

Disclosure Report Cover

Amendment
 Yes No

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																																					
COMMITTEE TO ELECT BOB BYRD																																							
b. Mailing Address (include City, State and Zip Code)		d. Date Filed																																					
2826 CHARLOTTE LANE BURLINGTON, NC 27215		10/29/2018																																					
		e. Phone Number																																					
		(336) 584-7302																																					
		10-29-18 A09:07 IN																																					
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name																																				
2018	07/01/2018	10/20/2018	CAROLINE KING																																				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Municipal</th> <th style="width: 33%;">State/County</th> <th style="width: 34%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input checked="" type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable, check one)		10. Special Report Name																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																							
8. Number of Fundraisers this Report																																							
1																																							
3. Account Information		3. Account Information																																					
a. Financial Institution Full Name		a. Financial Institution Full Name																																					
CAPITAL BANK, NA																																							
b. Purpose	c. Account Code	b. Purpose	c. Account Code																																				
CHECKING	1																																						
	d. Period Begin Balance		d. Period Begin Balance																																				
	\$ 23,541.22		\$																																				
CERTIFICATION																																							
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board																																							
<u>Caroline King</u> Printed Name of Signer		<u>Caroline King</u> Signature of Appointed Treasurer																																					
		10/29/2018 Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	<u>10/29/18</u>	Employee:	<u>CT</u>																																				
Date Postmarked:	_____	Employee:	_____																																				
Date Scanned:	<u>10/30/18</u>	Employee:	<u>JG</u>																																				
Date Data Entered:	_____	Employee:	_____																																				
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training																																							
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.																																							
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																							

Detailed Summary

Amendment
 Yes 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	3. ID Number	
COMMITTEE TO ELECT BOB BYRD	2018 Third Quarter		
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 23,541.22	\$ 584.53
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,150.00	\$ 3,064.00
6) Contributions from Individuals (CRO-1210)		\$ 8,041.28	\$ 34,445.77
7) Contributions from Political Party Committees (CRO-1220)		\$ 2,000.00	\$ 2,000.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 532.45	\$ 532.45
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 1,500.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 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
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 11,723.73	\$ 41,542.22
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 26,267.42	\$ 31,104.94
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 213.54	\$ 258.84
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 104.49
17) In-Kind Contributions (CRO-1510)		\$ 2,373.73	\$ 4,248.22
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 28,854.69	\$ 35,716.49
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,410.26	\$ 6,410.26
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 512.32	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,500.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
COMMITTEE TO ELECT BOB BYRD					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		09/15/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		10/19/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/03/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		07/10/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/24/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/18/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Money Order		09/04/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/03/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/29/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/06/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/01/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/28/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/30/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/30/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/05/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/10/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/01/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/08/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/21/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		07/10/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/01/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/01/2018	\$ 50.00
4. Total only this Page					\$ 955.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,150.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BOB BYRD						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	Cash		09/05/2018	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Check		07/25/2018	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Check		09/24/2018	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Check		09/03/2018	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Check		09/03/2018	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$195.00
5. Total of ALL CRO-1205 Pages					\$	\$1,150.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NETTIE BALDWIN 817 GOLF HOUSE ROAD WEST WHITSETT, NC 27377 (336) 447-4273				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		09/28/2018		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WESLEY BALDWIN 817 GOLF HOUSE ROAD WEST WHITSETT, NC 27377 (336) 447-4273				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		09/28/2018		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
IAN BALTUTIS 702 W. DAVIS STREET BURLINGTON, NC 27215 (763) 218-0266				ENTREPRENEUR			
				c. Employer's Name/Specific Field			
				THE VIBRATION SOLUTION			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		08/12/2018		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DANIEL BESSE PO BOX 15306 WINSTON SALEM, NC 27113 (336) 760-4678				ATTORNEY			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		08/08/2018		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ALAN CROUCH PO BOX 939 BURLINGTON, NC 27216 (336) 228-0541				SALES			
				c. Employer's Name/Specific Field			
				HUB			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		08/05/2018		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MANDY EATON 712 TARELTON AVE BURLINGTON, NC 27215 (336) 260-5253				HEALTHCARE ADMINISTRATION			
				c. Employer's Name/Specific Field			
				CONE HEALTH			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		08/25/2018		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MARY ERWIN 549 MEADOWOOD DRIVE BURLINGTON, NC 27215 (336) 816-7606				COORDINATOR			
				c. Employer's Name/Specific Field			
				CHILD CARE SERVICES ASSOCIATION			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/23/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SEAN EWING 304 STRATFORD DRIVE MEBANE, NC 27302 (614) 378-8464				ENGINEER			
				c. Employer's Name/Specific Field			
				VOLVO GROUP TRUCKS			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/03/2018	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRIAN FEELEY 113 BELL TOWER COURT ELON, NC 27244 (703) 655-3101				DIRECTOR OF ALUMNI			
				c. Employer's Name/Specific Field			
				ELON UNIVERSITY			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Electric Funds Tran		08/03/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANTHONY FORIEST 2211 QUAIL DRIVE GRAHAM, NC 27253 (336) 227-3011				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NONE		\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		09/24/2018		\$ 300.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WILLIAM FRANKLIN 806 WARWICK CT BURLINGTON, NC 27215 (336) 263-2062				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		08/08/2018		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RUSSEL GUY PO BOX 2225 BURLINGTON, NC 27216 (336) 213-0190				GEOLOGIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				OMNI RESOURCES		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		07/31/2018		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925				ART DIRECTOR			
				c. Employer's Name/Specific Field			
				JOURNALISTIC, INC			
						e. Election Sum to Date	
						\$ 825.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	In-Kind	GRAPHIC DESIGN WORK	10/20/2018		\$ 825.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NANCY HEMRIC 1364 BILL COOPER ROAD CRUMPLER, NC 28617 (336) 260-8003				NONE			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		09/24/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JEFFREY HOLLAND 2112 WALKER AVE BURLINGTON, NC 27215 (336) 213-1411				AVP			
				c. Employer's Name/Specific Field			
				LABCORP			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		08/12/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,025.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANN HONEYCUTT 2967 MAPLE AVE BURLINGTON, NC 27215 (336) 260-9545				RETIREED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		07/26/2018	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
STEVE HUFFMAN 2932 MIDWAY CHURCH ROAD ELON, NC 27244 (336) 870-1138				EDUCATOR			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Electric Funds Tran		10/09/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CAROLINE KING 540 MEADOWOOD DRIVE BURLINGTON, NC 27215 (336) 260-0985				CPA			
				c. Employer's Name/Specific Field			
				GILLIAM COBLE & MOSER LLP			
						e. Election Sum to Date	
						\$ 2,165.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	In-Kind	BOOKKEEPING AND CAMPAIGN FINANCE	10/19/2018	\$ 1,070.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,370.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN MCDONALD 900 EAST LAKE DRIVE BURLINGTON, NC 27215 (336) 262-6574				SELF EMPLOYED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CATAWBA BALER & EQUIPMENT		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		10/16/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
G. STEVEN MCRAE 433 WARD STREET GRAHAM, NC 27253 (336) 227-4151				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF EMPLOYED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		08/21/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BEULAH O'DONNELL MITCHELL 30 BENT TREE COURT GIBSONVILLE, NC 27249 (336) 437-4933				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NONE		\$ 496.28	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input checked="" type="checkbox"/>	1	Check		06/01/2018		\$ 50.00	
<input type="checkbox"/>	1	In-Kind	CATERER, POSTAGE, INVITATIONS FOR	09/03/2018		\$ 446.28	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 646.28	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
GREGORY MURRAY 2194 HOSKINS ROAD BURLINGTON, NC 27215 (336) 264-2308				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		09/14/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LAURA MURRAY 3362 WILLIAM NEWLIN DRIVE GRAHAM, NC 27253 (336) 266-7045				PHYSICIAN			
				c. Employer's Name/Specific Field			
				CONE HEALTH			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		07/02/2018	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
AMY NAKHLE 106 OAKVIEW DRIVE ELON, NC 27244 (336) 263-5506				SELF EMPLOYED			
				c. Employer's Name/Specific Field			
				SELF EMPLOYED			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Electric Funds Tran		09/04/2018	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KRISTEN PAGE 617 WEST DAVIS STREET BULRINGTON, NC 27215 (919) 321-7674				PEDITRICIAN			
				c. Employer's Name/Specific Field			
				BURLINGTON PEDIATRICS			
						e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Electric Funds Tran		10/04/2018	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
FAIRFAX REYNOLDS 3008 FORRESTDALE DRIVE BURLINGTON, NC 27215 (336) 584-4133				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		08/03/2018	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DALE STEARNS 711 N GURNEY STREET BURLINGTON, NC 27215 (336) 213-3062				SALES			
				c. Employer's Name/Specific Field			
				STEARNS FORD			
						e. Election Sum to Date	
						\$ 550.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	Check		10/02/2018	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 950.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LEONORAH STOUT 2020 SULLIVAN PARK CIRCLE BURLINGTON, NC 27215 (336) 227-0362				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		10/02/2018		\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
J. JEFFREY TUDOR 1312 BRANSON DRIVE GRAHAM, NC 27253 (336) 227-8885				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Check		09/29/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LARRY VELLANI 104 EAST JACKSON STREET MEBANE, NC 27302 (919) 304-3670				CHIEF EXECUTIVE			
				c. Employer's Name/Specific Field			
				SSFC, INC			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	Electric Funds Tran		08/01/2018		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,041.28	

Contributions from Individuals

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BOB BYRD					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments
DOROTHY YARBOROUGH 331 WOODHAVEN DRIVE BURLINGTON, NC 27215 (336) 350-3206			RETIRE		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			NONE		
					\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		07/17/2018	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,041.28

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BOB BYRD					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC PARTY OF ALAMANCE COUNTY PO BOX 1607 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		08/13/2018	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE CO PO BOX 1815 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 1,300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		08/09/2018	\$ 1,000.00	
1	Check		10/10/2018	\$ 300.00	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
SENIOR DEMOCRATS OF ALAMANCE COUNTY PO BOX 1815 BURLINGTON, NC 27216 (336) 226-5005					
				c. Election Sum to Date	
				\$ 300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		09/12/2018	\$ 300.00	
				\$	
				\$	
4. Total only this Page				\$ 2,000.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 2,000.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT BOB BYRD					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NCAE-PAC 700 S SALSBURY STREET RALEIGH, NC 27601 (800) 662-7924			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/19/2018	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
SOUTHERN STATES POLICY BENEVOLENT ASSOCIATION PAC 2155 HIGHWAY 42 S MCDONOUGH, GA 30252 (770) 389-5391			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 32.45
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	In-Kind	FACEBOOK & PRESS RELEASE	10/10/2018	\$ 32.45	
				\$	
				\$	
4. Total only this Page				\$ 532.45	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 532.45	

Disbursements

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) COMMITTEE TO ELECT BOB BYRD	2. ID Number
---	---------------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 (888) 275-2174	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 536.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	09/04/2018	\$ 3.06	FACEBOOK AD
1	Debit Card	A	09/25/2018	\$ 100.00	FACEBOOK ADS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 (888) 275-2174	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 536.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10/01/2018	\$ 79.28	FACEBOOK ADS
1	Debit Card	A	10/09/2018	\$ 100.00	FACEBOOK AD

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 (888) 275-2174	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 536.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	A	10/16/2018	\$ 100.00	FACEBOOK ADS
1	Debit Card	A	10/18/2018	\$ 100.00	FACEBOOK ADS

5. Total only this Page \$ 482.34

6. Total of ALL CRO-1310 Pages \$ 26,267.42
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund

O* Other

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

Disbursements

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) COMMITTEE TO ELECT BOB BYRD	2. ID Number
---	---------------------

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> FAIRWAY OUTDOOR ADVERTISING 105-A EAST JJ DRIVE GREENSBORO, NC 27406 (336) 292-4242	b. Coordinated Committee Name	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 3,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	08/16/2018	\$ 3,500.00	BILLBOARD AD
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> GRAHAM CINEMA LLC 119 N MAIN STREET GRAHAM, NC 27253 (336) 226-1488	b. Coordinated Committee Name	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 151.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	08/06/2018	\$ 151.00	ADS AUG - NOV 6
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MARKELL PRINTING AND PROMOTION PRODUCTS CO INC PO BOX 668 BURLINGTON, NC 27216 (336) 226-7148	b. Coordinated Committee Name	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 3,532.92

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	AB	07/10/2018	\$ 514.60	DOOR HANGERS
1	Debit Card	AB	09/27/2018	\$ 517.11	DOOR HANGERS & PALM CARDS

5. Total only this Page	\$ 4,682.71
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 26,267.42
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7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Disbursements

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	
COMMITTEE TO ELECT BOB BYRD							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MEBANE ENTERPRISE 106 N 4TH STREET MEBANE, NC 27302 (919) 563-3555							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 2,621.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	09/10/2018	\$ 390.00	DIGITAL ADVERTISING		
1	Debit Card	AB	09/19/2018	\$ 2,231.68	NEWSPAPER ADS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 1825 S CHURCH STREET BURLINGTON, NC 27215 (336) 226-6122							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 362.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	AB	10/04/2018	\$ 45.37	FLIERS		
1	Debit Card	AB	10/08/2018	\$ 18.68	FLIERS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
THE ALAMANCE NEWS 114 W ELM STREET GRAHAM, NC 27253 (336) 228-7851							
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 1,396.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	AB	09/19/2018	\$ 1,396.00	NEWSPAPER AD		
				\$			
5. Total only this Page						\$ 4,081.73	
6. Total of ALL CRO-1310 Pages						\$ 26,267.42	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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	
COMMITTEE TO ELECT BOB BYRD							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
US POSTAL SERVICE 405 MAPLE AVE BURLINGTON, NC 27215 (800) 275-8777							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 342.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	I	09/26/2018	\$ 3.00			
1	Debit Card	I	10/20/2018	\$ 39.00			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WYNC 545 FIRETOWER ROAD YANCEYVILLE, NC 27379 (336) 694-7343							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 972.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	10/19/2018	\$ 972.00	RADIO ADS		
				\$			
5. Total only this Page						\$ 1,014.00	
6. Total of ALL CRO-1310 Pages						\$ 26,267.42	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Aggregated Non-Media Expenditures

Amendment
 Yes No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT BOB BYRD						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	CO	08/03/2018	\$ 1.50	ACH TRANSFER FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	CO	09/06/2018	\$ 15.38	ACH TRANSFER FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	CO	10/05/2018	\$ 4.13	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/08/2018	\$ 33.98	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check	O	09/27/2018	\$ 50.00	EXHIBIT SPACE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/07/2018	\$ 25.59	CLIPBOARDS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	BC	09/26/2018	\$ 21.69	FUNDRAISING LETTERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	08/08/2018	\$ 1.25	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	08/09/2018	\$ 3.03	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	09/11/2018	\$ 31.67	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	C	10/10/2018	\$ 9.72	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/07/2018	\$ 15.60	PENS / CLIPBOARDS
4. Total only this Page					\$	213.54
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	213.54
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	825.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GRAPHIC DESIGN WORK		10/20/2018	\$ 825.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
CAROLINE KING 540 MEADOWOOD DRIVE BURLINGTON, NC 27215 (336) 260-0985		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	2,165.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BOOKKEEPING AND CAMPAIGN FINANCE		10/19/2018	\$ 1,070.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
BEULAH O'DONNELL MITCHELL 30 BENT TREE COURT GIBSONVILLE, NC 27249 (336) 437-4933		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		d. Election Sum to Date	
		\$	496.28
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CATERER, POSTAGE, INVITATIONS FOR FUNRAISING EVENT		09/03/2018	\$ 446.28
			\$
			\$
4. Total only this Page			\$ 2,341.28
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 2,373.73

Non-Monetary Gifts Given to Other Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Payee Information		<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments	
COMMITTEE TO ELECT KRISTEN POWERS PO BOX 372 SAXAPAHAW, NC 27340 (336) 525-1446	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
	<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
	c. Level Registered (Specify)		
	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		
	<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
Alamance			
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input checked="" type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description	g. Date (mm/dd/yyyy)	h. Fair Market Amount	
JOINT FACEBOOK AD	10/18/2018	\$ 26.32	
JOINT RADIO AD WYNC	10/19/2018	\$ 486.00	
4. Total only this Page		\$ 512.32	
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page CRO-1100)		\$ 512.32	

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302		COUNTY COMMISSIONER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		ALAMANCE COUNTY	01/21/2014
	f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	NONE	\$ 1,000.00	\$ 1,000.00
k. Full Name of Lending Institution		l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302		COUNTY COMMISSIONER	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		ALAMANCE COUNTY	03/28/2018
	f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%	NONE	\$ 1,500.00	\$ 1,500.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,500.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 2,500.00	