Di	colos	arit	Re	port	$C_{0}$	ver
IJΙ	うしょひこ	our c	ILC	horr	$\mathbf{v}$	ACI

Amendme	nt
□ Yes	X No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

1. Committee Inform	nation								
a. Full Name									c. ID Number
COMMITTEE TO	ELECT BO	OB BYRD							
b. Mailing Address (i	include Cit	y, State and Zij	Code)						d. Date Filed
2826 CHARLOTTI BURLINGTON, N		·							04/27/2018
BOILLING FOLK, IN	0 27213								e. Phone Number
									(336) 584-7302
2. Report Year 3. P	eriod Star	t Date (mm/dd/	уу)	4. Period	End Da	te (mm/dd	/yy) <u>{</u>	5. Treasur	er Full Name
2018		1/01/2018		(	04/21/2	2018	1	CAROLIN	IE KING
6. Type of Committe	e (Check C	One)	9. Typ	e of Report	. (ci	heck only	one t	ype of repo	ort from one category)
X Candidate Campaig			Munic			State/Cou	unty		Referendum
Joint Fundraiser	☐ PAG	C		Organizatio	nal	☐ Organ	ization	nal	☐ Organizational
Referendum	☐ Leg	al Expense Fund		Thirty-five	day	Quarte	erly		Pre-referendum
7. Type of Fund	(if applicabl	le, check one)		Pre-primary	,	<b>□</b> Fi	irst		Final
"Booster Fund"				Pre-election	1	□ Se	econd		Supplemental Final
Building Fund				Pre-runoff		T 🔲	hird		Annual
Presidential Electic				Semi-annua		□ F	ourth		Special Special
NC Public Campaig	gn Financing	Fund		Mid Ye		I	annual		
				Year Ei	ıd	<b>'</b>	Iid Yea		10. Special Report Name
Other:				Final			ear En	d	
8. Number of Fundr	aisers this	Report		Special		☐ Final			
	0					□ Specia	al		
3. Account Informat	inn				3 Acr	ount Info	rmatic	)n	
a. Financial Instituti		me						n Full Nam	e
CAPITAL BANK,									
b. Purpose	]	c. Account Cod	le		b. Pur	ose			c. Account Code
CHECKING	***************************************		1						
		d. Period Begin	n Balan	ce					d. Period Begin Balance
		\$		584.53					\$
CERTIFICATION	·								
I certify that the C	Committee o	or Fund is in co	mpliano	e with all a	pplical	ole provis	ions o	of Article 2	2A, 22B & 22D-22M of
Chapter 163 of the	NC Gener	al Statutes and	that no	funds are	commi	ngled with	h proh	ibited or o	ther non-disclosed
funds. I further ce	ertify that t	his report is co	mplete,	true and c	orrect a	ind that I	have l	been traine	ed by the NC State Board
^			. /	1.	,	.,, ·			
Caroline	Kina		(	Mug	10	Kim			04/27/2018
Printe	d Name of Si	igner		Sign	ature of	Appointed	Treas	urer	Date
FOR OFFICEUSE	ONLY	./ /				$\sim$	$\sqrt{}$		
Date Received:		4/27/18		Emplo	yee:	Jo #	<u> </u>		<u>ivery Method</u> Normal Mail
Date Postmarked	i:			Emplo	yee: .				Registered Mail Hand Delivered
Date Scanned:	٥	5 08 18		Emplo	vee:	JE	5	X	Electronically Filed
	_		_	•					Signer has not received
Date Data Entere	ed:			Emplo	yee: .				mandatory training
Please Note: 1									ittee address, treasurer,
		nt treasurer, cu							
You 1	must amen	d the Statemen	t of Org	anization (	CRO-2	100A-E) to	make	e committe	e changes.

Amendment ☐ Yes X No

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Re			Number
COMMITTEE TO ELECT BOB BYRD	2018 First Q			
Start of Election Cycle: January 1,2015		Total this Reporting Peri	od	Total this Election Cycle
4) Cash on Hand at Start		\$ 584	.53	584.53
<u>RECEIPTS</u>				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 225	.00	225.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,034	.49   9	2,034.49
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	.00   9	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	.00 5	0.00
9) Loan Proceeds	(CRO-1410)	\$ 1,500	.00 5	1,500.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0	.00 \$	0.00
11) Other Receipt Sources	***************************************	禁止主意	1	
11a) Interest on Bank Accounts	(CRO-1250)	\$ o	.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
<u>EXPENDITURES</u>				
13) Disbursements		<b>的现在是</b>		7 .68
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 sub	otract line 18)	\$ 2,270	.51 5	2,270.51
ADDITIONAL INFORMATION	(CDO 1220)		00	STREET SAME SAME
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		.00	CA STATE
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 2,500		(大)
22) Debts and Obligations owed by the Committee	(CRO-1610)	<del>  `</del>	.00	. 4 1 60 %
23) Debts and Obligations owed to the Committee	(CRO-1620)	<u> </u>	.00	3.1 (1)
24) Account Transfers Within the Committee	(CRO-1720)	· · · · · · · · · · · · · · · · · · ·	.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)		.00   9	
28) Contributions to be Refunded  ORO-1100 NC State Board	(CRO-1215)	\$ 0	.00   \$	S 0.00 August 2008

		outions from I	ndividuals Page From Individuals of \$		Ar	nendment Yes	No
en anno maritament de la contraction de la contr	<b>e Full Name (and</b> E TO ELECT BOB	Fund if applicable) BYRD		2	ID Nur	ıber	
3. Contribut	or Information						
a, Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/y)	yyy) <b>f</b>	Amount	
□ Add □ Remove	1	Check		04/03/2018	5		50.00
□ Add □ Remove	1	Check		03/07/2018	\$		50.00
□ Add □ Remove	1	Check		03/07/2018	\$		50.00
☐ Add ☐ Remove	1	Check		03/12/2018	\$	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50.00
☐ Add ☐ Remove	1	Check		04/16/2018	\$		25.00
4. Total or	aly this Page				\$		\$225.00
	ALL CRO-12 ust be on line 5 of D	05 Pages stailed Summary Page	CRO-1100)		\$	·	\$225.00
CRO-1205		N	C State Board of Elections	<del></del>			April 2007

~~	taatika antika an arawata	T. Jini J 1					Amendm	
		om Individual		- 1	g 1 of 3	_	☐ Yes	X No
		idividual contribution (and Fund if applicab					ID Numbe	
***************************************	IITTEE TO ELECT		14	dikinin adamir a a a a a a a a a a a a a a a a a a a		<del></del> -		
3. Cont	tributor Informati	on		l Add □ R	emove			
000000000000000000000000000000000000000	Name, Mailing Ade			b. Job Title/P		d.	Comments	
(incl	ude city, state, & z	ip)		RETIRED				
	LINE ANSBACHEI ÆST DAVIS STRE			c Fmnlover's	Name/Specific Field			
	NGTON, NC 2721			RETIRED	i i i i i i i i i i i i i i i i i i i	<u>.</u>		
	26-8124					e. ]	Election Su	m to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amoun	ıt .
	1	Check			04/11/2018		5	200.00
							s	
							S	
3. Cont	ributor Informati	on		Add 🔲 Re	move	· v		
a. Full Name, Mailing Address & Phone				b. Job Title/P	rofession	d. (	Comments	
arrichada (200)	ıde city, state, & z	ip)	minimum	SALES				
	JOHN BROOKS PO BOX 1027			c. Employer's	Name/Specific Field			
	NGTON, NC 2721	6		BROOK ASSOCS QUALITY				
(336) 3	12-7279			COMPONEN	TS, INC	e, I	lection Su	m to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Dea	scription	j. Date (mm/dd/yyyy	)	k. Amoun	t
	1	Check			04/19/2018		S	150.00
							\$	
							\$	
	ributor Informatic			Add 🔲 Re			NO.	
	Vame, Mailing Add ide city, state, & zi	하는 사람들이 하는 사람들은 사람들이 되었다. 그는 사람들은 사람들이 나를 보는 것이다.		b. Job Title/P		d. C	Comments	
	T E BYRD	**		COUNTY CO	MMISSIONER			
	HARLOTTE LANE			c. Employer's	Name/Specific Field			
	NGTON, NC 2721:	5		ALAMANCE	COUNTY		lection Su	i D. i
(336) 58	34-7302						Tection 20	
e nucci		1 Personal P	1: T_ V:_3 Tv		j. Date (mm/dd/yyyy)	\$	k. Amoun	1,500.00
	g. Account Code	h. Form of Payment In-Kind	i. In-Kind Des WEB DOMAIN	••••••••••••••••		F		***************************************
	1		DREAMHOST	· -	01/03/2018		\$	11.95
	1	In-Kind	USPS PO BOX	RENT	01/03/2018	_	\$	76.00
	1	In-Kind	AMAZON WEI	B - JAN WEB	02/03/2018	ex.	S	16.54
4. Tot:	al only this Pa	ge			<b>"我我们的</b> 有一个	\$		454.49
	al of ALL CRO	0-1210 Pages 6 of Detailed Summary I	Page CRO-1100)		Section 1	\$		2,034.49

Contributions from Individuals							\mendment	
				Pg		_	☐ Yes	X No
		dividual contribution (and Fund if applicab		onmoutions ur	ider 530 il form CRO		ID Number	
1	ITTEE TO ELECT	••••••	****	nivernmentinente de la companie	ระยาการการการการการการการการการการการการการ			A.V.
3. Cont	ributor Informati	on		Add □ Re	move			
	Vame, Mailing Ade			b. Job Title/Pr		d.	Comments	
(incl	ıde city, state, & z	ip)		PHARMACIS	Γ			
	N G DETTER			77 7 1	NT 30° 030° TO 18			
1	INERAL SPRINGS	S ROAD			Name/Specific Field	-		
t .	AM, NC 27253 63-1602			TOTAL CAR	E PHARMACY	e. l	Election Sw	m to Date
(444)						S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy	)	k. Amoun	
	1	Check			04/11/2018		s	100.00
							S	
							s	
3. Cont	ributor Informati	ON.		Add 🗌 Re	move			
STATE OF THE STATE OF THE STATE OF	a. Full Name, Mailing Address & Phone			b. Job Title/Pr	ofession	d. (	Comments	
(include city, state, & zip)				ART DIRECTO	OR			
	ROSIE HALLER 4306 FLINTLOCK LANE			e. Employer's	Name/Specific Field			
	AM, NC 27704			JOURNALIST				
(919) 30					10,0	e, I	lection Su	n to Date
		•				\$		525.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription .	j. Date (mm/dd/yyyy)	)	k. Amount	
	1	In-Kind	GRAPHIC DES	SIGN WORK	04/21/2018		s	525.00
							\$	
							s	
	ributor Informatic		: <u> </u>	Add 🗆 Res	nove designed it		West of a	
	iame, Mailing Add			b. Job Title/Pr	ofession	d. (	Comments	
	de city, state, & zi THYKES	( <b>p</b> )		RETIRED				
	ANNER COURT			c. Employer's l	Vame/Specific Field	1		
	NGTON, NC 2721:	5		RETIRED				
(919) 33	2-5990					e. I	lection Sur	n to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			02/08/2018		\$	500.00
							\$	
						4	S	
	al only this Pa			P. C.	25 JE 25 JE 19	\$		1,125.00
	al of ALL CRO	D-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)			S		2,034.49

## Amendment **Contributions from Individuals** ☐ Yes X No 3 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BOB BYRD 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROLINE KING c. Employer's Name/Specific Field 540 MEADOWOOD DRIVE BURLINGTON, NC 27215 GILLIAM COBLE & MOSER e. Election Sum to Date (336) 260-0985 LLP 150.00 k Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) In-Kind BOOKKEEING SERVICES 04/21/2018 \$ 150.00 \$ \$ 3. Contributor Information □ Add □ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d, Comments (include city, state, & zip) RETIRED HELEN S KIRCHEN c. Employer's Name/Specific Field 204 TRINITY DRIVE RETIRED ELON, NC 27244 e, Election Sum to Date (336) 584-6789 \$ 205.00 j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description Check 1 02/13/2018 Š 205.00 S \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED DAVID R WILLIAMS c. Employer's Name/Specific Field 1406 VICTORIA CT RETIRED ELON, NC 24244 e. Election Sum to Date (336) 260-3733 100.00 \$ f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 02/07/2018 \$ 100.00 \$ \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

455.00

S

\$

	Proceeds			Pg1	of <u>1</u>	_ [	Amendm D Yes	ent No
	orm to report proceeds from a loceeds statement must accomp				ıat			
1. Commi	ttee Full Name (and Fund if ap TEE TO ELECT BOB BYRD					2. II	) Numbe	r
3. Lender	Information		Add 🔲	Remove	_			
a. Full Nar	ne, Mailing Address & Phone		b. Job Titl	e/Profession		d. Comments		
(include	city, state, & zip)		COUNTY	COMMISSIO	ONER			
ROBERT I								2 1110 5
	RLOTTE LANE		3 39	1 NT 10	e. Start Date (mm/dd/yyyy)			
BURLINGTON, NC 27215 (336) 584-7302			er's Name/Sp			03/28/2018		
		ALAMANCE COUNTY				d Date (n	am/dd/yyyy)	
g. Rate	h. Security Pledged	i. Ace	ount Code	j. Form of P	ayment		k. Amoun	it
%	NONE		1	Check			S	1,500.00
l. Full Nam	e of Lending Institution					m. L	oan Num	ber
4. Endorse	rs/Makers (The people who gu	trantee the loan		100				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession c. Employ			er's l	Vame/Spe	scific Field
			d. Percent	ıge	e. Amoun	ıt		
					% s			
	of ALL CRO-1410 Page	March 1997	i mini sa sing			\$		1,500.00
A NES EINE	must be on line 9 of Detailed Sum	mary rage vKU	~2.1.00J		7.00	<u> </u>		

NC State Board of Elections

CRO-1410

April 2007

Die	PART MEN	emen	rev
1/13	17 U.S. 31		

				Amendm	ent	
$\mathbf{p_g}$	1_	of	2	☐ Yes	X No	

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

1. Committee	Full Name (and Fund TO ELECT BOB BYR	if applicable)	alliwaanika aa a	(477-477-477-477-477-477-477-477-477-477		······································		2.ID Num	ber
	oursement <u>(Please</u>					and the second second	***********	/v.s.v. <del>v</del> .s.v.v.v.v.v.v.v.	
X Operating Ex		tributions to Candida					ordina	ed Party Exp	enditures
4. Payee Inform	<b>nation</b> Iailing Address & Pl	<u> </u>	☐ Ad	d ∐ Coordinate	Remo		* * *	d. Comme	
(include city, s		ione	D. X.	oorginate	e com	mittee N	ame	a. Comme	ILS
	OUNTY BOARD OF	FI FCTION							
115 S MAPLE S		LLLCTION	c. L	evel Regis	tered (	Specify)			
GRAHAM, NC	27253			Federal		County			
(336) 570-6755				State		Municip	xality:	e. Election Sum to Date	
								S	105.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	-/dd/yyyy)	j. Amo	unt	k. Re	quired Rem	arks
1	Check	О	02/12/		S	105.00	FILI	NG FEE	
			-		s				
			П 4.	, [	1				
4. Payee Inform	nation Iailing Address & Ph	one		i □ oordinate	24.07	ve missa N	oma	d. Commer	
(include city, st			<u> </u>	OOIGHIALE		ALLICE 11	E	u. Comme	L & C
AMAZON WEE									
	F10 TERY AVE NORTH SEATLE, WA 98109			wel Regis	tered (S				
SEATLE, WA 9				Federal		County:			
				State	Ш	Municip	ality:	e. Election	Sum to Date
								\$	32.39
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mn	/dd/yyyy)	j. Amo	unt	k Re	quired Rem	arks
1	Debit Card	A	03/03/2	2018	S	15.39	WEB	HOSTING	
1	Debit Card	Α	04/03/2	2018	S	17.00	WEB	HOSTING	
4. Payee Inform	ıstion	L REFERENCE DE LA CONTRACTOR DE LA CONTR	Add	П	Remov				
•	lailing Address & Ph	one		oordinate			me	d. Commen	its
(include city, st			<b>-</b>				***************************************		
ELIZABETH M	ORPHONIOS						~~~~		
1005 HARRIS S				vel Regis	tered (S				
GOLDSBORO, 1	NC 27530			Pederal State		County:		. 77	Sum to Date
(919) 375-3834			٠ اسا	Hale	Ц	ivionite:13	anty.	•««««««««««««««««««««««««««««««««««««««	oun to Date
								\$	120.00
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (mm	/dd/yyyy)	j. Amo	unt	k. Re	quired Rem	arks
1	Check	A	03/11/2	2018	S	120.00	CAM	PAIGN PHO	OTO
					\$		SHO	T	
5. Total only th	s Page							\$	257.39
	CRO-1310 Pages						1.7	4	231.37
ANGEL SAND	in line 13a of Detailed S	Suramani Paga CPO	1100 if O	rain a Prosess					
	in line 13b of Detailed S					olitical Co	· www.i	\$	1,144.23
	in line 13c of Detailed S		_						
7. Purpose C	odes (List detailed	expenditure code	in (h.) abovi	9)					
A* - Media	B* - Printin	**************************************	C* - Fundra			D-To	Anoth	er Candida	te
E – Salaries	F* - Equipm		G - Political	10/2000 A 4 4 5 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ce Expenses
- Postage	J - Penaltie	S	K* - Office	Expenses		Q* - Do	matio	n to Legal E	expense Fund
0* Other * Codes requir	e detailed explanatio	n in required ram	selek fiald /l	<i>.</i> )					
- concerredim	e ociatico capitaliacio	n an endurence can	mer and and control	• *					

					Amendm	ent	
Disbursements	$\mathbf{p}_{\mathbf{g}}$	2_	of	2	☐ Yes	X No	
Is a this form to report expenditures from the committee for appearing expe		anninit	matic	ne to co	ndidata/n.	stition!	

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

	coordinated party								
	ill Name (and Fund							2. ID Numb	er
COMMITTEE TO	O ELECT BOB BYR	D							
3. Type of Disbu	rsement Please	use separate CRO	0-1310	orms for eac	k type	of Disbu	rseme	mL)	
Operating Exp		tributions to Candida						ed Party Expe	enditures
4. Payee Inform				Add 🗆	Remo				
	niling Address & Pl	none		b. Coordinate	000000000000000000000000000000000000000		ame	d. Commen	ts
(include city, sta									
	ITING AND PROMO	OTION PRODUCTS							
CO INC				c. Level Regis	tered (	Specify)			
PO BOX 668			ĺ	☐ Federal	Ľ	County	:		
BURLINGTON, 1	NC 27216			☐ State	Γ	] Municip	xality:	e. Election S	um to Date
(336) 226-7148			ĺ					\$	704.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	i. Am	nunt	k. Re	 quired Rems	rks
1	Debit Card	AB	1	/28/2018	s	704.99	†·····	DS & DOOR	
		110	0.5			704.55	l .	GERS	
					\$		III II (	OBITO	
4. Payee Inform:	ttion			Add 🗆 🗀	Remo	ve			
a. Fuli Name, Ma	iling Address & Pl	one		o. Coordinate	d Com	mittee N	ıme	d. Commen	8
(include city, sta	te, & zip)						**********	***************************************	***************************************
OFFICE DEPOT									
1825 S CHURCH	STREET			. Level Regis	tered (	Specify)	24.5		
BURLINGTON, 1	NC 27215			☐ Federal		County:			
(336) 226-6122				State		Municip	ality:	e. Election S	um to Date
								S	219.20
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/vvvv)	j. Amo	mat	k. Re	quired Rema	rks
1	Debit Card	AB	T	13/2018	S			OR CARDS	***************************************
			03/	13/2016					
1	Debit Card	AB	03,	28/2018	S	123.40		ELS & PLATI	FORM
							SHEE	ETS	
<ol><li>Total only this</li></ol>	Page			4.0				S	886.84
6. Total of ALL (	CRO-1310 Pages								
(This line goes in	line 13a of Detailed	Summarv Page CRO-	-1100 if C	perating Expen	1383)			•	1 144 00
	line 13b of Detailed					Political Co	энгис)	\$	1,144.23
	line 13c of Detailed S		_						
7. Purpose Co	des (List detailed	expenditure code :	in (h.) al	oove)					
A* - Media	B* - Printir			ndraising		D - To	Anoth	er Candidat	2
E - Salaries	F* - Equipm	grande a versión de la companyone de la	i i a i a della della con estigat i	ical Party	50:53/88/87/6435	So concorne accessomers as a co	DOCUMENTS OF THE PARTY OF THE P	Public Offic	Action and a contract of the c
I - Postage	J - Penaltie	8.c c 1386 (33 t in 21 in 52 t )	and an area of the contract of	fice Expenses				n to Legal E	
O* Other			17.000000000000000000000000000000000000			<del>-</del>			-
* Codes require	detailed explanation	n in required rem	arks fie	ld (k)				100	

CRO-1310

NC State Board of Elections

December 2009

		<b>Iedia Expendi</b> ort NC Non-Media			1of	1	Amendmo		No
	e Full Name (and E TO ELECT BOI	dRuid (Cambre 1916) B BYRD			2/11)	iumber			
3. Payee Info		180							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amo	ont	g. Required I	Remark	35
☐ Add ☐ Remove	1	Draft	K	02/22/2018	\$	7.95	CHECKS		
☐ Add ☐ Remove	1	Debit Card	В	03/28/2018	s	37.35	500 #10 ENV	ELOPES	S
4. Total or	aly this Page	Professional State Control		100	S				45.30
	ALL CRO-1. use be on line 14 of	315 Pages (Detailed Summary Pages)	ga CRO-1100)		s				45.30
6. Purpose	Codes (List c	detailed expendition	e code in (d) al	bove) - 1 A S					
1 2 2		- Printing	C** Fundr	NATIONAL AND	Γο Ano	ther Can	ıdidate		
E - Salari	es F*	- Equipment	G - Political	Party II	- Holdi	ng Publ	ic Office E	spens	es 💮
I - Postag	e J-7	Penalties	K* - Office	Expenses Q*	- Donat	tions to	Legal Exp	ense F	Jund

O\* - Other

\* Codes require detailed explanation in required remarks field (g)
CRO-1315 NC State Board of Elections

December 2009

			From the Co sements, including c			 buto:	☐ Yes f	X No
I. Committee Ful COMMITTEE TO			plicable)	inanaminan namanan nama		2.1	ID Number	nunauhannan ana
3. Payee Informat	tion			Add □ Re	move			
a. Full Name, Mai		ress & Phone		d. Type of Comm		g. (	Comments	
(include city, st	ate, & z	p)		Candidate	☐ PAC		***************************************	***************************************
ROBERT E BYRD	)			☐ Referendum	☐ Party			
2826 CHARLOTT	E LANE			e. Level Registe		h. (	Original Re	ceipt Date
BURLINGTON, NC 27215			☐ Federal	County:		02/03	/2018	
(336) 584-7302				☐ State	☐ Municipality:	1 6	briginal Ra	ceipt Amount
							mgmar ne	***************************************
b. Job Title/Profes:	ei en	[24 <b>p</b> 12	Name/Specific Field	C Downson Case		S	lection Sun	16.54
	**********************	†····		f. Purpose Code		], L	lection Sun	1 to Date
COUNTY COMMISSIC	MEK	ALAMANCE COU	JNIY	P		\$		1,500.00
k. Account Code	1. Form	of Payment	m. Required Rema	l lcs	n. Date (mm/dd/y	ууу)	o. Amount	
	Check		REIMB JAN WEB HOST	ING -	02/12/2019	n.n.n.i.	S	1.6.54
·			AMAZON WEB		03/12/2018		3	16.54
3. Payee Informat	ion			Add 🔲 Re	move			
a. Full Name, Mail	1000	50. Your Congress of the control of		d. Type of Comn	iittee	g. (	Comments	
(include city, sta	ıte, & zi	p)		Candidate	PAC			
ROBERT E BYRD	•			☐ Referendum	☐ Party		*************	N. W
2826 CHARLOTTI	E LANE			e. Level Register	(14 <u>1444)</u> - (11444) (11444)	<b>b.</b> C	Original Re	ceipt Date
BURLINGTON, N	C 27215	;		Federal	County:		01/03/	2018
(336) 584-7302				☐ State	☐ Municipality:	10	inininal Ra	eipt Amount
							riginal fee	· · · · · · · · · · · · · · · · · · ·
b. Job Title/Profess	ion	c. Employer's l	Vame/Specific Field	f. Purpose Code		S i. El	lection Sun	76.00 1 to Date
COUNTY COMMISSIO	NER	ALAMANCE COU	***************************************	P		s	amiriaanaaniihaania	1 500 00
								1,500.00
k. Account Code	1. Form	of Payment	m. Required Remar	ks	n. Date (mm/dd/y	ууу)	o. Amount	
ı	Check		REIMBURSE PO BOX F	EE	03/12/2018		\$	76.00
3. Payee Informat	ion		·	Add 🔲 Res	nove			
a. Full Name, Mail	ing Add	resa & Phone		d. Type of Comm		g. C	Comments	
(include city, sta	te, & zi	p)		☐ Candidate	☐ PAC			
ROBERT E BYRD				☐ Referendum	☐ Party	2701012		
2826 CHARLOTTE				e. Level Register		h. C	)riginal Re	ceipt Date
BURLINGTON, NO	C 27215			☐ Federal ☐ State	County:  Municipality:		01/03/	2018
(336) 584-7302		•		M 9/3/5	ivisme ipanty:	: 0	mininal Ras	eipt Amount
						s	1161111 3157	
). Job Title/Profess			ame/Specific Field	f. Purpose Code			ection Sum	11.95
***************************************				L Purpose Code		J. L.	ecuon Jun	to Date
COUNTY COMMISSION	NEK	ALAMANCE COU	NIY	P		\$		1,500.00
c. Account Code	l. Form	of Payment	m. Required Remar	la ·	n. Date (mm/dd/y)	уу)	o. Amount	
l	Check		REIMBURSE - WEB DON	1AIN	03/12/2018	***********	S	11.95
l Tatal aulio thia I	)				_	S		
l. Total only this F 5. Total of ALL CF		O Pages 🔲 .						104.49
			nmary Page CRO-1100	) <sup>2000</sup>		\$		104.49
6. Purpose Code	s (List (	letailed disbur	sement code in (f) ab	ove)				
L - Returned to (			Overpayment for Ser	vice	N - Exceed	ed C	ontibution	Limit
P* - Reimburse		Alexandria de la compansión de la compan	Other					
🥕 Codes require	detaile	d explanation i	n required remarks	field (m)	**			

Amendment

In-Kind Contributions		$\mathbf{P}_{\mathbf{g}}$	1	of	_1_	☐ Yes	
Use this form to report non-monetary contributions, donation	/11S,	goods or serv	vices prov	vided to	o the cor		
Use CRO-1215 if In-Kind Contributions were or will be	<u>refu</u>	ınded withir	n 7 days				
1. Committee Full Name (and Fund if applicable)					رسا .2.	Number	
COMMITTEE TO ELECT BOB BYRD							
3. Contributor Information	Ai	dd 🔲 Rer	move				
a. Full Name, Mailing Address & Phone	Ъ. 1	Type of Con			e. Cor	nments	
(include city, state, & zip)	図	Individual	Promentarion.		***************************************		
ROBERT E BYRD		Candidate					
2826 CHARLOTTE LANE		Party					
BURLINGTON, NC 27215	7-	PAC				- e	<del></del>
(336) 584-7302	出	Referendum Other Recei			d. Liec	ction Sum (	to Date
		Other Neces	pt source		\$		1,500.00
e. Description	-		f. Date (	mm/de	√ √уууу)	g. Fair M	larket Amount
WEB DOMAIN - DREAMHOST			01	/03/201	18	S	11.95
			-	70072.		<del>  •</del>	
USPS PO BOX RENT		!	01	/03/201	18	\$	76.00
AMAZON WEB - JAN WEB HOSTING	—		<del> </del>			+	16.54
AMAZON WED-JAN WED HOSTING	_		02	2/03/201	81	\$	16.54
3. Contributor Information			move				
a. Full Name, Mailing Address & Phone		Type of Cont	tributor		e. Con	nments	
(include city, state, & zip)	, _	Individual	*****				
ROSIE HALLER	1—	Candidate					
4306 FLINTLOCK LANE		Party					
DURHAM, NC 27704	=	PAC			7. ( <u>1)</u>		
(919) 308-3925		Referendum	=		d. Liec	ction Sum t	o Date
	H	Other Receip	pt Source		\$		525.00
e. Description	7.		f. Date (1	mm/dd	Uyyyy)	g. Fair M	arket Amount
GRAPHIC DESIGN WORK ·	mitten.			/21/201		s	525.00
			<del></del>	41120_		<del> </del>	
		1	i			\$	
	—					-	
			J			\$	
		id 🗌 Rem					
72 (V22) (132 (133 (134 (134 (134 (137 (134 (132 (134 (134 (134 (134 (134 (134 (134 (134		Type of Cont	ributor		c. Com	ments	<b>7</b>
(include city, state, & zip)	=	Individual		I			
CAROLINE KING	=	Candidate		Į			
540 MEADOWOOD DRIVE		Party		1			
BURLINGTON, NC 27215	=	PAC		,	- 444	ander wie Gest	<u>-×</u>
(336) 260-0985	=	Referendum		1	d. Elect	tion Sum t	o Date
	Ц	Other Receip	ot Source	!	\$		150.00
e. Description			f. Date (n	nm/dd	Jyyyy)	g. Fair M:	arket Amount
BOOKKEEING SERVICES	**********					s	
			U-77.	21/201	8	3	150.00
					!	\$	
	—	<del></del>					
		1			ļ	\$	
4. Total only this Page					S		779.49
					-		117.17
5. Total of ALL CRO-1510 Pages  (This line muse be on line 17 of Detailed Summary Page CRO		00)			S		779.49

CRO-1510

Amendment

Outstanding	Loans
<b>VUISIAHUIU</b>	LVaus

				Amendm	ent	
Pg	1	of	1	☐ Yes	☑ No	

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

	ttee Full Name (and Fund if applicabl TEE TO ELECT BOB BYRD	e)			2. ID Number		
3. Lender	Information	□ Ac	id 🔲 Remo	)Ve			
Contract to the second of the second	ae, Mailing Address & Phone		Job Title/Profe		d. Comments		
(include	city, state, & zip)	CC	OUNTY COM	MISSIONER			
ROBERT I						////	
	RLOTTE LANE		mnlover's Na	me/Specific Field	e. Start Date (mm/dd/yyyy) 01/21/2014		
(336) 584-	TON, NC 27215	********	AMANCE CO				
(330) 304-	1302		AMANCE CC	JONTT	f. End Date (m	m/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original L	oan Amount	i. Remaining I	oan Balance	
%	NONE		<u> </u>		<del> </del>	***************************************	
%o	THORE		\$	1,000.00	1,000.00		
k. Full Nan	ae of Lending Institution				L Loan Numbe	T	
3 Lender	nformation	□ Ad	d 🔲 Remo	V.A			
	ie, Mailing Address & Phone	<del></del>	ob Title/Profe		d. Comments		
	city, state, & zip)	co	UNTY COM	MISSIONER		<u> </u>	
ROBERT E	BYRD						
	RLOTTE LANE		200 S <b>4</b> 0 S S S <b>4</b> 0 S S S S S S S S S S S S S S S S S S S	100 TO 10	e. Start Date (1	nm/dd/yyyy)	
	TON, NC 27215			me/Specific Field	. 03/28/2018		
(336) 584-7	302	AL	AMANCE CO	UNTY	f. End Date (mm/dd/yyyy)		
		20121 0300000					
	h. Security Pledged		i. Original L	oan Amount	j. Remaining L	oan Balance	
%	NONE		\$	1,500.00	\$	1,500.00	
k. Full Nam	e of Lending Institution				L Loan Numbe		
		***************************************					
	only this Page				S	2,500.00	
	of ALL CRO-1430 Pages			129.0	S	2,500.00	
(This line	must be on line 21 of Detailed Summary F	Page CRO-11	00)		*	_,,_	

CRO-1430

NC State Board of Elections

December 2007