Disclosure Re						j	Yes No		
Use this form for ge	eneral report and committee	informati	ion, must be	signed a	and sub	mitted along with ot	her detailed forms.		
	to update information								
1. Committee Info	rmation								
a. Full Name Allison Gant for Sc	haal Daard						c. ID Number		
Allison Gant for Sc	moor Board								
b. Mailing Address (inc	lude City, State and Zip Code)						d. Date Filed		
2306 Hickory Ave							10/29/2018		
Burlington NC, 272	215								
							e. Phone Number		
							336-269-9577		
2 Danaut Vaar	2 Davied Start Date (1.1/	4. Period End Date			N			
2. Report Year	3. Period Start Date (mm/s	ia/yy)	(mm/dd/yy)			5. Treasurer Full	Name		
2018	01/01/2018		10/2	20/2018		Allison Gant			
6. Type of Commit		<u> </u>	e of Report	, , ,		y one type of report			
Candidate Camp		Municip			State/Co		Referendum		
PAC Independent	Referendum		Organizational		_	Organizational	Organizational		
Expenditure	Joint Fundraiser		Thirty-five day	y	Ç	Quarterly	Pre-referendum		
Legal Expense Fi	(if applicable, check one)		Dro primare		\Box	First	Final		
7. Type of Fund "Booster Fund"	(і) аррисавіе, спеск впе)	1 =	Pre-primary Pre-election			Second	Supplemental Final		
Building Fund		==	Pre-runoff		\boxtimes	Third	Annual		
			Semi-annual	Fourth			Special		
			Mid Year		S	emi-annual			
Other:		片	Year End			Mid Year	10. Special Report Name		
8. Number of Fund	raisers this Report		_ Final Special			Year End inal			
o. Number of Fund		ا ا	oper		_	pecial			
11. Account Inform	ation			11. Acc		iformation			
a. Financial Institution I		a. Financial Institution Full Name							
Proponent Federal C	Credit Union								
b. Purpose	c. Account Code			b. Purpo	se		c. Account Code		
Manage	1								
campaign financials	d. Period Begin Balance						d. Period Begin Balance		
illianciais									
	\$ 0						\$		
CERTIFICATION									
the NC General Statu is complete, true and	ites and that no funds are co correct and that I have been	mmingle	d with prohi	ibited or	other no	on-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report		
Allison Gan	Printed Name of Signer	.	(AY)	YU	105	d Treasurer	0/29/2018 Date		
FOR OFFICE USE O			Valle Valle	gnature of a	Appointed	1	Date		
Date Received:	10/29/18	I	Employee:	_	Út	<u>† </u>	Delivery Method Normal Mail		
Date Postmarked	1:	I	Employee:		,		Registered Mail Hand Delivered		
Date Scanned:	10/30/18	F	Employee:	_	<u></u>	Ĵ	Electronically Filed Signer has not received		
Date Data Entere	ed:	F	Employee:				mandatory training		
Please Note: This	custodia	n of book	s information	on, or ac	count in	formation.	ss, treasurer, assistant treasurer,		
	You must amend the Staten	nent of O	rganization	(CRO-2	100 А- Е) to make committe	e changes.		

Amendment
Ves

No

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 3 ID Number

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number		
Allison Gant for School Board	3 rd Quarter Plus				
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0.00	\$ 0.00		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 150.00	\$ 150.00		
6) Contributions from Individuals	(CRO-1210)	\$ 8,255.00	\$ 8,255.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 0.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0.00	\$ 0.00		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$.65	\$.65		
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 0.00	\$ 0.00		
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	1c, 11d and 11e)	\$ 8,405.65	\$ 8,405.65		
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 8,127.29	\$ 8,127.29		
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 0.00	\$ 0.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00		
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.00	\$ 0.00		
5) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00		
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0.00	\$ 0.00		
7) In-Kind Contributions	(CRO-1510)	\$ 5.00	\$ 5.00		
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 8,132.29	\$ 8,132.29		
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	htract line 18)	\$ 273.36	\$ 273.36		
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00			
1) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$ 0.00			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$ 0.00			
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$ 0.00	A displaying the second of		
4) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00	17 10 A 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18		
5) Administrative Support	(CRO-1710)	\$ 0.00	\$ 0.00		
6) Forgiven Loans	(CRO-1440)	\$ 0.00	\$ 0.00		
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$ 0.00		
(8) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00		

Aggregated Contributions from Individuals

Page

Amendment

<u>1</u>

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

				ıd if applicable)			2. II) Number
F	Allison	n Gant for Scho	ool Board					
3.	Con	tributor Infori	nation					
a.	Amen		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	уу)	f. Amount
]	Add Remove	- 1	Cash		08/24/2		\$ 50
Ē		Add Remove	1	Cash		08/25/2	2018	\$ 50
Ę	-	Add	- 1	Check		09/17/2	2018	\$ 50
E]	Remove Add					314	
]	Remove						\$
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]	Remove						\$
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닉		Add						\$
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뭐		Add						\$
4		Remove						
		Add Remove						\$
4.	Tota	l only this P	age			-	\$	150
		of ALL CI				WOODAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	\$	150
C	This lin	ie must be on line .	W	Ψ				

		m Individuals lividual contributions	over \$5	Pg O or contributions und			Yes	no
		(and Fund if applica		o or contributions and	der \$50 H form er	2. ID Nu		
	Gant for School B					2.22		
<u> </u>	ibutor Informati		\boxtimes		emove			
1	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession Retired	1	d. Comme	ents	
	C Reynolds			Kethed				
	restdale Drive			c. Employer's Name/S				
Burlingto	on, NC 27215			Retired				
						e. Election	Sum to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/03/2	2017	\$	250
							\$	
							\$	
3. Contr	ibutor Information	on		Add 🔲 Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	l	d. Comme	nts	
	city, state, & zip)			Vice President			·	
Harold W						-		
	estdale Drive on, NC 27215			c. Employer's Name/Sp Glen Raven Mills	pecific Field	-		
Durmge	ni, 14C 27213			Gien Raven wins		e. Election	Sum to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
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							\$	
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	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Retired				
Edmund 1	R Gant nybrook Dr			c. Employer's Name/Sp	pecific Field	-		
	n, NC 27215			Retired	cente Field			
2 an magro	.,,					e. Election	Sum to Date	
						\$	1,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			08/03/20	018	\$	1,000
							\$	
							\$	
4. Total	only this Page	2				\$		1,500
5. Total	of ALL CRO	-1210 Pages				ď.	**	0.255

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

Amendment

,							Amendmen	.+
Cont	ributions fro	m Individuals		P	g <u>2</u> o	of 9	Yes	_
Use this	form to report ind	ividual contributions	over \$5			RO 1205 is	not used	
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID N	umber	
Allison	Gant for School B	oard						
3. Conti	ributor Informati	on	\boxtimes	Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comm	ents	
	e city, state, & zip)			Attorney				
	itt Sellers							
	nherst Ave			c. Employer's Name/S	_			
Durninge	on, NC 27215			McGuire Woods	LLP	a Flaction	n Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/04/	2018	\$	100
							\$	
							\$	
3. Contr	ibutor Informati	on	\boxtimes	Add 🗌 Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comme	ents	
	city, state, & zip)			Physician				
	en Moffitt					_		
1552 Yo				c. Employer's Name/Specific Field Burlington Pediatrics				
Builligu	on, NC 27215			Burnington rediau	ics	e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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				***			\$	
							\$	
	ibutor Informatio		\boxtimes	Add 🗌 Re	move			
	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comme	nts	
<u> </u>	city, state, & zip)			Homemaker				
Anne E P 1573 Yor				c. Employer's Name/S	ancific Field	4		
	on, NC 27215			Homemaker	pecific Field			
Durmigio	II, INC 27213			Homemaker		e. Election	Sum to Date	
						\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
	1	Check			08/06/2	018	\$	
							\$	
							\$	

\$

\$

450

8,255

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

		m Individuals	over \$50	Pg 0 or contributions und	<u>3</u> of er \$50 if form CF		Amendment Yes The second of	☐ No
		(and Fund if applica		o or continuations and	<u>σι φου τι τονικι στ</u>	2. ID Nu		
	Gant for School Bo							
3. Contr	ibutor Informati	on	\boxtimes	Add 🔲 Rei	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Attorney				
	Pittman, Jr				10 D' 11	_		
	chshire Dr on, NC 27215			c. Employer's Name/Sp Pittman & Steele L		-		
Durmign	on, NC 27213			I ittiliali & Steele L	a w	e. Election	Sum to Date	 ,
						0	100	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			08/06/2	018	\$	100
							\$	
							\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add Ren	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			General Manager				
Patricia I				. Employeds Nome/Sn	acific Field	-		
2204 Tea	on, NC 27215		c. Employer's Name/Specific Field Glen Raven Mills			-		
Durningt	м, 140 27215			Gien Raven ivinis		e. Election	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			08/06/2	018	\$	200
						·	\$	
							\$	
3. Contr	ibutor Informatio	n	\boxtimes	Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Professor		İ		
	A Lambert			c. Employer's Name/Spo	oifig Field			
2803 Mo	orgate Ct n, NC 27215			Elon University	ecine rieid	i		
Burningto	II, INC 27213			Lion Oniversity		e. Election S	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			08/06/20	018	\$	100
							\$	
							\$	

5. Total of ALL CRO-1210 Pages

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400

8,255

\$

		om Individuals dividual contributions	over \$5	P 50 or contributions un	g <u>4</u> onder \$50 if form Cl	of <u>9</u> RO 1205 is:	not used	s 🗌 No		
		e (and Fund if applica				2. ID Nu				
Allison	Gant for School B	Joard								
3. Cont	ributor Informati	ion	\boxtimes	Add 🔲 Re	emove			····		
	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents			
	e city, state, & zip)			President						
Lydia G	Duke onel Meade Dr			a Employada Namali	o	_				
	VA 23434			c. Employer's Name/S Duke Automotive		-				
					•	e. Election	Sum to Date			
						\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-	-Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
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	ibutor Informati			Add Re	emove	·····				
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts			
	e city, state, & zip)			Retired						
Stuart S 811 S 3rd				c. Employer's Name/S	Pacific Field	-				
	NC 27302			Retired	pecine Ficia	-				
						e. Election	Sum to Date			
						\$	100			
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	1	Check			08/08/2	.018	\$	100		
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··	ibutor Informatio		\boxtimes		move					
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts			
John Jord	city, state, & zip)			Real Estate						
PO Box 1				c. Employer's Name/Sp	pecific Field	-				
Saxapaha	ıw, NC 27340			Self Employed		1				
						e. Election S	Sum to Date			
			<u></u>			\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	1	Check			08/16/20	018	\$	100		
							\$			
	!					,	\$			
	only this Page					\$		300		
5. Total	of ALL CRO-	-1210 Pages			MARKET WINDS	\$		8,255		
(This line	: must be on line 6 of I	Detailed Summary Page Ch	RO-1100))				0,233		

Contributions from Individuals

Amendment

No

		m Individuals ividual contributions	over \$5		eg <u>5</u> onder \$50 if form C		Amendmen Yes	_		
***		(and Fund if applica			1001 \$50 11 101111	2. ID Nu				
Allison (Gant for School Bo	oard								
3. Contr	ibutor Informati	on	X	Add 🗌 R	emove					
f	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts			
	city, state, & zip)			Retired						
Robert C	s Lowe keridgeview Ct, A	nt 501		c. Employer's Name/	Specific Field	\dashv				
	ers, FL 33907	pt 301		Retired	specific riciu					
	,					e. Election	Sum to Date			
						\$	100			
e D !			1							
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y		k. Amount			
	1	Check			08/18/	2018	\$	100		
							\$			
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3. Contr	ibutor Informatio	on	\boxtimes	Add Re	emove					
a. Full Name, Mailing Address & Phone				b. Job Title/Professio	n	d. Commen	its			
	city, state, & zip)			President						
	E Chandler, Jr			a Employeda Nama/6	Provide Field	_				
2516 Pine	on, NC 27215		c. Employer's Name/Specific Field Chandler Concrete Company							
Daringto	M, 110 27213				c company	e. Election S	Sum to Date			
						\$	100			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			08/2	2	\$	100		
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	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	ts			
	city, state, & zip)			Retired						
Allen E C				. F	:C E!-1-1	-				
1022 W I	n, NC 27215			c. Employer's Name/S Retired	pecific Field	-				
Durningto	n, NC 27213			Retifed		e. Election S	Sum to Date			
						\$	1,000			
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	ind Description	j. Date (mm/dd/yy	/yy)	k. Amount			
	1	Check			08/14/2		\$	1,000		
							\$	_		
							\$			

5. Total of ALL CRO-1210 Pages

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

1,200

8,255

\$

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is	notused
1. Committee Full Name (and Fund if applicable) 2. ID No	
Allison Gant for School Board	
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comme	ents
(include city, state, & zip) Financial Advisor	
Brian W Spangler 2535 Stanton Ct c. Employer's Name/Specific Field	
2535 Stanton Ct Graham, NC 27253 c. Employer's Name/Specific Field Edward Jones	
	Sum to Date
\$	250
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount
1 Check 08/26/2018	\$ 250
	\$
	\$
3. Contributor Information \(\times \) Add \(\times \) Remove	
a. Full Name, Mailing Address & Phone b. Job Titte/Profession d. Comme	nts
(include city, state, & zip) Retired	
Thomas E Chandler	
5348 S NC 62 Burlington, NC 27215 c. Employer's Name/Specific Field Retired	
	Sum to Date
\$	100
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k. Amount
☐ 1 Check 09/04/2018	\$ 100
	\$
	\$
3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Commen	ts
(include city, state, & zip) Director of Sales	
Kathryn V Cummings	
2338 Olde Spring Court Graham, NC 27253 c. Employer's Name/Specific Field Acucote, Inc	
	Sum to Date
\$	300
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)	k, Amount
1 Check 09/07/2018	\$ 300
	\$
	\$

5. Total of ALL CRO-1210 Pages

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650

8,255

\$

Contr	ributions fro	m Individuals				D	7	. 9	Amendmen Yes	t No
		ividual contributions	over \$5	0 or cont	ribution	Pg s unde	<u>7</u> of er \$50 if form CF			
		(and Fund if applica			-			2. ID Nu		
Allison (Gant for School Bo	oard								
3. Contr	ibutor Informati	on	\boxtimes	Add		Rem	iove			
1	me, Mailing Address	& Phone			Title/Prof			d. Commen	its	
	city, state, & zip) Chandler			Vice I	Presider	it				
3240 Co				c. Empl	over's Na	me/Spc	ecific Field	+		
!	on, NC 27215				ller Con	········				
								e. Election S	Sum to Date	-
								\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descr	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check					09/07/2	2018	\$	100
									\$	
									\$	
3. Contr	ibutor Informatio	on		Add		Rem	ove			
	a. Full Name, Mailing Address & Phone				itle/Profe	ession		d. Commen	ts	
	city, state, & zip)			Attorn	ey					
Derek Sto 2244 W I				c Emple	over's Na	me/Sne	eific Field			
	on, NC 27215				Raven N		Circ i iciu	-		
	,							e. Election S	Sum to Date	
								\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					09/20/2	018	\$	200
							J_4		\$	
									\$	
	butor Informatio			Add		Remo	ove	T "		
	ne, Mailing Address &	& Phone		b. Job T	itle/Profe al Mana			d. Comment	is	
	city, state, & zip) Ravenel Gant, JR		******	Genera	ii iviaiia	gei				
2306 Hic				c. Emplo	yer's Na	me/Spec	cific Field			
	n, NC 27215			Glen R	laven M	lills				
								e. Election S	um to Date	
								\$	600	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check					10/09/20	018	\$	600
									\$	
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5. Total of ALL CRO-1210 Pages

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

900

8,255

\$

		m Individuals		P			Yes	□ N
		dividual contributions (and Fund if application)		0 or contributions un	der \$50 if form C	· · · · · · · · · · · · · · · · · · ·		
		* * ·	abie)			2. ID Nu	mber	
Allison	Gant for School B	oard						
	ibutor Informat		\boxtimes		emove			
1	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	J Cummings			Retired				
2655 Pit	•			c. Employer's Name/S	Specific Field	-		
Elon, NO	27244			Retired				
1						e. Election	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Check			10/16/2	2018	\$	100
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Retired				
Rose Ani	ne Gant estdale Dr			c. Employer's Name/S	nasifia Field	-		
	on, NC 27215			Retired	pecific rieiu	-		
	,					e. Election S	Sum to Date	
						\$	200	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	 yyy)	k. Amount	
	1	Check			08/12/2		\$	200
		* "					\$	
							\$	
3 Contri	butor Information) n	\perp	Add Re	move		1	
	ne, Mailing Address &			b. Job Title/Profession	move	d. Comment	ts	
	city, state, & zip)			Retired	·			
Diana H								
	dle Club Rd			c. Employer's Name/Sp	pecific Field			
Burningto	n, NC 27215			Retired		e. Election S	um to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	 	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			08/12/2	018	\$	100
							\$	4
							\$	
4. Total	only this Page	e			······································	\$		400
5. Total	of ALL CRO	-1210 Pages				r.		0 255

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

8,255

\$

Amendment

		m Individuals ividual contributions	over \$5	Pg 0 or contributions und			Amendmer Yes	
		(and Fund if applica				2. ID Nu	· · · · · · · · · · · · · · · · · · ·	
	Gant for School Bo							
3. Contr	ributor Informati	on	\boxtimes	Add Re	move			
a. Full Na	me, Mailing Address	& Phone	. ,	b. Job Title/Profession		d. Commer	nts	
	e city, state, & zip)			Board Chair				
Allison (_		
	ckory Ave			c. Employer's Name/Sp	pecific Field			
Burningto	on, NC 27215			ABSS		a Floation	Sum to Data	
							Sum to Date	
						\$	2,355	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Cash	Filir	ng Fee	02/12/2	2018	\$	5
	1	Check			02/12/	2108	\$	50
	1	Check			03/23/2	2018	\$	100
	ibutor Informatio	 	\square	_	nove			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	# W-	d. Commen	its	
Allison C	city, state, & zip)			Board Chair				
	sant kory Ave			ABSS c. Employer's Name/Sp	acific Field	-		
	on, NC 27215			c. Employer's Name/Sp	ecilic Fleid			
Durmgte	511, 110 27215					e. Election S	Sum to Date	
						\$	2,355	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check			06/04/2	018	\$	200
	1	Check			08/08/2	2018	\$	2,000
							\$	
	ibutor Informatio				nove	<u>,</u>		
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Board Member				
Pamela T 2222 Dela	•			c. Employer's Name/Spe	eific Field	_		
	n, NC 27215			ABSS	conc ricia			
Darmigio	n, 110 27213			11255		e. Election S	Sum to Date	
						\$	100	, , , , , , , , , , , , , , , , , , , ,
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check			03/23/20		\$	100
							\$	
							ç	

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

2,455

8,255

\$

Other Receipt Sources

		'xmenament					
Pg	<u>1</u>	of	<u>2</u> \Box	Yes		No	

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

	1. Committee Full Name (and Fund if applicable) 2. ID Number										
Allison Gant fo	or School Board										
3. Type of Reco	eipt Source	(Please use separate CRO-1.	250 form	is for each type of	Rece	eipt Source.)					
Interest		Contributions from Not-for-				tside Sources of Income					
4. Contributor	Information	Add		Remo	ve						
a. Full Name, Mail	ling Address & Phone		b. Not-f	for-Profit Federal ID	#	d. Comments					
(include city, sta											
•	eral Credit Union										
3504 Forestdale			c. Outsi	ide Source Explanatio	on						
Burlington, NC	27215										
						e. Election Sum to Date					
						\$.65					
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	уу)	j. Amount					
1	ACH			03/31/2018		\$.01					
1	АСН			04/30/2018	3	\$.02					
4. Contributor	Information	Add		☐ Remo	ve	<u></u>					
	ing Address & Phone	had ****	b. Not-fe	or-Profit Federal ID		d. Comments					
(include city, sta				31 110110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	··	Wi Community					
	ral Credit Union		†								
3504 Forestdale			c. Outsic	de Source Explanatio	n						
Burlington, NC	27215										
-						e. Election Sum to Date					
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f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	yy)	j. Amount					
1	ACH			05/31/2018		\$.02					
1	АСН			06/30/2018		\$.04					
4. Contributor	Information	Add	Remove								
a. Full Name, Maili	ng Address & Phone	* *************************************	b. Not-fo	or-Profit Federal ID #		d. Comments					
(include city, stat	e, & zip)										
*	ral Credit Untion										
3504 Forestdale			c. Outsid	le Source Explanation	n						
Burlington NC 2	27215]						
			j			e. Election Sum to Date					
						\$.65					
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount					
1	ACH			07/31/2018		\$.04					
1	АСН			08/31/2018		\$.25					
5. Total only	this Page				\$	3 .38					
6. Total of AI	. Total of ALL CRO-1250 Pages										
(This line goes in	(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) \$.65										
		ry Page CRO-1100 if Not-for-Profit Com ry Page CRO-1100 if Outside Sources of									
(I his time goes in i	ние 11с ој Бениней Биттиг	y ruge Cho-rroo if ouiside sources of	moonie	j	j						

Other Deed	sint Sources		_			Amendment Yes No
	eipt Sources	ted on another form. i.e. interes	_	$\underline{2}$ 0	_	
	ull Name (and Fund if		st meome,	not for		. ID Number
Allison Gant for		аррисане)				
				 		
3. Type of Rece	ipt Source	(Please use separate CRO-1	<u>250 forms</u>	for eac	ch type of K	
Interest		Contributions from Not-for	-Profit Organ	nizations	<u>_</u>	Outside Sources of Income
4. Contributor	∐ Add		L	Remove		
	ng Address & Phone		b. Not-fo	r-Profit	Federal ID #	d. Comments
Proponent Fede			-			
3504 Forestdale			c. Outsic	le Source	Explanation	
Burlington, NC						
						e. Election Sum to Date
						\$.65
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date	(mm/dd/yyyy) j. Amount
1	АСН			09	9/30/2018	\$.27
						\$
4. Contributor	Information	Add			Remove	e
	ng Address & Phone		b. Not-fo	r-Profit	Federal ID#	d. Comments
(include city, stat	e, & zip)					
			c. Outsid	le Source	Explanation	
						e, Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. In-Kind Description	<u> </u>	i. Date	(mm/dd/yyyy	j. Amount
						\$
						\$
4. Contributor	[nformation	☐ Add		F	Remove	
	ng Address & Phone		b. Not-fo	r-Profit	Federal ID#	d. Comments
(include city, stat	-					

c. Outside Source Explanation

e. Election Sum to Date

\$

f. Account Code g. Form of Payment h. In-Kind Description i. Date (mm/dd/yyyy) j. Amount

\$

\$

.27

5. Total only this Page6. Total of ALL CRO-1250 Pages

. 10tal 01 ALL CRU-1250 Pages
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

\$.65

In.	.Kind	Contr	ibutions
1 !!-	·IXIIIU	Conn	ibuuudus

	Amendment							
Pg	1	of	<u>1</u>	Yes		No		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

2. ID Number 1. Committee Full Name (and Fund if applicable) Allison Gant for School Board Add Remove 3. Contributor Information c. Comments b. Type of Contributor a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) \boxtimes Candidate Allison Gant Party 2306 Hickory Ave PAC Burlington, NC 27215 d. Election Sum to Date Referendum Other Receipt Source \$ 5 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description Filing Fee 02/12/2018 \$ 5 \$ \$ 3. Contributor Information Add Remove b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate Party PAC d. Election Sum to Date Referendum Other Receipt Source g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description \$ \$ Add Remove 3. Contributor Information b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) Candidate Party PAC d. Election Sum to Date Referendum Other Receipt Source f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description \$ \$ \$ \$ 5 4. Total only this Page 5. Total of ALL CRO-1510 Pages \$ 5 (This line must be on line 17 of Detailed Summary Page CRO-1100)

Disbursements	Pg	<u>1</u>	of	<u>5</u>	

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

1. Committee F	ull Name (and Fun	d if applicable)						2. ID Number	
Allison Gant for									
3. Type of Disb		ise use separate C	CRO	-1310 forms for each	ch t	pe of Disburse	ment.)		
Operating E				ates/Political Committee			Coordinate	d Party Expenditures	
4. Payee Inform				.dd [-	Remove			
			b. Coordinated Committee Name			d. Co	mments		
	ng Address & Phone		D.	Coordinated Committee	CC I Va		u. co	THE TOTAL THE TANK TH	
(include city, state,	& zip)		_						
Office Depot	_	-							
1825 S Church		c.	Level Registered (Spec	======================================					
Burlington, NC 27215				Federal [_	County:			
				State		Municipality:	e. Ele	ection Sum to Date	
							\$:	370.47	
			Ш,			r			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks	
1	Debit Card	В		07/31/2018		\$59.26	Pape	er and ink	
1	Deon Card	В		07/51/2010					
1	Debit Card	K		08/02/2018		\$34.14	Enve	elopes	
1	Deon Card	K							
4. Payee Inform	ation			.dd [╝.	Remove	- 1		
a. Full Name, Maili	ing Address & Phone		b.	Coordinated Committe	ee Na	ime	d. Co	mments	
(include city, state,	& zip)								
Office Depot			L						
1825 S Church	St		c.	Level Registered (Spec	eify)				
Burlington, NC 27215				Federal		County:			
Burnington, IVC 27213				State	=	Municipality:	e. Ele	ection Sum to Date	
			-	<u> </u>				250.45	
							\$ 3	370.47	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Re	quired Remarks	
1. recount code						DC 41	Pape	er Cutting	
1	Debit Card	В		10/17/2018		\$6.41	-	_	
					0160.10	Flye	rs		
1	Debit Card	В		08/27/2018	\$168.13		_		
4. Payee Inform	lation	П	 A	.dd [Remove	·······		
	ing Address & Phone			Coordinated Committee	ee Na	ıme	d. Co	mments	
	=		-						
(include city, state,	& zip)		1						
Office Depot	٥.		c. Level Registered (Specify)				\dashv		
1825 S Church			₩.		1137	County:			
Burlington, NC	27215		<u> </u>	Federal [╡	•	o Flo	ection Sum to Date	
			<u> </u> L	State		Municipality:	e. Ele	CHOIL SUIL TO DATE	
	•						\$	370.47	
	D 25	h. Purpose Code	Т.,	i Doto (mm/dd/mm)		j. Amount	l Do	quired Remarks	
f. Account Code	g. Form of Payment	n. r ur pose Code		i. Date (mm/dd/yyyy)		J. Amount	Flye		
1	Debit Card	В		10/17/2018		\$102.53	1 Tye	13	
									
						\$			
	<u> </u>	<u> </u>				J	\$	370.47	
5. Total only th							Ψ	3,0,11	
6. Total of ALL	CRO-1310 Pages		n : r	Onanatino Eunamasal			THE RESIDENCE OF THE PERSON OF		
(This line goes in	line 13a of Detailed Sur	nmary Page CKO-110	w ij i	Operating Expenses)	alisi a	al Commi	\$	8,127.29	
(This line goes in	(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)								
					nanu	resj			
	es (List detailed ex	penditure code in	(h.)	above)		m. m. A	than C-	lidata	
A* - Media	B* - Printing	C* - Fun	drai	ising		D - To And			
E - Salaries	F* - Equipment							c Office Expenses egal Expense Fund	
I - Postage	J - Penalties	K* - Offi	ce E	expenses		Q" - Dona	non to Le	gai Expense runu	
O* - Other	e detailed explanat	ion in monthed	A	arks field (b)					
∟ * Codes requir	e getailed explanat	ion in requirea r	CIIIS	ai no liviu (K)					

Amendment

Yes

No

D	is	b	ur	se	m	en	ts

Amendment

No

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

	ull Name (and Fund	d if applicable)			2. ID Number				
Allison Gant for									
3. Type of Disbu	rsement (Plea		RO-1310 forms for each t	<u>ype of Disbursem</u>	ent.)				
Operating Ex	(penses	Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures				
4. Payee Inform	ation		Add	Remove					
a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee N	d. Comments					
(include city, state, &	_								
USPS									
105 S Williamso	on Ave		c. Level Registered (Specify)		1				
Elon, NC 27244			Federal	County:	1				
E1011, NC 27244			State	Municipality:	e. Election Sum to Date				
			State	· · · · · · · · · · · · · · · · · · ·					
					\$ 50				
		h. Purpose Code		i Amount	k, Required Remarks				
f. Account Code	g. Form of Payment	n. rurpose Coue	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks				
1	Debit Card	I	08/01/2018	\$50					
1	Debit Cara	•							
				\$					
		_		L					
4. Payee Inform	ation		Add	Remove					
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments				
	_								
(include city, state, o	& zip)								
			c. Level Registered (Specify)		1				
2601 Mission St			Federal	County:	-				
San Francisco, C	CA 94110				e. Election Sum to Date				
			State	Municipality:	e. Election Sum to Date				
					\$ 68.35				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1. Account cour	g. roi iii oi rujment			A11.5 0	Web Hosting				
1	Debit Card	Α	08/01/2018	\$14.50					
·····					Web Hosting				
1	Debit Card	A	09/01/2018	\$14.50	8				
			Add Remove						
4. Payee Inform			Add		d. Comments				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments				
(include city, state,	& zip)		_						
Wix.com					1				
2601 Mission St			c. Level Registered (Specify)	W/W W/					
San Francisco, (Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					f (9.25				
				•	\$ 68.35				
C A Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
f. Account Code	g. Form or rayment	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 100 (11111 111 3 3 3 3 3 7)		Web Hosting				
1	Debit Card	Α	10/01/2018	\$14.50	, to resimg				
·					Web Hosting				
1	Debit Card	A	08/06/2018	\$24.85	web Hosting				
1	Deon ouru	• •			110.25				
5. Total only thi	is Page				\$ 118.35				
6. Total of ALL	CRO-1310 Pages								
(This line goes in	line 13a of Detailed Sun	ımary Page CRO-110	0 if Operating Expenses)		\$ 8,127.29				
(This line goes in	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)								
(This line ones in	(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									
A* - Wedia D* - Hitting Dublic Office Expanses									
C* Denotion to Legal Expense Fund									
I - Postage O* - Other	G - I chames	11 0111		-	-				
* Codes requir	e detailed explanat	ion in required r	emarks field (k)						

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I)	İ	C	'n	11	rsements	
•		S.	L)	ч		

Pg <u>3</u>

of <u>5</u>

Amendment Yes

No

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

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number	
Allison Gant for								
3. Type of Disbu	irsement <u>(Plea</u>			-1310 forms for each	typ	<u>ve of Disbursen</u>	<u>ient.)</u>	
Operating Ex	xpenses	Contributions to Can		ates/Political Committees			oordinated Party Expenditures	
4. Payee Inform	ation			.dd		Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	Nan	me	d. Comments	
(include city, state,								
Markell Publish	ing Co			Y 17 1/0 1/0			_	
PO Box 668		c.	Level Registered (Specify)	<u>) </u>	Constant			
Burlington, NC	27215		<u> </u>	Federal		County: Municipality:	e. Election Sum to Date	
			ᆫ	State		Municipanty.	e. Election Sum to Bate	
							\$ 1,983.46	
f. Account Code	g. Form of Payment	h, Purpose Code	L	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
	Debit Card	В		08/13/2018		\$1,103.24	Yard Signs	
1	Debit Card			00/13/2010	-		Vond Signs	
1	Debit Card	В		09/10/2018		\$191.51	Yard Signs	
4. Payee Inform	ation		A	.dd \square				
	ng Address & Phone		b.	Coordinated Committee N	Nan	me	d. Comments	
(include city, state,	_							
Markell Publish								
PO Box 668	S		c.	Level Registered (Specify))			
Burlington, NC 27215				Federal		County:		
3				State		Municipality:	e. Election Sum to Date	
						\$ 1,983.46		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Required Remarks		
1	Debit Card	В		10/01/2018 \$688.71		\$688.71	Yard Signs	
					7	\$		
				11		·		
4. Payee Inform			Add Remove				d. Comments	
•	ng Address & Phone		D.	b. Coordinated Committee Name			u. Comments	
(include city, state,	& zip)							
Times-News			-	Land Desistand (Specify)			-	
PO Box 481	0.501.5		c,	Level Registered (Specify) Federal	,	County:	_	
Burlington, NC	27215		-	State		Municipality:	e. Election Sum to Date	
			느	_ State		with the party.		
							\$ 4,482	
f. Account Code	g. Form of Payment	h. Purpose Code	1	i. Date (mm/dd/yyyy)		j. Amount	k. Required Remarks	
1	Debit Card	A		08/15/2018		\$2,450	Digital Ads	
1	Debit Card	A		10/10/2018		\$1,557	Advertising	
5. Total only th	is Page	1		<u></u>			\$ 5,990.46	
	CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 8,127.29								
(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 Sun	ımary Page CRO-110	0 if	Coordinated Party Expendi	itur	es)		
	es (List detailed ex	penditure code in	(h.)) above)				
A* - Media	B* - Printing	C* - Fund	dra	ising			ner Candidate	
E - Salaries	F* - Equipment		cal Party H* - Holdin				g Public Office Expenses	
I - Postage								
O* - Other * Codes requir	e detailed explanat	ion in required re	em	arks field (k)				
Cours requir					_			

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1 1 1 6		MOONAAMEO	
1111		rsements	
	, w u		

Pg

of <u>5</u>

No

Amendment

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

1. Committee Full Name (and Fund if applicable) 2. ID Number						
Allison Gant for	School Board					
3. Type of Disbu		se use separate C	RO-1310 forms for each t			
Operating Ex			ndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform		П	Add	Remove		
	ng Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state,	-					
Alamance News			1			
Alamance News	-		c. Level Registered (Specify)			
Graham, NC 272	253		Federal	County:		
Granam, NC 27.	دري		State	Municipality:	e. Election Sum to Date	
			<u> </u>			
					\$ 519.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks	
					Advertising	
1	Debit Card	A	10/15/2018	\$519.60		
				•		
				\$		
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone	. <u> </u>	b. Coordinated Committee N	ame	d. Comments	
(include city, state,	0			-		
Mebane Enterpr					_	
106 N Fourth St			c. Level Registered (Specify)		_	
Mebane, NC 27			Federal	County:		
, 110 21.			State	Municipality:	e. Election Sum to Date	
					\$ 538.50	
				-		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		Δ	10/11/2018	\$538.50	Advertising	
1	Debit Card	A	10/11/2010	\$550,5 0		
				\$		
4. Payee Inform			Add	Remove	d Comments	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state,	_		1			
Lowes Home In					_	
125 Huffman M	-		c. Level Registered (Specify)		4	
Burlington, NC			Federal	County:		
J ,			State	Municipality:	e. Election Sum to Date	
					\$ 114.91	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$114.01	Supplies for	
1	Debit Card	K	09/19/2018	\$114.91	posting signs	
				\$		
				_] \$		
5. Total only th	is Page				\$ 1173.01	
6. Total of ALL	CRO-1310 Pages					
(This line goes in	line 13a of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses)		\$ 8,127.29	
(This line goes in	line 13b of Detailed Sun	,				
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-110	0 if Coordinated Party Expenditi	ures)		
	es (List detailed ex	penditure code in	(h.) above)	•		
A* - Media	B* - Printing	C* - Func	draising		ner Candidate	
E - Salaries	F* - Equipment	G - Politic	cal Party		g Public Office Expenses	
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund	
O* - Other	y , su =	ton !-	amordes field (14)			
* Codes requir	e detailed explanat	ion in required re	emarks Heid (K)			

T. 0	ursements
II CO	nreamante
171517	ursements

Pg <u>5</u>

of <u>5</u>

П

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable) 2. ID Number							
Allison Gant for							
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	vpe of Disbursen	<u>nent.)</u>		
Operating E	xpenses	Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, Times-News PO Box 481	-		c. Level Registered (Specify)				
Burlington, NC	27215		Federal	County:	7		
Burnington, NC	27213		State	Municipality:	e. Election Sum to Date		
				manopanty.	\$ 4,482		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1. Account Cour	g. r or at a yment	•			Advertising		
1	Debit Card	A	10/05/2018	\$475			
•				\$			
4. Payee Inform	lation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)		7		
			Federal County:		7		
				Municipality:	e. Election Sum to Date		
			State	Municipanty.	C. Etttion Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				Ф.			
				\$			
				\$			
4. Payee Inform	l		Add	Remove			
			b. Coordinated Committee Name		d. Comments		
	ng Address & Phone		b. Coordinated Committee 1 to				
(include city, state,	<u>& zip)</u>						
			Y 10 (4 - 46)		-		
			c. Level Registered (Specify)		-		
			Federal	County:	77 6		
			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		
				\$			
				\$			
		<u> </u>		Ι .	A 400		
5. Total only th		\$ 4,482					
6. Total of ALL	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sun	\$ 8,127.29					
(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* - Fund			draising D - To Anot				
E - Salaries F* - Equipment G - Politic					g Public Office Expenses on to Legal Expense Fund		
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other							
* Codes require detailed explanation in required remarks field (k)							