |                | \$   |  |  |  |  |
| CERTIFICATION   | * &                                   |                |             |  |                | •  |  |  |  |  |
|   |                                       | 24 11 1        |             |  | 41-1-00A 00T   | 2 2 22D 22M of Chapter 162                 |  |  |  |  |
| I certify that the Committee or Fur of the NC General Statutes and that                             | nt no funds are con                   | nmingled with  | prohibite   | ed or other no   | n-disclosed fu | ands. I further certify that this          |  |  |  |  |
| report is complete, true and correc   | t and that I have be                  | een trained by | the NC S    | State Board of   | Elections.     | 1 1  |  |  |  |  |
| Diana CL  |                                       | 1              | 21          | 17   |                | 9/11/12                                    |  |  |  |  |
| Diana Joto  |                                       |                | 00          | 10   |                |  |  |  |  |  |
| Printed Name of Sign  | er                                    | Sig            | nature of A | Appointed Trea   | surer          | Date                                       |  |  |  |  |
| FOR OFFICE USE ONLY   | 5-17                                  |                |             | 10   | D 1            |  |  |  |  |  |
| Date Received:  | 5-11                                  | Employ         | /ee: _      | 16   |                | <u>ivery Method</u><br>Normal Mail         |  |  |  |  |
| Date Postmarked:  |                                       | Employ         | /ee: _      |  | - 2            | Registered Mail<br>Hand Delivered          |  |  |  |  |
| Date Scanned:   | -13-17                                | Employ         | /ee: _      | 16   | _ 🗇            | Electronically Filed                       |  |  |  |  |
| Date Data Entered:  |                                       | Employ         | /ee: _      |  |                | Signer has not received mandatory training |  |  |  |  |
| Please Note: This form ca   |                                       |                |             |  |                |  |  |  |  |  |
| assistant<br>You must amend   | treasurer, custoo<br>the Statement of |                |             |  |                |  |  |  |  |  |

CRO-1000

NC State Board of Elections

August 2008

Amendment

] Ye

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

| 1. Committee Full Name (and Fund if applicable)                          | 2. Type of Report   |                  | 3. ID Number |  |  |
|--|---|------------------|--------------|--|--|
| Yvette For Burlington  | 35 201  |                  |              |  |  |
| C44 of Election Cycles Lennow, 1   | 75 CW   | Total this       | Total this   |  |  |
| Start of Election Cycle: January 1,                                      | 2014  | Reporting Period |              |  |  |
| 4) Cash on Hand at Start   |   | \$ 0             | \$ 0         |  |  |
| RECEIPTS   |   | Γ.               |              |  |  |
| 5) Aggregated Contributions from Individuals                             | (CRO-1205)  | \$ 1060.52       | \$ 1000.53   |  |  |
| 6) Contributions from Individuals  | (CRO-1210)  | \$ 1969.53       | \$ 1969.53   |  |  |
| 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 Organizati                        | ions <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, 11            |   | \$ 1969.53       | \$ 1969.53   |  |  |
| EXPENDITURES   | -, -  |                  | 1            |  |  |
| 13) Disbursements  | OLOGOGI SALAMAS DESENTANDO ARTO ARTO ARTO ARTO ARTO ARTO ARTO ART |                  |              |  |  |
| 13a) Operating Expenditures  | (CRO-1310)  | \$ 180.36        | \$ 180.36    |  |  |
| 13b) Contributions to Candidates/Political Commit                        | ttees (CRO-1310)  | \$               | \$           |  |  |
| 13c) Coordinated Party Expenditures                                      | (CRO-1310)  | \$               | \$           |  |  |
| 14) Aggregated Non-Media Expenditures                                    | (CRO-1315)  | \$               | \$           |  |  |
| 15) Loan Repayments  | (CRO-1420)  | \$               | \$           |  |  |
|  | (CRO-1320)  | \$               | \$           |  |  |
| •  | ·   |                  |              |  |  |
| 17) In-Kind Contributions  | (CRO-1510)  | \$ 1144.53       | \$ 1144.53   |  |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1                   |   | \$ 1324.89       | \$ 1324.89   |  |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then sub           | stract line 18)   | \$ 644.64        | \$ 644.64    |  |  |
| ADDITIONAL INFORMATION  20) Non-Monetony Cifts Civen to Other Committees | (CRO-1330)  | \$               |              |  |  |
| 20) Non-Monetary Gifts Given to Other Committees                         | ·   |                  |              |  |  |
| 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)  | \$               | \$           |  |  |

|                      |                       | m Individuals lividual contributions | over \$5  |                                       | Pg <u>1</u> of          |                 | Amendme Ye  |                         |
|----------------------|-----------------------|--------------------------------------|-----------|---------------------------------------|-------------------------|-----------------|-------------|-------------------------|
|                      |                       | (and Fund if applications)           |           | o or contributions u                  | inder \$50 it form er   | 2. ID Nu        |             |                         |
|                      | or Burlington         |                                      |           |                                       |                         | 2.101           |             |                         |
| 3. Contr             | ibutor Informati      | on                                   | X         | Add 🔲 I                               | Remove                  | l               |             |                         |
| <del></del>          | me, Mailing Address   |                                      |           | b. Job Title/Professi                 |                         | d. Comme        | nts         |                         |
| (include             | city, state, & zip)   |                                      |           | Retired                               |                         |                 |             |                         |
| Betsy J.             | Simpson               |                                      |           | 1                                     |                         |                 |             |                         |
| 2111 Cro             | osby Drive            |                                      |           | c. Employer's Name                    | /Specific Field         |                 |             |                         |
| Burlingto            | on, NC 27215          |                                      |           | Retired                               |                         |                 |             |                         |
|                      |                       |                                      |           |                                       |                         | e. Election     | Sum to Date |                         |
|                      |                       |                                      |           |                                       |                         | \$              |             |                         |
| f. Prior             | g. Account Code       | h. Form of Payment                   | i. In-I   | Kind Description                      | j. Date (mm/dd/y        | VVV)            | k. Amount   |                         |
|                      | 1                     | Check                                | 1         |                                       | 07/15/2                 |                 | \$          | 50.00                   |
|                      |                       |                                      |           |                                       |                         |                 |             |                         |
|                      |                       |                                      |           |                                       |                         |                 | \$          |                         |
|                      |                       |                                      | _ <u></u> | · · · · · · · · · · · · · · · · · · · |                         |                 | \$          |                         |
|                      | ibutor Informati      |                                      |           | <del></del>                           | Remove                  | <b>,</b>        |             |                         |
|                      | ne, Mailing Address   | & Phone                              |           | b. Job Title/Professi                 | on                      | d. Commer       | nts         |                         |
|                      | city, state, & zip)   |                                      |           | Nurse                                 |                         | ŀ               |             |                         |
| Constanc             | toway Terrace         |                                      |           | a Employeda Nama                      | (C                      | -               |             |                         |
|                      |                       |                                      |           | c. Employer's Name                    | -                       |                 |             |                         |
| Burlington, NC 27215 |                       |                                      |           | Retified                              | e. Election Sum to Date |                 |             |                         |
|                      |                       |                                      |           |                                       |                         |                 | Sum to Dute | <del> •</del> · · · · · |
|                      |                       |                                      |           |                                       |                         | \$              |             |                         |
| f. Prior             | g. Account Code       | h. Form of Payment                   | i. In-k   | Lind Description                      | j. Date (mm/dd/y        | yyyy) k. Amount |             |                         |
|                      | /                     | Check                                |           |                                       | 07/10/2                 | 017             | \$          | 150.00                  |
|                      |                       |                                      |           |                                       |                         |                 | \$          |                         |
|                      |                       |                                      |           |                                       |                         |                 | \$          |                         |
| 3. Contri            | butor Informatio      |                                      |           | Add  R                                | emove                   |                 |             | 1                       |
|                      | ıe, Mailing Address & |                                      | 12.3      | b. Job Title/Profession               |                         | d. Commen       | te          | 1                       |
|                      | city, state, & zip)   |                                      |           | Retired                               |                         | u. commen       | 13          |                         |
|                      | Jaureguizar           |                                      |           |                                       |                         |                 |             |                         |
| 5115 Mou             | unt Vernon Church     | h Road                               |           | c. Employer's Name/                   | ]                       |                 |             |                         |
| Burlingto            | n, NC 27217           |                                      |           | Retired                               |                         |                 |             |                         |
|                      |                       |                                      |           |                                       |                         | e. Election S   | Sum to Date |                         |
|                      |                       |                                      |           |                                       |                         | \$              |             |                         |
| f. Prior             | g. Account Code       | h. Form of Payment                   | i. In-K   | ind Description                       | j. Date (mm/dd/yy       | уу)             | k. Amount   |                         |
|                      | /                     | Check                                |           |                                       | 8/27/20                 | )17             | \$          | 200.00                  |
|                      |                       |                                      |           |                                       |                         |                 | \$          | •                       |
|                      |                       |                                      | 1         |                                       |                         |                 | \$          |                         |
| 4. Total             | only this Page        | 2                                    | 1         |                                       |                         | \$              |             | 400.00                  |
|                      | of ALL CRO-           |                                      |           |                                       |                         |                 |             |                         |
|                      |                       | Detailed Summary Page C              | DA 1100   |                                       |                         | \$              |             | 1969.53                 |

Amendment

|             |                       | m Individuals        | over \$5 | Pg<br>O or contributions und          |                   |                | Amendme<br>_ |               |
|-------------|-----------------------|----------------------|----------|---------------------------------------|-------------------|----------------|--------------|---------------|
|             |                       | (and Fund if applica |          |                                       |                   | 2. ID Nu       |              |               |
| Yvette F    | or Burlington         |                      |          |                                       |                   |                |              |               |
| 3. Contr    | ibutor Informati      | on                   | ×        | Add  Ren                              | move              |                |              |               |
| a. Full Na  | me, Mailing Address   | & Phone              |          | b. Job Title/Profession               |                   | d. Commen      | ıts          | · <u> </u>    |
| (include    | city, state, & zip)   |                      |          | Real Estate                           |                   |                |              |               |
| Ken Smi     |                       |                      |          |                                       |                   |                |              |               |
| 503 Circ    |                       |                      |          | c. Employer's Name/S <sub>1</sub>     | pecific Field     | 1              |              |               |
| Burlingto   | on, NC 27215          |                      |          | Allen Tate                            |                   |                |              | <del> ,</del> |
| j           |                       |                      |          | Burlington, NC                        |                   | e. Election    | Sum to Date  |               |
|             |                       |                      |          |                                       |                   | \$             |              |               |
| f. Prior    | g. Account Code       | h. Form of Payment   | i. In-l  | Kind Description                      | j. Date (mm/dd/yy | ( <b>yy</b> )  | k. Amount    |               |
|             | 1                     | Check                |          |                                       | 8/26/20           | 017            | \$           | 200.00        |
|             |                       |                      |          |                                       |                   |                | \$           |               |
|             |                       |                      |          |                                       |                   |                | \$           |               |
| 3. Contr    | ibutor Informatio     | on                   | Ø        | Add 🔲 Rer                             | nove              |                | ·            |               |
| a. Full Nan | ne, Mailing Address   | & Phone              |          | b. Job Title/Profession               |                   | d. Commen      | ts           |               |
| (include    | city, state, & zip)   |                      |          | Real Estate                           |                   |                |              |               |
| David Ca    |                       |                      |          |                                       |                   |                |              |               |
| 503 Circl   |                       |                      |          | c. Employer's Name/Sp                 |                   | 1              |              |               |
| Burlingto   | on, NC 27215          |                      |          | Allen Tate Burling                    | ton               | - File 44 6    | N 4- D-4-    |               |
|             |                       |                      |          |                                       |                   | e. Election S  | Sum to Date  |               |
|             |                       |                      |          |                                       |                   | \$             |              |               |
| f. Prior    | g. Account Code       | h. Form of Payment   | i. In-k  | Kind Description                      | j. Date (mm/dd/yy | yyy) k. Amount |              |               |
|             | /                     | Check                |          |                                       | 8/26/20           | )17            | \$           | 100.00        |
|             |                       |                      |          |                                       |                   |                | \$           |               |
|             |                       |                      |          |                                       |                   |                | \$           |               |
| 3. Contri   | butor Informatio      | on                   | X        | Add 🔲 Ren                             | nove              |                |              |               |
| a. Full Nan | ne, Mailing Address & | & Phone              |          | b. Job Title/Profession               |                   | d. Comment     | ts           |               |
|             | city, state, & zip)   |                      |          | Retired                               |                   |                |              |               |
| Barbara F   | •                     |                      |          |                                       |                   |                |              |               |
|             | rlotte Lane           |                      |          | c. Employer's Name/Sp                 | ecific Field      |                |              |               |
| Burlingto   | n, NC 27215           |                      |          | Retired                               |                   | e. Election S  | Sum to Data  |               |
|             |                       |                      |          |                                       |                   | \$             | oun to Date  |               |
| f. Prior    | g. Account Code       | h. Form of Payment   | i. In-K  | and Description                       | j. Date (mm/dd/yy |                | k. Amount    |               |
|             | /                     | Check                |          | · · · · · · · · · · · · · · · · · · · | 8/26//20          | <u> </u>       | \$           | 50.00         |
|             |                       |                      |          |                                       |                   |                | \$           |               |
|             |                       |                      |          |                                       |                   |                | \$           |               |
| 4. Total    | only this Page        | 2                    | <u> </u> |                                       | ·                 | \$             |              | 350.00        |
|             | of ALL CRO            |                      |          |                                       |                   | \$             |              | 1969.53       |
|             |                       |                      |          |                                       |                   | D.             |              | 1,707,33      |

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

|           |                       | m Individuals            | over \$5  | Pg<br>0 or contributions und            |                    |               | AmendmeYe pot used |  |
|-----------|-----------------------|--------------------------|-----------|---|--------------------|---------------|--------------------|--|
|           |                       | (and Fund if application |           | o or contributions and                  | ior and in torm of | 2. ID Nu      |                    | ······································ |
|           | or Burlington         |                          |           |   |                    | 20.22.114     |                    |  |
| 3. Contr  | ibutor Informati      | ion                      | ×         | Add ☐ Rei                               | move               |               |                    |  |
|           | me, Mailing Address   |                          |           | b. Job Title/Profession                 |                    | d. Commer     | nts                |  |
| i         | e city, state, & zip) |                          |           | Retired                                 |                    |               |                    |  |
| Robert E  | E. Byrd               |                          |           |   |                    |               |                    |  |
| 2826 Ch   | arlotte Lane          |                          |           | c. Employer's Name/Sp                   | pecific Field      | 1             |                    |  |
| Burlingto | on, NC 27215          |                          |           | Retired                                 |                    | 7             |                    |  |
|           |                       |                          |           |   |                    | e. Election   | Sum to Date        |  |
|           |                       |                          |           |   |                    | •             |                    |  |
|           |                       |                          |           |   |                    | \$            |                    |  |
| f. Prior  | g. Account Code       | h. Form of Payment       | i. In-l   | Kind Description j. Date (mm/dd/y       |                    | ууу)          | k. Amount          |  |
|           | /                     | Check                    |           |   | 8/26/2             | 017           | \$                 | 50.00                                  |
|           |                       |                          |           |   |                    |               | \$                 |  |
|           |                       |                          |           |   |                    |               | \$                 |  |
| 3. Contr  | ibutor Informati      | on                       |           | Add 🔲 Ren                               | nove               |               |                    |  |
|           | ne, Mailing Address   | & Phone                  |           | b. Job Title/Profession                 | d. Commen          | ts            |                    |  |
|           | city, state, & zip)   |                          |           | Educator                                |                    |               |                    |  |
| Mark R.   |                       |                          |           |   |                    | 1             |                    |  |
| i         | mance Road            |                          |           | c. Employer's Name/Sp                   | 4                  |               |                    |  |
| Burlingto | on, NC 27215          |                          |           | UNCG                                    |                    |               |                    |  |
|           |                       |                          |           |   |                    | e. Election S | Sum to Date        |  |
|           |                       |                          |           |   |                    | \$            |                    |  |
| f. Prior  | g. Account Code       | h. Form of Payment       | i. In-k   | ind Description                         | j. Date (mm/dd/y   |               | k. Amount          |  |
|           | ,                     | Check                    |           |   | 8/26/20            | 017           | \$                 | 25.00                                  |
|           | /                     |                          |           |   | 0.20.2             |               | \$                 | 23.00                                  |
|           |                       |                          |           |   |                    |               | \$                 |  |
|           | hutan Informatio      |                          |           | A 11 D D                                | <u> </u>           |               |                    | <del></del>                            |
|           | butor Informatio      |                          | $\square$ | , · · · · · · · · · · · · · · · · · · · | nove               | T             |                    |  |
|           | ne, Mailing Address & | & Phone                  |           | b. Job Title/Profession                 |                    | d. Comment    | ts                 |  |
| Vikiany ( | city, state, & zip)   |                          |           | Custumer Service                        |                    |               |                    |  |
|           | ney Avenue APT l      | ſ                        |           | c. Employer's Name/Spe                  | acific Field       | 1             |                    |  |
|           | n, NC 272717          | •                        |           | Kidde                                   | ceme riciu         | 1             |                    |  |
|           | .,                    |                          |           | 1016 Corporate Pari                     | k Dr. Mebane       | e. Election S | um to Date         |  |
|           |                       |                          |           | To to corporate tar                     | K 151, Wicounc     | \$            | uni to Date        |  |
| f. Prior  | g. Account Code       | h. Form of Payment       | i. In-K   | ind Description                         | j. Date (mm/dd/yy  | уу)           | k. Amount          |  |
|           |                       | In-kind                  | Cam       | p. Mat.                                 | 8/4/20             | 17            | \$                 | 1144.53                                |
|           |                       |                          |           |   |                    |               | \$                 |  |
|           |                       |                          |           |   |                    |               | \$                 |  |
|           | only this Page        |                          | •         |   |                    | \$            |                    | 1219.53                                |
| 5. Total  | of ALL CRO-           | -1210 Pages              |           |   |                    | ø             |                    | 1000.52                                |
|           |                       | Detailed Summary Page C  | RO-1100   | •                                       |                    | \$            |                    | 1969.53                                |

Amendment

|                 |          |    |       |    | Amenament  |    |
|-----------------|----------|----|-------|----|------------|----|
| Disbursements   |          | Pg | 1     | of | Yes        | No |
| TT . 41.1 C . 4 | 41 . '44 |    | 4. 11 | 4  | 1-4-/11411 |    |

Use this form to report expenditures from the committee for, operating expenses, contributions to candidate/political

|  | committees | and | coordinated | party | expenditures. |
|--|------------|-----|-------------|-------|---------------|
|--|------------|-----|-------------|-------|---------------|

| 1. Committee F                      | full Name (and Fun  | d if applicable)    |                 |                         |          |   |               | 2. ID Number                        |  |  |
|-------------------------------------|---|---------------------|-----------------|-------------------------|----------|---|---------------|-------------------------------------|--|--|
| Yvette For Bur                      | Yvette For Burlington   |                     |                 |                         |          |   |               |                                     |  |  |
| 3. Type of Disb                     | 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) |                     |                 |                         |          |   |               |                                     |  |  |
| Operating F                         |   | Contributions to Ca | ndid            | ates/Political Committe | es       | Co                                      | ordinate      | d Party Expenditures                |  |  |
| 4. Payee Inform                     | nation  |                     | Α               | dd                      | П        | Remove                                  |               |                                     |  |  |
|                                     | ing Address & Phone   |                     | _               | Coordinated Commi       | ttee Na  |   | d. Co         | mments                              |  |  |
| (include city, state,<br>SMARTSIGN. | & zip)  |                     | \               |                         |          |   |               |                                     |  |  |
| 300 Cadman Pl                       |   |                     | -               | 7 1 D 1 (S              | -:6.)    |   | -             |                                     |  |  |
|                                     | aza west  |                     | c.              | Level Registered (Spe   | ecny)    | 0                                       | -             |                                     |  |  |
| Suite 1303                          | 11201   |                     | ╽╞              | _ Federal               | Η        | County:                                 | 7710          | ation Sum to Date                   |  |  |
| Brooklyn, NY 11201                  |   |                     |                 |                         |          |   |               | ction Sum to Date                   |  |  |
|                                     | \$  |                     |                 |                         |          |   |               |                                     |  |  |
| f. Account Code                     | g. Form of Payment  | h. Purpose Code     |                 | i. Date (mm/dd/yyyy     | )        | j. Amount                               | k. Rec        | quired Remarks                      |  |  |
| 1                                   | Draft   | B*                  |                 | 7/12/2017               |          | \$25.78                                 | On-li<br>Nam  |                                     |  |  |
|                                     |   |                     |                 |                         |          | \$                                      |               |                                     |  |  |
| 4. Payee Inforn                     | ation   |                     | <br>A           | dd                      |          | Remove                                  | 4             |                                     |  |  |
|                                     | ing Address & Phone   |                     |                 | Coordinated Commi       | ttee Na  |   | d. Cor        | nments                              |  |  |
| (include city, state,               |   |                     |                 |                         | · · ·    |   |               |                                     |  |  |
| SMITH TROPH                         |   |                     | 1               |                         |          |   | 1             |                                     |  |  |
| Burlington, NC                      |   |                     | -               | Level Registered (Spe   | ecify)   | · · · · · · · · · · · · · · · · · · ·   | 1             |                                     |  |  |
| Durinigion, NC                      |   |                     | F               | Federal                 |          | County:                                 | 1             |                                     |  |  |
|                                     |   |                     | ╽┝              | ] State                 | H        | Municipality:                           | e Elec        | ction Sum to Date                   |  |  |
|                                     |   |                     | -               | _ State                 | <u>l</u> | with cipality.                          | <del> </del>  | troit sum to piec                   |  |  |
|                                     | <b>Y</b>  | <b>Y</b>            |                 |                         |          |   | \$            |                                     |  |  |
| f. Account Code                     | g. Form of Payment  | h. Purpose Code     | _               | i. Date (mm/dd/yyyy     | )        | j. Amount                               |               | puired Remarks                      |  |  |
| 1                                   | POS   | B*                  |                 | 7/17/2017               |          | \$6.41                                  | Print<br>Name | ing<br>e Tag                        |  |  |
|                                     |   |                     |                 |                         |          | \$                                      |               |                                     |  |  |
| 4. Payee Inform                     | ation   |                     | A               | dd                      |          | Remove                                  |               |                                     |  |  |
|                                     | ng Address & Phone  |                     | b.              | Coordinated Commit      | tee Na   | ıme                                     | d. Cor        | nments                              |  |  |
| (include city, state,               |   |                     |                 |                         |          |   |               |                                     |  |  |
| OFFICE DEPO                         |   |                     | 1               |                         |          |   |               |                                     |  |  |
| Burlington, NC                      | -   |                     | c.              | Level Registered (Spe   | cify)    |   | 7             |                                     |  |  |
| Durington, 110                      |   |                     | Federal County: |                         |          |   | 7             |                                     |  |  |
|                                     |   |                     | =               | State                   | Ħ        | Municipality:                           | e. Elec       | ction Sum to Date                   |  |  |
|                                     |   |                     |                 |                         |          | • | \$            |                                     |  |  |
| f. Account Code                     | g. Form of Payment  | h. Purpose Code     | <del>'  </del>  | i. Date (mm/dd/yyyy     | )        | j. Amount                               | k. Red        | puired Remarks                      |  |  |
| /                                   | POS   | B*                  |                 |                         | ,        | \$78.76                                 | Print         | ing of paing goods                  |  |  |
|                                     |   |                     | -               |                         |          | \$                                      | Calli         | haring Rooms                        |  |  |
|                                     |   |                     |                 |                         | i        | J                                       | <u></u>       | 110.05                              |  |  |
| 5. Total only th                    |   |                     |                 |                         |          |   | \$            | 110.95                              |  |  |
|                                     | CRO-1310 Pages  |                     |                 |                         |          |   |               |                                     |  |  |
|                                     | line 13a of Detailed Sun  |                     | -               | _                       |          |   | \$            | 180.36                              |  |  |
| , ,                                 | line 13b of Detailed Sun  |                     | -               |                         |          |   |               |                                     |  |  |
|                                     | line 13c of Detailed Sun  |                     |                 |                         | enditu   | res)                                    | <u></u>       |                                     |  |  |
|                                     | es (List detailed ex  |                     |                 |                         |          |   |               |                                     |  |  |
| A* - Media                          | B* - Printing   | C* - Fund           |                 | -                       |          | D - To Anoth                            |               |                                     |  |  |
| E - Salaries                        | F* - Equipment  |                     |                 |                         |          |   |               | Office Expenses<br>gal Expense Fund |  |  |
| I - Postage O* - Other              | J - Penalties   | K* - Offic          | e E             | xpenses                 |          | Q^ - Donatio                            | n to re       | Rai trybense Lana                   |  |  |
|                                     | e detailed explanat   | ion in required re  | ems             | rks field (k)           |          |   |               |                                     |  |  |
|                                     |   |                     |                 | ·- ·- ·- ·              |          |   |               |                                     |  |  |

| Disbursem   |                                 |  |           |                   | Pg         | <u>2</u> 0      |            | Yes No                                |
|---|---------------------------------|--|-----------|-------------------|------------|-----------------|------------|---------------------------------------|
|   | report expenditures             |  | tee       | for; operating e  | xpenses,   | , contributions | to candid  | ate/political                         |
|   | coordinated party ex            |  |           |                   |            | ····            |            |                                       |
|   | full Name (and Fur              | d if applicable)                       |           |                   |            |                 |            | 2. ID Number                          |
| Yvette For Bur                                    |                                 |  |           | 2 - 2 - 2 - 2     |            |                 |            |                                       |
| 3. Type of Disb                                   |                                 | ase use separate (                     |           |                   |            | ype of Disburs  |            |                                       |
| Operating I                                       | <del></del>                     | Contributions to Ca                    |           | <del></del>       | mittees    | <u></u> <u></u> | Coordinate | ed Party Expenditures                 |
| 4. Payee Inform                                   |                                 | <b>.</b>                               | Ť         | Add               | Ц_         | Remove          |            |                                       |
| 1   | ing Address & Phone             |  | b         | . Coordinated Cor | nmittee N  | ame             | d. Co      | mments                                |
| (include city, state,                             |                                 |  | 4         |                   |            |                 |            |                                       |
| STRAIGHTTA  | LK                              |  | _         |                   |            |                 | _          |                                       |
| Florida   |                                 |  | c.        | Level Registered  | (Specify)  |                 |            |                                       |
|   |                                 |  | ۱Ļ        | Federal           | 닏          | County:         | ļ          |                                       |
|   |                                 |  | L         | State             | L          | Municipality:   | e. Ele     | ection Sum to Date                    |
|   |                                 |  |           |                   |            |                 | <b>S</b>   |                                       |
|   | T                               | I. n. G.                               | 丄         | Ι                 |            |                 |            |                                       |
| f. Account Code                                   | g. Form of Payment              | h. Purpose Code                        |           | i. Date (mm/dd/   | уууу)      | j. Amount       |            | quired Remarks                        |
| /   | Phone Draft                     | K*                                     |           | 7/21/2017         |            | \$49.41         | Pho        | ne Service                            |
| /   |                                 |  |           |                   |            |                 |            |                                       |
|   |                                 |  |           |                   |            | <b> </b> \$     | ł          |                                       |
| 15 50   | <u></u>                         | <u> </u>                               |           | 11                |            | <u> </u>        |            |                                       |
| 4. Payee Inform                                   |                                 | Ц                                      |           | .dd               | Ų_         | Remove          | 1          |                                       |
| •   | ing Address & Phone             |  | b.        | Coordinated Cor   | nmittee Na | ame             |            | mments                                |
| (include city, state,                             | & zip)                          | <del></del>                            | 4         |                   |            |                 | FB         | - Boost Ad                            |
| FACEBK  |                                 |  | _         |                   |            |                 |            |                                       |
| Burlington, NC                                    |                                 |  | c.        | Level Registered  | (Specify)  |                 | _          |                                       |
|   |                                 |  | ۱Ļ        | _ Federal         |            | County:         |            |                                       |
|   |                                 |  | 止         | State             |            | Municipality:   | e. Ele     | ection Sum to Date                    |
|   |                                 |  |           |                   |            |                 | \$         |                                       |
|   |                                 |  | Щ,        |                   |            | 1               |            | · · · · · · · · · · · · · · · · · · · |
| f. Account Code                                   | g. Form of Payment              | h. Purpose Code                        | _         | i. Date (mm/dd/   | уууу)      | j. Amount       |            | quired Remarks                        |
| /   | OnLine Draft                    | A*                                     |           | 8/1/2017          |            | \$20.00         | Spor       | isored Ad                             |
|   |                                 |  |           |                   |            |                 |            |                                       |
|   |                                 |  |           |                   |            | \$              |            |                                       |
|   |                                 |  | لِـــ     |                   |            | l               |            | <del></del>                           |
| 4. Payee Inform                                   | ation                           | Ц                                      | Т         | .dd               | Ц_         | Remove          |            |                                       |
|   | ng Address & Phone              |  | <u>b.</u> | Coordinated Con   | amittee Na | ame             | d. Co      | mments                                |
| (include city, state,                             | & zip)                          |  | -         |                   |            |                 |            |                                       |
|   |                                 |  | L         |                   |            |                 |            |                                       |
|   |                                 |  | C.        | Level Registered  | (Specify)  |                 |            |                                       |
|   |                                 |  | <u> </u>  | _ Federal         | 님          | County:         |            |                                       |
|   |                                 |  | 止         | State             |            | Municipality:   | e. Ele     | ction Sum to Date                     |
|   |                                 |  |           |                   |            |                 | \$         |                                       |
|   |                                 |  | L.,       |                   |            |                 |            |                                       |
| f. Account Code                                   | g. Form of Payment              | h. Purpose Code                        |           | i. Date (mm/dd/y  | ууу)       | j. Amount       | k. Re      | quired Remarks                        |
| 1   |                                 |  |           |                   |            | \$              |            |                                       |
|   |                                 |  |           |                   |            |                 |            |                                       |
|   |                                 |  |           |                   |            | \$              |            |                                       |
|   |                                 |  |           |                   |            | ]               | <u> </u>   |                                       |
| 5. Total only thi                                 |                                 |  |           |                   | ····       |                 | \$         | 69.41                                 |
|   | CRO-1310 Pages                  | n                                      |           | a                 |            |                 |            |                                       |
| =   | line 13a of Detailed Sun        |  | -         |                   |            | 10              | \$         | 180.36                                |
|   | line 13b of Detailed Sun        |  | -         |                   |            |                 |            |                                       |
| <del>~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</del> | line 13c of Detailed Sun        |  |           |                   | r.xpenditu | res)            |            |                                       |
|   | es (List detailed exp           |  |           |                   |            | <b>D</b> T A    | th or C    | idata                                 |
| A* - Media<br>E - Salaries                        | B* - Printing<br>F* - Equipment | <b>C* - Fund</b><br><b>G</b> - Politic |           |                   |            | D - To And      |            | Office Expenses                       |
| I - Postage                                       | J - Penalties                   | K* - Offic                             |           | -                 |            |                 |            | gal Expense Fund                      |
| O* - Other  |                                 | OIII                                   | _ ~_      | •                 |            | 2 2011          |            | 0 ·                                   |

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

Amendment

| In-Kind Contributions Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be refunde |                     |            |                   | ne com  | Amendment Yes No nittee or fund. |
|--|---------------------|------------|-------------------|---------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable)  | <del>a</del> within | 11 / 44    | y 3.              | 2. m    | Number                           |
| Yvette For Burlington  | <del></del>         |            |                   |         | Name                             |
| 3. Contributor Information Add   | Remov               | ie.        |                   | 1       |                                  |
| a. Full Name, Mailing Address & Phone  |                     |            | Contributor       | c. Cor  | mments                           |
| (include city, state, & zip)   | Ø                   |            | vidual            |         |                                  |
| Vikiany Gonzales   |                     |            | didate            |         |                                  |
| 1323 Sidney Avenue APT I   |                     | Part       |                   |         |                                  |
| Burlington, NC 27217   |                     | PAG        | •                 |         |                                  |
|  |                     | Referendum |                   |         | ction Sum to Date                |
|  |                     | Oth        | er Receipt Source | \$      | 1144.53                          |
| e. Description   |                     |            | f. Date (mm/dd/yy | yy)     | g. Fair Market Amount            |
| Signs & Graphics - Campaign Materials  |                     |            | 8/4/2017          |         | \$                               |
|  |                     |            |                   |         | \$                               |
|  |                     |            |                   |         | \$                               |
| 3. Contributor Information   | Remov               | re         |                   |         |                                  |
| a. Full Name, Mailing Address & Phone  |                     |            | Contributor       | c. Cor  | nments                           |
| (include city, state, & zip)   |                     |            | vidual            |         | ,                                |
|  | 77                  |            | didate            |         |                                  |
|  |                     | Part       | y                 |         |                                  |
|  |                     | PAC        |                   |         |                                  |
|  |                     | Refe       | erendum           | d. Ele  | ction Sum to Date                |
|  |                     | Othe       | er Receipt Source | \$      |                                  |
| e. Description   |                     |            | f. Date (mm/dd/yy | yy)     | g. Fair Market Amount            |
|  |                     |            |                   |         | \$                               |
|  |                     |            | ,                 |         | \$                               |
|  |                     |            | ,                 |         | \$                               |
| 3. Contributor Information   | Remov               | e          |                   |         |                                  |
| a. Full Name, Mailing Address & Phone  |                     |            | ontributor        | c. Con  | nments                           |
| (include city, state, & zip)   |                     | Indiv      | vidual            |         |                                  |
|  |                     | Cano       | lidate            |         |                                  |
|  |                     | Party      | y                 | }       |                                  |
|  |                     | PAC        |                   |         |                                  |
|  |                     | Refe       | rendum            | d. Elec | ction Sum to Date                |
|  |                     | Othe       | r Receipt Source  | \$      |                                  |
| e. Description   |                     |            | f. Date (mm/dd/yy | yy)     | g. Fair Market Amount            |
|  |                     |            |                   |         | \$                               |

CRO-1510 NC State Board of Elections December 2007

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

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1144.53

1144.53