Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

Do not use this it	PERSONAL PROPERTY AND ADDRESS OF THE PERSON.						
1. Committee Info	ormation						c. ID Number
a. Full Name							traditions.
COMMITTEE TO	ELECT BOB E	BYRD					
	21 1 1 251	C4-4 3 72	Cadal	- Comment	-	The Contraction of the Contracti	d. Date Filed
b. Mailing Addres	•••••	, state and Lip	(Code)		EC	EIVED	
2826 CHARLOTT						The state of the s	01/08/2019
BURLINGTON, N	IC 27215				JAN	V 1 0 2019	e. Phone Number
				By		1G	
e 73 4 37 d	David J Charact	Data (man/dd/s		4 Period	End Da	te (mm/dd/yy) 5. Tr	reasurer Full Name
2. Report Year 3			33	75 2 02104		CAR	OLINE KING
2018	10	0/21/2018			12/31/2	2018	S STORY TO A
C.T C.C.	ittee (Cheel: O	(ard	Q Tyn	e of Repor	t /c.	heck only one type	of report from one category
6. Type of Comm Candidate Camp	paign Part		Munic		λ	State/County	Referendum
Joint Fundraise		-		Organizatio	unal	Organizational	Organizational
		al Expense Fund		Thirty-five		Quarterly	Pre-referendum
Referendum			H	Pre-primar		☐ First	☐ Final
7. Type of Fund		e, check one)	H	Pre-electio		Second	Supplemental Final
🔲 "Booster Fund"			H	Pre-runoff		Third	☐ Annual
☐ Building Fund		e	-	Semi-annu		Fourth	☐ Special
Presidential Ele				Mid Y		Semi-annual	
■ NC Public Cam	paign Financing	Fund		Year E		Mid Year	10. Special Report
	*		님		.110	Year End	Zor optomic and a
Other:				Final		Final	
8. Number of Fu	ndraisers this	Report		Special		=	
	0					□ Special	
	41				3. Ac	count Information	
3. Account Infor						ancial Institution Fu	ıll Name
a. Financial Insti		.			-		
CAPITAL BANK	., NA						
1 D		c. Account Co	de		b. Pur	pose	c. Account Code
b. Purpose		E, III COURT					
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		d. Period Degi	LII IFAIA		-		de .
		\$		6,410.26			\$
CERTIFICATIO	N .	E 4: :-		an mith all	annlin	able provisions of A	uticle 22A, 22B & 22D-22M
I certify that the	he Committee	or rund is in co	ompuar	o funda ar	applica	ingled with probibit	ted or other non-disclosed
Chapter 163 or	t the NC Gener	rai Statutes and	u that fi	o imids at	o compet	and that I have been	n trained by the NC State B
funds. I furth	er certify that t	this report is c	omplete	, true and	correct	and marriage Dec.	n trained by the NC State B
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Carolin	ehin	3		LLU	mature o	f Appointed Treasurer	Date
	rinted Name of S	ngner		315	marine 0	sppomies areassier	
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Please Not	te: This form	cannot be used	i to am	end commi	ttee inf	onnanon such as the	e committee address, treasu
	assista	ent treasurer, ci	ustodia	n of books	infom	ation, or account in 2100A-E) to make co	romauon.

Amendment Detailed Summary No No ☐ Yes Use this form to summarize all disclosure reporting forms and to total monetary information 3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report COMMITTEE TO ELECT BOB BYRD 2018 Fourth Quarter Total this Total this Reporting Period Election Cycle 6,410.26 584.53 4) Cash on Hand at Start RECEIPTS (CRO-1205) S 267.00 \$ 3,331.00 5) Aggregated Contributions from Individuals 1,225.00 \\$ 35,670.77 (CRO-1210) S 6) Contributions from Individuals 2,000.00 (CRO-1220) 0.00 7) Contributions from Political Party Committees 8) Contributions from Other Political Committees (CRO-1230) 5 509.68 \$ 1,042.13 0.00 | \$ 1,500.00 (CRO-1410) 9) Loan Proceeds 5 100.00 (CRO-1240) 100.00 0) Refunds/Reimbursements to the Committee 11) Other Receipt Sources (CRO-1250) 0.00 S 0.00 11a) Interest on Bank Accounts 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) | S 0.00 | \$ 0.00 (CRO-1265) S 11e) Exempt Purchase Price Sales 43,643.90 2,101.68 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 3) Disbursements (CRO-1310) S 4,019.10 35,124.04 13a) Operating Expenditures $0.00 \mid S$ (CRO-1310) 13b) Contributions to Candidates/Political Committees 0.00 (CRO-1310) 13c) Coordinated Party Expenditures 0.00 0.00 (CRO-1315) S \$ 14) Aggregated Non-Media Expenditures 288.28 29.44 \$ (CRO-1420) 0.00 15) Loan Repayments 0.00 0.00 | \$ (CRO-1320) 104.49 16) Refunds/Reimbursements from the Committee 1,014.68 | \$ (CRO-1510) S 17) In-Kind Contributions 5,262.90 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 40,779.71 5,063.22 nd at End (2 dd lines 4 and 12 together then subtract line 18)

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Aggregated	Contributions	from	Individuals	Page	1
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Amendment

of 1 Yes X No

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

Optional form used to report NC Contributions From Individuals of \$50 or less								
1. Committ	ee Full Name (and	Fund if applicable)			2. ID P	Vumber -		
COMMITTE	EE TO ELECT BOB	BYRD						
Dept. Sec. 1								
	tor Information	T = an	T:	T 5 (1)		To a		
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	(yyyy)	f. Amount		
☐ Add ☐ Remove	1	Cash		10/25/201	8	S	7.00	
Add Remove	1	Cash		10/25/201	8	s	5.00	
☐ Add ☐ Remove	1	Cash	***************************************	10/25/201	8	S	5.00	
Add Remove	1	Cash		10/25/201	8	S	6.00	
Add	I	Cash		10/25/201	8	5	5.00	
Add	I	Cash		10/25/201	8	S	5.00	
Aćá Remove	1	Cash		10/25/2013	3	S	5.00	
Add Remove	1	Check		10/25/2018	3	S	50.00	
Add Remove	1	Check		10/25/2018	3	S	50.00	
Add Remove	1	Check		10/25/2018	3	S	50.00	
Add Remove	1	Electronic Funds Tra		10/26/2018	3	S	49.00	
Add Remove	1	Electronic Funds Tra		11/01/2018	3	S	25.00	
Add Remove	1	Cash	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/25/2018	3	\$	5.00	
4. Total only this Page							\$267.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)							\$267.00	
CPO 1205 NC State Board of Flactions							April 2007	

CRO-1205 NC State Board of Elections April 2007

Use thi	s form to report in		.s over \$50 or c		$\log \frac{1}{2}$ of $\frac{2}{2}$ under \$50 if form CRO	_ 1205	Amendme Yes is not use	X No
		(and Fund if applicab	le)			2. I	D Number	
СОММ	IITTEE TO ELECT	BOB BYRD						
3. Cont	ributor Informati	on		Add □ R	emove			
a. Full Name, Mailing Address & Phone b. Jo					Profession	d. C	Comments	
(inclu	ude city, state, & z	ip)		SALES				
_	L GLIDEWELL			1711	W	-		
PO BOX			}	s Name/Specific Field				
ELON, NC 27244 (336) 269-7343				GLIDEWEL	L PROPERTIES	e. Election Sum to Date		
(330) 40) 5- 75 - 45							
					-	S		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Dea	eription	j. Date (mm/dd/yyyy)		k. Amoun	t
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	Vame, Mailing Add			b. Job Title/P	rofession	d. C	omments	
	ide city, state, & z	ip)		.CPA				
	INE KING	7.F.		c Fmnlover's	Name/Specific Field			
	ADOWOOD DRIV			ļ				
BURLINGTON, NC 27215			GILLIAM COBLE & MOSER			lection Su	m to Date	
						S		3,095.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	t .
	1	In Kind	BOOKEEPING CAMPAIGN FII		12/31/2018		S	930.00
-						\dashv		

a. Full l	Vame, Mailing Add	dress & Phone		b. Job Title	/Profession	d. Comments		
(inch	ıde city, state, & z	ip)		RETIRED				
DORO	THY YARBOROU	GH			\$ %T 10° 10° TH 11			
331 WC	OODHAVEN DRIV	Έ		c. Employer	r's Name/Specific Field			
BURLI	NGTON, NC 2721	5		NONE				
(336) 350-3206				1		e. Election	Sum to Date	
						S	120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k Am	ount	
	1	Cash			10/25/2018	s	20.00	
	1	Check			07/17/2018	S	100.00	

☐ Add ☐ Remove

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1,050.00

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3. Contributor Information

4. Total only this Page

C	ontrib	utions	from	Indi	vidno	le
ابية		BRIGHTS	E	111111	VILLIE	

5. Total of ALL CRO-1210 Pages

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

Amendment X No 2 of ☐ Yes

1,225.00

5

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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ART DIRECTOR **ROSIE HALLER** c. Employer's Name/Specific Field 4306 FLINTLOCK LANE DURHAM, NC 27704 JOURNALISTIC, INC e. Election Sum to Date (919) 308-3925 900.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) In Kind GRAPHIC DESIGN WORK 11/01/2018 S 75.00 5 S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LARRY SHARPE c. Employer's Name/Specific Field 717 COLONIAL DRIVE BURLINGTON, NC 27215 RETIRED e. Election Sum to Date (336) 584-2697 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 10/22/2018 \$ 100.00 5 \$ 4. Total only this Page 175.00 \$

	Contributions from Other Political Committees Pg of se this form to report contributions from other candidate, referendum or PAC committees									
	ill Name (and Fund i O ELECT BOB BYRD		Control of the Contro	3.5	2. I	D Numbei				
3. Contributor b	nformation	Ē	l Add □ I	Remove						
a. Full Name, Ma (include city, s	iling Address & Phot tate, & zip)	b. Type of Comm	ittee PAC	d. C	omments					
SOUTHERN STA ASSOCIATION I 2155 HIGHWAY MCDONOUGH,	42 S	VLOENT	Referendum c. Level Register Sederal State	ed (Specify) County: Municipality:	e. Election Sum to Date					
(770) 389-5391					\$		542.13			
f. Account Code	g. Form of Payment	h. In-Kind Descri	ption	i. Date (mm/dd/y	yyy)	j. Amour	ıt			
1	In Kind	FACEBOOK & PRI	ESS RELEASE	11/02/2018		S	9.68			
1	Check			10/21/2018		S	500.00			
						S				
4. Total only this	Page				S		\$509.68			
800 mm - 600	CRO-1230 Pages on line 8 of Demiled	Summary Page CRO	1100)		\$		\$509.68			
CRO-1230		NC Stat	e Board of Elections				April 2007			

CRO-1230

Refunds/Re	eimbu	ırsements	To the Com	nittee _{Pi}	g _	1 of _	1	Amendm Yes	ent No	
Use this form to r	eport re	funds received	l by the committee o	r reimburs ements	for a	previous e	xpendi	ture.		
1. Committee Fu	l Name	(and Fund if a	oplicable)				2. ID	Number		
COMMITTEE TO	ELECT	BOB BYRD								
3. Contributor In	formati	m		Add 🔲 R	emov	re		_		
a. Full Name, Mai	ling Add	ress & Phone		d. Type of Comm	ittee	3	g. Co	nments		
(include city, st	Candidate		PAC							
FACEBOOK	Referendum		Party							
1 HACKER WAY				e. Level Register	red (S	Specify)	h. Oı	h. Original Expenditure Date		
MENLO PARK, C	A 94025	5		☐ Federal		County:	11/06/2018		6/2018	
(888) 275-2174				☐ State	State 🔲 Municipality:			11/0	0/2016	
,							i. Or	iginal Exp	enditure Amt	
							\$		100.00	
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose			j. Ele	j. Election Sum to Date		
				REFUND			2		1,272.47	
k. Account Code	1. Form	of Payment	m. In-Kind Descrip	tion	n. 1	Date (mm/de	/yyyy)	o. Amour	it	
1		Debit Card				11/09/201	8	s	100.00	
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5. Total of AL (This line must be			es ımmary Page CRO-116	10)			s		100.00	

December 2007 NC State Board of Elections CRO-1240

Dishupsoments					
Disbursements	Pe	1	of	3	

☐ Yes X 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 O ELECT BOB BYRI	•••••••••••••••••••••••••••••••••••••••		etha e				2. ID No	mber
3. Type of Disb		use separate CR(<u> </u>	forms for eac	lı type	of Disbu	ırsem	ent.)	
X Operating Ex	penses 🔲 Cont	ributions to Candida	tes:Polit	ical Committee		☐ Co	ordina	ted Party E	xpenditures
4. Payee Inform	ation			Add 🔲	Remo	ove			
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d Con	ımittee N	ame	d. Comn	ients
(include city, sta	ıte, & zip)								
FACEBOOK								_	
1 HACKER WA	Y			c. Level Regi					
MENLO PARK,	CA 94025			☐ Federal	L	County		703 (1	C
(888) 275-2174				☐ State	L	Mumen	pality:	e. Liectio	on Sum to Date
								S	1,272.47
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(include city, sta	~								
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MENLO PARK, CA 94025				☐ Federal	Ľ	County	······································		
(888) 275-2174				State	<u>_</u>] Municip	zality:	e. Electic	n Sum to Date
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	ailing Address & Ph	one		b. Coordinate			anie	d. Comm	ents
(include city, sta	_	J11C							,
THE TIMES-NEV			***************************************						
707 S MAIN STR				c. Level Regis	tered (Specify)			
BURLINGTON, 1				☐ Federal		County:			
(336) 227-0131				☐ State		Municip	ality:	e. Electio	n Sum to Date
								\$	11,722.60
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	n line 130 of Detailed S n line 13c of Detailed S						omini)		
	des (List detailed				-				
A* - Media	B* - Printin			undraising		D - To	Anotl	ner Candi	date
E - Salaries	F* - Equipme	_		itical Party		H* - He	olding	Public C	office Expenses
I - Postage	J - Penaltie	5	K* - O	ffice Expenses	3	Q* - D	onatio	n to Lega	l Expense Fund
O* Other	5.0055405.00000.00000000000000000000000	204 Messing (2000) National Conference (2010) Na	ಪ್ರಪ್ರಕ್ಷವರು ಅರತ	: _/ <u>//////</u> /////////////////////////////	escensorii -	e sough Nobel State - 1947	rev.	5665555566555	
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Amendment

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				Amendme	nt	
Pg _	2	of	3	☐ Yes	X	No

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

	ill Name (and Fund DELECT BOB BYRI							2. ID Nu	mber
3. Type of Disbu		use separate CR(**************				******************	anaaraa ay kaaraa ay a
X Operating Exp		ributions to Candida				LI Co	ordinal	ed Party E	xpenditures
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a. Full Name, Ma	iiling Address & Ph	one		b. Coordinate	d Com	mittee N	anie	d. Comm	ents
(include city, sta	te, & zip)		***************************************						
FACEBOOK]	
1 HACKER WAY	7			c. Level Regis					
MENLO PARK, O	CA 94025			☐ Federal		County			
(888) 275-2174				☐ State		Municip	pality:	e. Electio	n Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
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-7/3/4/4	iling Address & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Comm	ents
(include city, stat					***************************************				
THE TIMES-NEV				ĺ				ĺ	
707 S MAIN STR				c. Level Regis	tered (Specify)		1	
BURLINGTON, N				☐ Federal		County	:		
(336) 227-0131	10 27213			☐ State] Municip	ality:	e. Electio	n Sum to Date
(330) 227 3131								s	11,722.60
f Assesset Codo	g. Form of Payment	h Purnova Coda	i Date	(mmidd/same)	i Am		lc. Re	quired Re	
i. Account Cour			T		\$	1,045.00	†·····	L PAGE A	
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					S				
4. Payee Informa				Add 🗆	Remo			·	
a. Full Name, Ma	iling Address & Ph	one		b. Coordinates	d Com	mittee N	ame	d. Comm	ents
(include city, stat	ie, & zip)								
US POSTAL SER	VICE							ļ	
405 MAPLE AVE	,			c. Level Regist	tered (
BURLINGTON, N	NC 27215			☐ Federal	느	County:			
(800) 275-8777				☐ State	L	Municip	anty:	e. Llectio	n Sum to Date
								S	400.50
f Assount Cada	g. Form of Payment	h. Purpose Code	i Dota	(mmidd/warre)	i Am	nunt	k. Re	quired Re	marks
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5. Total only this	Page		100					5	1,221.86
6. Total of ALL (CRO-1310 Pages								
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	line 13b of Detailed S					Political C	omm)	,	4,017.10
(This line goes in	tine 13c of Detailed S	ummary Page CRO-	1100 if	Coordinawd Par	ty Expa	enditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) a	ibove)					
A* - Media	B* - Printin	g	C* - F1	undraising		D - To	Anot	her Candi	date
E - Salaries	F* - Equipm	ent	G - Pol	itical Party		H* - H6	olding	Public C	office Expenses
I - Postage	J - Penaltie		K* - O	ffice Expenses	;	Q* - D	onatic	n to Lega	l Expense Fund
O* Other * Codes require	detailed explanatio	n in required rem	arks fi	eld (k)	4.				

n	ic	hm	re	em	ents	
	13	1711	13		1.111.5	

				Amendme	ent
$\mathbf{p}_{\mathbf{g}}$	3	of	3	☐ Yes	X 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 Fun O ELECT BOB BY					***************************************	2. ID No	mber
3. Type of Disbu	irsement <i>(Pleas</i>	e use separate CR(0-1310 forms for ea	ch type				
Operating Exp		ntributions to Candida	tes/Political Committe	25	_□ ೲ	ordinat	ed Party E	xpenditures
4. Payee Inform			☐ Add ☐	Rem	ove			
· ·	ailing Address & I	hone	b. Coordina	ed Cor	amittee N	ame	d. Comn	ients
(include city, sta								
AMAZON WEB			c. Level Reg		/C==-2E.N			
410 TERY AVE			Federal	istered 	County		:	
SEATLE, WA 98	3109		State	Ī	_		e. Electio	on Sum to Date
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f. Account Code	g. Form of Paymer	h. Purpose Code	i. Date (mm/dd/yyy)) j. An	10unt	k. Re	quired R	·····
1	Debit Card	Α	11/03/2018	S	17.82	1	HOSTIN	***************************************
				s		<u> </u>		
1	Debit Card	A	12/03/2018			MER	HOSTIN	<u> </u>
4. Payee Inform:		A	□ Add □ b. Coordinat	Remo	7		d. Comm	4-
-	illing Address & F	none	b. Coordinat	ea Con	imittee N	ame	a. Comm	ents
(include city, sta FACEBOOK	te, w zip)	•••••						
I HACKER WAY	7		c. Level Regi	stered	(Specify)			
MENLO PARK, (☐ Federal	Ľ	County:			
(888) 275-2174			☐ State] Municip	ality:	e. Electic	n Sum to Date
							S	1,272.47
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Am	ount	k Re	quired Re	marks
ı	Debit Card	A	11/05/2018	S	100.00	FACI	EBOOK A	DS
1	Debit Card	А	11/06/2018	S	100.00	FACE	BOOK A	DS
4. Payee Informa	ıtion			Remo	ove			
•	iling Address & P	hone	b. Coordinat	ed Com	mittee Na	ıme	d. Comm	ents
(include city, stat	te, & zip)							
FACEBOOK								
1 HACKER WAY			c. Level Regi	**************				
MENLO PARK, C	CA 94025		☐ Federal ☐ State		County: Municip		a Flantia	n Sum to Date
(888) 275-2174			State		1 winterip	anty.	***************************************	n oun to Date
							5	1,272.47
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Am	ount	k. Re	quired Re	marks
1	Debit Card	A	10/22/2018	5	100.00	FACE	BOOK A	DS
1	Debit Card	A	11/30/2018	S	17.77	FACE	BOOK A	DS
5. Total only this	Page						S	352.24
	CRO-1310 Pages							
	314 () 6 to 120 to 120 E-76 to	Summary Page CRO-	1100 if Operating Exp.	en ese)				
			1100 if Contrib to Can		Political Co	этт)	\$	4,019.10
(This line goes in	line 13c of Detailed	Summary Page CRO-	1100 if Coordinawd Pa	rty Exp	enditures)			
		d expenditure code		150				
A* - Media	B* - Printi	-	C* - Fundraising				er Candi	
E - Salaries	F* - Equip		G - Political Party	_				office Expenses
I - Postage O* Other	J - Penalti	es	K* - Office Expense	'3	Q" - D0	matio	n to Lega	l Expense Fund
and a second and a second of the second of t	detailed explanati	on in required rem	arks field (k)					

Aggregated	Non-Media	Expenditures
Aggicgaicu	TAOU-MICORA	Labenanance

					Am	endm	ent	
Page_	1	of_	1	1		Yes	X	No

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

<u> </u>	0.0011012 10	im asca to rept	TE INC. INDIF-MICHA	Briptman es o	2 φ30 OI 1035.			
1.	Committe	e Full Name (and	Fund if applicable)			2. ID Num	ber	
C_{0}	γ_{MMITTE}	EE TO ELECT BO	D BADD					
	JIVIIVII I IL	E IO ELECT BOI	מאומכ					
3.	Payee Inf	ormation	-					
3	Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	7	g. Required Remarks
	Add	1	Draft	С	11/00/2010	_	15.60	DONATION
	Remove				11/09/2018	\$	15.60	PROCESSING FEE
	Add	1	Draft	СО	11/01/0010	1.		ACH TRANSFER FEE
	Remove	•	2		11/01/2018	\$	7.49	
	Add		Draft	С	12/11/2010		1.25	DONATION
	Remove	•			12/11/2018	\$	1.35	PROCESSING FEE
	Aóó	1	Draft	K	12/21/2019		5.00	BANK FEE
	Remove	-			12/31/2018	S	5.00	
4.		uly this Page				\$		29.44
5	Total	f ALL CRO-1	RIS Pages			_		
			Detailed Summary Pa	na CRO-11001	14.6° 0.32	\$		29.44
			letailed expenditu		Larra San All			
υ.	T HITPUS	THE PROPERTY OF THE PROPERTY O				To Anothe	- (~	didata
	- ~ •		- Printing	C* - Fundr	-	0.00.00.00.00.00.00.00.00.00.00.00.00.0	NYSYND-600-001-203-253	CONTRACTOR AND
200000000000000000000000000000000000000	E - Salan		- Equipment			***************************************		ic Office Expenses
	I - Posta	ge J-	Penalties	K* - Office	Expenses Q*	- Donation	is to	Legal Expense Fund
- (O* - Otl	ner 💮 💮						
	* Codes	require detai	led explanation i	n required ren	narks field (g)			

CRO-1315 NC State Board of Elections December 2009

Amendment In-Kind Contributions 1 of No No ☐ Yes 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 ☐ Add ☐ Remove b. Type of Contributor a. Full Name, Mailing Address & Phone c. Comments X Individual (include city, state, & zip) Candidate **ROSIE HALLER** ☐ Party 4306 FLINTLOCK LANE ☐ PAC DURHAM, NC 27704 Referendum d. Election Sum to Date (919) 308-3925 ☐ Other Receipt Source 900.00 g. Fair Market Amount e. Description f. Date (mm/dd/yyyy) GRAPHIC DESIGN WORK 11/01/2018 S 75.00 \$ 5 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments X Individual (include city, state, & zip) ☐ Candidate CAROLINE KING ☐ Partv 540 MEADOWOOD DRIVE ☐ PAC BURLINGTON, NC 27215 Referendum d. Election Sum to Date Other Receipt Source 3.095.00 g. Fair Market Amount f. Date (mm/dd/yyyy) e. Description BOOKEEPING AND CAMPAIGN FINANCE REPORTING \$ 930.00 12/31/2018 S Ś ☐ Add ☐ Remove 3. Contributor Information b. Type of Contributor c. Comments a. Full Name, Mailing Address & Phone Individual (include city, state, & zip) X Candidate SOUTHERN STATES POLICY BENEVLOENT ☐ Party ASSOCIATION PAC ☐ PAC 2155 HIGHWAY 42 S ☐ Referendum d. Election Sum to Date MCDONOUGH, GA 30252 Other Receipt Source (770) 389-5391 S 542.13 f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description FACEBOOK & PRESS RELEASE S 11/02/2018 9.68 S

4. Total only this Page

5. Total of ALL CRO-1510 Pages

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

S

1,014.68

1.014.68

5

S

Non-Monetary Gifts Given to Ot	ther Committees	Pg1 of2	2	No
Use this form to report any in-kind, non-monetary		en to another committe		
1. Committee Full Name (and Fund if applicable)		2	. D Number	
COMMITTEE TO ELECT BOB BYRD				
3. Payee Information	□ Add □	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee d	. Comments	
(include city, state, & zip)	X Candidate	□ PAC		
COMMITTEE TO ELECT KRISTEN POWERS	Referendum Referendum	Party		
PO BOX 372	c. Level Registered			
SAXAPAHAW, NC 27340	☐ Federal	County:		
(336) 525-1446	☐ State	☐ Municipality:		
•	Alamance			
e. Type of Gift				
Coordinated Party Expenditure	☐ Contribution to	Candidate/Political Co		
f. Description		g. Date (mm/dd/yy)	yy) h. Fair	Market Amount
FACEBOOK ADS		10/25/2018	s	29.58
FACEBOOK ADS		10/21/2018	s	28.04
3. Payee Information	☐ Add ☐	Remove		
a. Full Name, Mailing Address & Phone	b. Type of Committe	ee d	. Comments	
(include city, state, & zip)	X Candidate	☐ PAC		
COMMITTEE TO ELECT KRISTEN POWERS	☐ Referendum	☐ Party		
PO BOX 372	c. Level Registered			
SAXAPAHAW, NC 27340	☐ Federal	X County:		
(336) 525-1446	☐ State	☐ Municipality:		
	Alamance			
e. Type of Gift				
Coordinated Party Expenditure	☐ Contribution to	Candidate/Political Co		<u></u>
f. Description		g. Date (mm/dd/yy)	yy) h. Fair l	Market Amount
FACEBOOK ADS		10/23/2018	S	29.51
FACEBOOK ADS		10/28/2018	5	28.50
3. Payee Information	☐ Add ☐	Remove	1	
a. Full Name, Mailing Address & Phone	b. Type of Committe		Comments	
(include city, state, & zip)	X Candidate	☐ PAC		
COMMITTEE TO ELECT KRISTEN POWERS	☐ Referendum	☐ Party		
PO BOX 372	c. Level Registered			
SAXAPAHAW, NC 27340	☐ Federal	X County:		
(336) 525-1446	State	Municipality:		
	Alamance			
e. Type of Gift Coordinated Party Expenditure	Contribution to	Candidate/Political Co	mmittee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f. Description		g. Date (mm/dd/yyy		Iarket Amount
POSTAGE		10/29/2018	S	9.75
FACEBOOK ADS		10/30/2018	<u> </u>	29.15
4. Total only this Page			S	
			3	154.53
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page	« CRO-1100)	Barrier Barrier	\$	226.67

Amendment

	Amename	
Non-Monetary Gifts Given to Other Committees $P_g = \frac{2}{of} = \frac{2}{of}$	☐ Yes	X 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		Remove	l		
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Cor	uments	
(include city, state, & zip)	X Candidate	☐ PAC			
COMMITTEE TO ELECT KRISTEN POWERS	☐ Referendum	☐ Party			
PO BOX 372	c. Level Registered (S				
SAXAPAHAW, NC 27340	☐ Federal	X County:			
(336) 525-1446	☐ State	☐ Municipality:			
	Alamance				
e. Type of Gift			L		
Coordinated Party Expenditure	Contribution to C	Candidate/Political (
f. Description		g. Date (mm/dd/)	333)	h. Fair M	arket Amount
FACEBOOK ADS		10/31/2018	3	S	5.44
FACEBOOK ADS		11/02/2013	3	S	29.24
3. Payee Information	☐ Add ☐ I	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committee		d. Con	aments	
(include city, state, & zip)	X Candidate	☐ PAC			
COMMITTEE TO ELECT KRISTEN POWERS	Referendum Referendum	☐ Party			
PO BOX 372	c. Level Registered (S				
SAXAPAHAW, NC 27340	☐ Federal	County:			
(336) 525-1446	☐ State	☐ Municipality:			
	Alamance				:
e. Type of Gift					
Coordinated Party Expenditure	☐ Contribution to C	andidate/Political (
f. Description		g. Date (mm/dd/y	<i>yyy</i>)	h. Fair M	arket Amount
FACEBOOK ADS		11/05/2018	3	S	17.96
POSTAGE		11/22/2018	3	s	19.50
4. Total only this Page			S		72.14
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary Page C	'RO-1100)		\$		226.67

CR0-1330

NC State Board of Elections

December 2007

Outstanding Loans	Outsta	nding	Loans
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				Ameudm	ıdment		
$\mathbf{p}_{\mathbf{g}}$	1_	of	1	☐ Yes	No No		

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

1. Commit	ttee Full Name (and Fund if applicab	le)	2. ID Numb	er .	
COMMIT	TEE TO ELECT BOB BYRD				
3. Lender	Information	☐ Add ☐ Remove	fill washing		
	ne, Mailing Address & Phone city, state, & zip)	b. Job Title/Profession COUNTY COMMISS		ts	
ROBERT			e. Start Date	e (mm/dd/yyyy)	
2826 CHARLOTTE LANE BURLINGTON, NC 27215		c. Employer's Name/	1.01 231 3.3	01/21/2014	
		ALAMANCE COUN	ТҮ	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan	Amount j. Remainin	g Loan Balance	
0.00%	NONE	S	1,000.00 \$	1,000.00	
k. Full Nar	 ne of Lending Institution		l. Loan Num	l. Loan Number	
	Information ue, Mailing Address & Phone	☐ Add ☐ Remove	n d. Commen	3	
	city, state, & zip)	COUNTY COMMISS	IONER		
ROBERT I			e. Start Date	(mm/dd/yyyy)	
	RLOTTE LANE TON, NC 27215	c. Employer's Name/S		. 03/28/2018	
50.03.110.101.,110 272.10		ALAMANCE COUN		f. End Date (mm/dd/yyyy)	
			L End Date	mm/wyyyy)	
g. Rate	h. Security Pledged	i. Original Loan	Amount j. Remainin	g Loan Balance	
0.00%	NONE	s	1,500.00 \$	1,500.00	
k. Full Nan	ne of Lending Institution	l. Loan Num	l. Loan Number		
4. Total	only this Page	\$	2,500.00		

CRO-1430

NC State Board of Elections

December 2007