

# Disclosure Report Cover

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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		04/27/2018	
		e. Phone Number	
		(336) 584-7302	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	01/01/2018	04/21/2018	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		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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			
0			
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
	\$ 584.53		\$
<b>CERTIFICATION</b>			
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	
		<u>04/27/2018</u> Date	
FOR OFFICE USE ONLY			
Date Received:	<u>4/27/18</u>	Employee:	<u>[Signature]</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>5/08/18</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			
<b>Please Note:</b> 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 First Quarter		
Start of Election Cycle: January 1, <u>2015</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 584.53	\$ 584.53	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 225.00	\$ 225.00	
6) Contributions from Individuals (CRO-1210)	\$ 2,034.49	\$ 2,034.49	
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)	\$ 1,500.00	\$ 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)	\$ 3,759.49	\$ 3,759.49	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 1,144.23	\$ 1,144.23	
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)	\$ 45.30	\$ 45.30	
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 104.49	\$ 104.49	
17) In-Kind Contributions (CRO-1510)	\$ 779.49	\$ 779.49	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 2,073.51	\$ 2,073.51	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,270.51	\$ 2,270.51	
<b>ADDITIONAL INFORMATION</b>			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00		
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

Page 1 of 1

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD					
<b>3. Contributor Information</b>					
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	Check		04/03/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/07/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/07/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/12/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/16/2018	\$ 25.00
<b>4. Total only this Page</b>				\$	\$225.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$225.00

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAROLINE ANSBACHER 1132 WEST DAVIS STREET BURLINGTON, NC 27215 (336) 226-8124				RETIRED			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				RETIRED		\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		04/11/2018		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN BROOKS PO BOX 1027 BURLINGTON, NC 27216 (336) 312-7279				SALES			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				BROOK ASSOCS QUALITY COMPONENTS, INC		\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		04/19/2018		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302				COUNTY COMMISSIONER			
				<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
				ALAMANCE COUNTY		\$ 1,500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	WEB DOMAIN - DREAMHOST	01/03/2018		\$ 11.95	
<input type="checkbox"/>	1	In-Kind	USPS PO BOX RENT	01/03/2018		\$ 76.00	
<input type="checkbox"/>	1	In-Kind	AMAZON WEB - JAN WEB HOSTING	02/03/2018		\$ 16.54	
<b>4. Total only this Page</b>						\$ 454.49	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,034.49	

**Contributions from Individuals**

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
STEVEN G DETTER 5126 MINERAL SPRINGS ROAD GRAHAM, NC 27253 (336) 263-1602			PHARMACIST			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			TOTAL CARE PHARMACY		\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		04/11/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925			ART DIRECTOR			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			JOURNALISTIC, INC		\$ 525.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	GRAPHIC DESIGN WORK	04/21/2018	\$ 525.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ROBERT HYKES 2312 TANNER COURT BURLINGTON, NC 27215 (919) 332-5990			RETIRED			
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>	
			RETIRED		\$ 500.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		02/08/2018	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 1,125.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,034.49	

# Contributions from Individuals

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT BOB BYRD						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
CAROLINE KING 540 MEADOWOOD DRIVE BURLINGTON, NC 27215 (336) 260-0985			CPA			
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>		
			GILLIAM COBLE & MOSER LLP	\$ 150.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	BOOKKEEING SERVICES	04/21/2018	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
HELEN S KIRCHEN 204 TRINITY DRIVE ELON, NC 27244 (336) 584-6789			RETIRED			
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>		
			RETIRED	\$ 205.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		02/13/2018	\$ 205.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>	<b>d. Comments</b>		
DAVID R WILLIAMS 1406 VICTORIA CT ELON, NC 24244 (336) 260-3733			RETIRED			
			<b>c. Employer's Name/Specific Field</b>	<b>e. Election Sum to Date</b>		
			RETIRED	\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		02/07/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 455.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,034.49	

# Loan Proceeds

Pg 1 of 1

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

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD					
<b>3. Lender Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			COUNTY COMMISSIONER		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Start Date (mm/dd/yyyy)</b>
			ALAMANCE COUNTY		03/28/2018
					<b>f. End Date (mm/dd/yyyy)</b>
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>		<b>k. Amount</b>
%	NONE	1	Check		\$ 1,500.00
<b>l. Full Name of Lending Institution</b>					<b>m. Loan Number</b>
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>
			<b>d. Percentage</b>		<b>e. Amount</b>
			%		\$
<b>5. Total of ALL CRO-1410 Pages</b> <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 1,500.00

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALAMANCE COUNTY BOARD OF ELECTION 115 S MAPLE STREET GRAHAM, NC 27253 (336) 570-6755							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 105.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	O	02/12/2018	\$ 105.00	FILING FEE		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
AMAZON WEB SERVICES 410 TERY AVE NORTH SEATTLE, WA 98109							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 32.39	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	A	03/03/2018	\$ 15.39	WEB HOSTING		
1	Debit Card	A	04/03/2018	\$ 17.00	WEB HOSTING		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ELIZABETH MORPHONIOS 1005 HARRIS STREET APT 10 GOLDSBORO, NC 27530 (919) 375-3834							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 120.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	A	03/11/2018	\$ 120.00	CAMPAIGN PHOTO		
				\$	SHOOT		
<b>5. Total only this Page</b>						\$ 257.39	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,144.23	
<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>							
<b>7. Purpose Codes</b> <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

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
MARKELL PRINTING AND PROMOTION PRODUCTS CO INC PO BOX 668 BURLINGTON, NC 27216 (336) 226-7148							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 704.99	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	AB	03/28/2018	\$ 704.99	CARDS & DOOR HANGERS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i>				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
OFFICE DEPOT 1825 S CHURCH STREET BURLINGTON, NC 27215 (336) 226-6122							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 219.20	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	AB	03/13/2018	\$ 58.45	DONOR CARDS		
1	Debit Card	AB	03/28/2018	\$ 123.40	LABELS & PLATFORM SHEETS		
<b>5. Total only this Page</b>						\$ 886.84	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 1,144.23	
<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>							
<b>7. Purpose Codes</b> <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

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>		
COMMITTEE TO ELECT BOB BYRD						
<b>3. Payee Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. Purpose Code</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>
<input type="checkbox"/> Add	1	Draft	K	02/22/2018	\$ 7.95	CHECKS
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	B	03/28/2018	\$ 37.35	500 #10 ENVELOPES
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	45.30
<b>5. Total of ALL CRO-1315 Pages</b>					\$	45.30
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		
<b>O* - Other</b>				<b>Q* - Donations to Legal Expense Fund</b>		
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment  
 Yes  No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		02/03/2018
					<b>i. Original Receipt Amount</b>
					\$ 16.54
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
COUNTY COMMISSIONER		ALAMANCE COUNTY		P	
					<b>j. Election Sum to Date</b>
					\$ 1,500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	REIMB JAN WEB HOSTING - AMAZON WEB		03/12/2018	\$ 16.54
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/03/2018
					<b>i. Original Receipt Amount</b>
					\$ 76.00
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
COUNTY COMMISSIONER		ALAMANCE COUNTY		P	
					<b>j. Election Sum to Date</b>
					\$ 1,500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	REIMBURSE PO BOX FEE		03/12/2018	\$ 76.00
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b>		<b>g. Comments</b>
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		01/03/2018
					<b>i. Original Receipt Amount</b>
					\$ 11.95
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
COUNTY COMMISSIONER		ALAMANCE COUNTY		P	
					<b>j. Election Sum to Date</b>
					\$ 1,500.00
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
1	Check	REIMBURSE - WEB DOMAIN		03/12/2018	\$ 11.95
<b>4. Total only this Page</b>					\$ 104.49
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 104.49
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor      M - Overpayment for Service      N - Exceeded Contribution Limit P* - Reimbursement of In-Kim      O* Other					
* Codes require detailed explanation in required remarks field (m)					

# In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT BOB BYRD			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302		<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	
		<b>d. Election Sum to Date</b>	
		\$ 1,500.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
WEB DOMAIN - DREAMHOST		01/03/2018	\$ 11.95
USPS PO BOX RENT		01/03/2018	\$ 76.00
AMAZON WEB - JAN WEB HOSTING		02/03/2018	\$ 16.54
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
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	
		<b>d. Election Sum to Date</b>	
		\$ 525.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
GRAPHIC DESIGN WORK		04/21/2018	\$ 525.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
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	
		<b>d. Election Sum to Date</b>	
		\$ 150.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
BOOKKEEING SERVICES		04/21/2018	\$ 150.00
			\$
			\$
<b>4. Total only this Page</b>		\$ 779.49	
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 779.49	

# Outstanding Loans

Pg 1 of 1

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

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

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