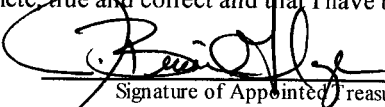


Disclosure Report Cover

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 COMMITTEE TO ELECT MEREDITH EDWARDS		c. ID Number		
b. Mailing Address (include City, State and Zip Code) 123 BAUMAN COURT GRAHAM, NC 27253		d. Date Filed 10/28/2018		
		e. Phone Number (919) 428-6779		
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 07/01/2018	4. Period End Date (mm/dd/yy) 10/20/2018	5. Treasurer Full Name JOSEPH BRIAN GLAZE	
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		Municipal <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		
7. Type of Fund (if applicable, check one)		State/County		
<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:		<input type="checkbox"/> Organizational Quarterly <input 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		
8. Number of Fundraisers this Report 1		10. Special Report Name		
3. Account Information		3. Account Information		
a. Financial Institution Full Name CAPITAL BANK		a. Financial Institution Full Name		
b. Purpose COMMITTEE USE	c. Account Code J2911	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
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>J. BRIAN GLAZE</u> Printed Name of Signer		 Signature of Appointed Treasurer		<u>10/29/2018</u> Date
FOR OFFICE USE ONLY				
Date Received:	<u>10/29/18</u>	Employee:	<u>DH</u>	
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	<u>10/30/18</u>	Employee:	<u>UG</u>	
Date Data Entered:	_____	Employee:	_____	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input checked="" type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training				
<p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

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 MEREDITH EDWARDS		2018 Third Quarter			
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3,002.74		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 3,320.50	\$ 7,523.31		
6) Contributions from Individuals	(CRO-1210)	\$ 24,251.27	\$ 56,143.89		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 1,400.00	\$ 2,446.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 79.96	\$ 964.96		
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)	\$ 15.01	\$ 50.01		
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)		\$ 29,066.74	\$ 67,128.17		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 14,055.95	\$ 44,437.34		
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)	\$ 398.15	\$ 886.17		
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$ 0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$ 0.00		
17) In-Kind Contributions	(CRO-1510)	\$ 4,662.77	\$ 8,852.05		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 19,116.87	\$ 54,175.56		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 12,952.61	\$ 12,952.61		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00			
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-2320)	\$ 0.00	\$ 0.00		
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$ 0.00		

Aggregated Contributions from Individuals

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 MEREDITH EDWARDS					
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	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		09/13/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/16/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/23/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		07/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/07/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	POTATO SALAD FOR FUNDRAISER	08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	HANDWOVEN BASKET FOR	08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 14.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	2 GIFT CERTIFICATES FOR FUNDRAISER	08/25/2018	\$ 20.00
4. Total only this Page				\$	\$604.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$3,320.50

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 MEREDITH EDWARDS	

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	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/03/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	HOT DOGS FOR FUNDRAISER	08/23/2018	\$ 25.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/18/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/02/2018	\$ 25.00

4. Total only this Page	\$ 575.50
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 3,320.50

Aggregated Contributions from Individuals

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 MEREDITH EDWARDS	

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	J2911	Check		08/02/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/16/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	MAC & CHEESE FOR FUNDRAISER	08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/12/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/17/2018	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT BASKET FOR FUNDRAISER	08/25/2018	\$ 45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	BOX OF HOTDOGS FOR FUNDRAISER	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00

4. Total only this Page	\$ 670.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 3,320.50
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Aggregated Contributions from Individuals

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 MEREDITH EDWARDS					
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	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 14.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	NECKLACE & EARRINGS FOR	08/25/2018	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 13.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	CAR WASH SUPPLIES FOR FUNDRAISER	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		10/16/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 45.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/10/2018	\$ 39.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	ESSENTIAL OILS & SOAPS FOR	08/25/2018	\$ 35.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 30.00
4. Total only this Page				\$	\$551.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$3,320.50

Aggregated Contributions from Individuals

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 MEREDITH EDWARDS	

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	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/16/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/16/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/12/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/12/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/31/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	BREAD FOR FUNDRAISER	08/25/2018	\$ 50.00

4. Total only this Page	\$ 580.00
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5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 3,320.50
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Aggregated Contributions from Individuals

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 MEREDITH EDWARDS					
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	J2911	Check		08/23/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/16/2018	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	BABY BLANKET FOR FUNDRAISER RAFFLE	08/25/2018	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		08/25/2018	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		08/06/2018	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		10/12/2018	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		08/25/2018	\$ 20.00
4. Total only this Page				\$	\$340.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$3,320.50

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 MEREDITH EDWARDS						
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 AARON 1013 EDITH ST BURLINGTON, NC 27215				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
						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"/>	J2911	Credit Card		08/17/2018		\$ 30.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 10.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 20.00
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 AARON 1013 EDITH ST BURLINGTON, NC 27215				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
						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"/>	J2911	Cash		10/19/2018		\$ 40.00
<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
BARBARA ACOSTA 1347 N SELLARS MILL RD BURLINGTON, NC 27217				REALTOR		
				c. Employer's Name/Specific Field Real Estate		
						e. Election Sum to Date
						\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 15.00
<input type="checkbox"/>	J2911	Check		08/25/2018		\$ 60.00
<input type="checkbox"/>						\$
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
MALISSA ALBRIGHT 103 WOLLSTON CT CARY, NC 27519				CONSULTANT			
				c. Employer's Name/Specific Field			
				FSG			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Check		01/12/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Check		09/17/2018	\$ 25.00		
<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	
PATRICIA ALLEN 1222 S MAIN ST GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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"/>	J2911	Check		08/14/2018	\$ 100.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00		
<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	
TONY ALLRED 3169 ALLRED TRAIL SNOW CAMP, NC 27349				OPERATIONS ENGINEER			
				c. Employer's Name/Specific Field			
				AMERICAN EXPRESS			
						e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/20/2018	\$ 20.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 205.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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
TINA AVANT 561 COOD RD ELON, NC 27244				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				FENCE PRO		
						\$ 280.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	Check		08/09/2018		\$ 250.00
<input type="checkbox"/>	J2911	Check		08/25/2018		\$ 30.00
<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
AUNDREA AZELTON 8278 NC HWY 49 S SNOW CAMP, NC 27349				DEPUTY SHERIFF		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Justice, Public Order, and Safety Activities		
						\$ 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"/>	J2911	Check		08/25/2018		\$ 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
STEFANIE BARFIELD 870 NORTH MARY DR GRAHAM, NC 27253				ADMINISTRATIVE SUPPORT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				ALAMANCE COUNTY DA'S OFFICE		
						\$ 85.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018		\$ 30.00
<input type="checkbox"/>	J2911	Cash		08/20/2018		\$ 45.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 10.00
4. Total only this Page						\$ 435.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27

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 MEREDITH EDWARDS							
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	
JAMES HOUSTON BARNES 2565 TWAIN DRIVE TALLAHASSEE, FL 32311				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				THE BARNES LAW FIRM		\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Check		11/28/2017	\$	40.00	
<input type="checkbox"/>	J2911	Check		07/09/2018	\$	25.00	
<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	
DOUG BARNHARDT 3602 HARRIS RD BURLINGTON, NC 27215				TECHNICIAN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				DUKE ENERGY		\$ 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"/>	J2911	Check		07/31/2018	\$	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	
DAVID BARR 3704 BASS MOUNTAIN RD GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/21/2018	\$	40.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$	5.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$	40.00	
4. Total only this Page						\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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 BEALE 3120 NC 87 SOUTH GRAHAM, NC 27253				COMMISSIONING TECHNICIAN		
				c. Employer's Name/Specific Field UNCCH		
				e. Election Sum to Date		
				\$		55.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/21/2018	\$	20.00
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$	5.00
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$	30.00
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
JEAN BERRY 111 SOUTHWOOD CT GRAHAM, NC 27253				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
				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"/>	J2911	Check		07/29/2018	\$	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
VIC BERRY 907 MEBANE OAKS RD MEBANE, NC 27302				BUSINESS OWNER		
				c. Employer's Name/Specific Field EASTERN AUTO SPA		
				e. Election Sum to Date		
				\$		800.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	CAR WASH PACKAGE FOR FUNDRAISER	08/25/2018	\$	800.00
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 955.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
KEITH BRADY 5914 STONEY MTN RD BURLINGTON, NC 27217			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 1,970.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		07/09/2018	\$ 500.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00	
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	
KEITH BRADY 5914 STONEY MTN RD BURLINGTON, NC 27217			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 1,970.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 300.00	
<input type="checkbox"/>	J2911	Check		10/03/2018	\$ 500.00	
<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	
TIM BRITT 2673 FLEMING-GRAHAM RD BURLINGTON, NC 27217			LE			
			c. Employer's Name/Specific Field			
			Executive, Legislative, and Other General Government Support			
					e. Election Sum to Date	
					\$ 210.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 90.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,425.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
BENNY BROOKS 1816 EDGEWOOD LN GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 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"/>	J2911	Cash		09/28/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		09/29/2018	\$ 50.00	
<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	
GEOFFREY BROWNE 427 FIELDSTONE DR BURLINGTON, NC 27215			DOCTOR			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			ARMC		\$ 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"/>	J2911	Check		07/08/2018	\$ 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	
MARSHA BROWNE 427 FIELDSTONE DR BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 84.71	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	POTATO SALAD FOR FUNDRAISER	08/24/2018	\$ 84.71	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 434.71	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,251.27	

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) COMMITTEE TO ELECT MEREDITH EDWARDS	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) DENNIS BULLIS 2158 HATHAWAY LANE GRAHAM, NC 27253		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field RETIRED			
				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"/>	J2911	Check		08/17/2018	\$ 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) SUSAN BURTON 3332 ARDMORE ST BURLINGTON, NC 27215		b. Job Title/Profession BUSINESS OWNER		d. Comments	
		c. Employer's Name/Specific Field B/B TRAILER SALES			
				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"/>	J2911	Check		08/13/2018	\$ 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) BOB CHANDLER 3240 COVENTRY PL BURLINGTON, NC 27215		b. Job Title/Profession READY MIXED CONCRETE & MASONARY		d. Comments	
		c. Employer's Name/Specific Field CHANDLER CONCRETE CO. 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"/>	J2911	Check		09/07/2018	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 300.00
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5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$ 24,251.27
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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 MEREDITH EDWARDS						
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	
THOMAS CHANDLER 5348 S NC 62 BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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"/>	J2911	Check		09/04/2018	\$ 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	
TOMMY COBLE 4357A E GREENSBORO CHAPEL HILL RD GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		01/25/2018	\$ 40.00	
<input type="checkbox"/>	J2911	Check		08/08/2018	\$ 100.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
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	
R KEITH COLEMAN 1624 RIVERSIDE DRIVE HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 4,225.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/12/2018	\$ 1,000.00	
<input type="checkbox"/>	J2911	In-Kind	CALMING HANDS GIFT CERTIFICATE FOR	08/25/2018	\$ 60.00	
<input type="checkbox"/>	J2911	Check		09/17/2018	\$ 1,225.00	
4. Total only this Page					\$ 2,505.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
DONNIE COLLINS 1015 HANFORD RD GRAHAM, NC 27253				BARBER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GRAHAM BARBERSHOP		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018	\$ 30.00		
<input type="checkbox"/>	J2911	In-Kind	HAIRCUTS GIFT CERTIFICATE FOR	08/25/2018	\$ 30.00		
<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	
JANET COUNCILMAN 1113 SHERWOOD DRIVE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RETIRED		\$ 105.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Check		10/13/2018	\$ 25.00		
<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	
JOHN COX 1018 WESTMINSTER DR GREENSBORO, NC 27410				ATTORNEY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 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"/>	J2911	Check		09/25/2018	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 555.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
RANDY COX 3045 S FAIRWAY DR BURLINGTON, NC 27215				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				BLUE RIBBON DINER			
						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"/>	J2911	Check		09/01/2018		\$ 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	
SUE COX 1183 REATKIN LN GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 15.00	
<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	
BOB CRAYTON 5761 S NC HWY 87 GRAHAM, NC 27253				DISABLED			
				c. Employer's Name/Specific Field			
				DISABLED			
						e. Election Sum to Date	
						\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Cash		08/21/2018		\$ 40.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 15.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 170.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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) COMMITTEE TO ELECT MEREDITH EDWARDS	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL CROTTS 5325 LAUREL RIDGE RD SNOW CAMP, NC 27349		b. Job Title/Profession BUSINESS OWNER		d. Comments	
		c. Employer's Name/Specific Field GRAHAM FURNITURE MART		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"/>	J2911	Cash		08/22/2018	\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 50.00

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAUL CROTTS 5325 LAUREL RIDGE RD SNOW CAMP, NC 27349		b. Job Title/Profession BUSINESS OWNER		d. Comments	
		c. Employer's Name/Specific Field GRAHAM FURNITURE MART		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"/>	J2911	Cash		08/28/2018	\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/29/2018	\$ 50.00
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAULA CROTTS 5325 LAUREL RIDGE RD SNOW CAMP, NC 27349		b. Job Title/Profession RETIRED		d. Comments	
		c. Employer's Name/Specific Field RETIRED		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"/>	J2911	Cash		08/22/2018	\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 50.00

4. Total only this Page	\$ 400.00
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5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	\$ 24,251.27
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Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1203 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS						
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	
PAULA CROTTS 5325 LAUREL RIDGE RD SNOW CAMP, NC 27349			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					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"/>	J2911	Cash		08/28/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/29/2018	\$ 50.00	
<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	
CHARLES DAVIS PO BOX 366 MEBANE, NC 27302			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF			
					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"/>	J2911	Check		10/05/2018	\$ 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	
DARREN DAVIS 1056 SCENIC DR GRAHAM, NC 27253			LEO			
			c. Employer's Name/Specific Field			
			ACSO			
					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"/>	J2911	In-Kind	STEVENS SHOTGUN FOR FUNDRAISER RAFFLE	08/25/2018	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
ROBERT DAVIS 1821 SELBY DR SNOW CAMP, NC 27349			BAIL BONDSMAN			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			ALAMANCE BAIL AGENTS		\$ 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"/>	J2911	Check		08/03/2018	\$ 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	
WILLIAM DAVIS 578 JEFFRIES CROSS RD BURLINGTON, NC 27217			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 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"/>	J2911	Cash		08/25/2018	\$ 10.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 100.00	
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	
CHRISTIE DOSS 1230 WALNUT COVE LN SNOW CAMP, NC 27349			SELF-EMPLOYED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF		\$ 444.84	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 50.00	
<input type="checkbox"/>	J2911	In-Kind	SLAW FOR FUNDRAISER	08/25/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 50.00	
4. Total only this Page					\$ 500.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
JAY DOSS 1230 WALNUT GROVE LANE SNOW CAMP, NC 27349			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			SELF		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"/>	J2911	Cash		08/24/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 50.00	
<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	
CATHY DUSENBERRY 7487 DANFORD RD BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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"/>	J2911	Check		08/13/2018	\$ 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	
BENJAMIN THOMAS EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			GRAHAM POLICE DEPT		e. Election Sum to Date	
					\$ 105.04	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	OFFICE SUPPLIES	08/02/2018	\$ 3.82	
<input type="checkbox"/>	J2911	In-Kind	SIGN SUPPLIES	08/20/2018	\$ 69.22	
<input type="checkbox"/>	J2911	In-Kind	PHOTOS FOR FUNDRAISER	08/24/2018	\$ 7.22	
4. Total only this Page					\$ 280.26	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
BENJAMIN THOMAS EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253				POLICE OFFICER			
				c. Employer's Name/Specific Field GRAHAM POLICE DEPT			
				e. Election Sum to Date		\$ 105.04	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	In-Kind	FUNDRAISER SUPPLIES	08/25/2018	\$ 17.32		
<input type="checkbox"/>	J2911	In-Kind	SIGN SUPPLIES	10/05/2018	\$ 7.46		
<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	
BETTY EDWARDS 2123 MARTIN ST BURLINGTON, NC 27217				RETIRED			
				c. Employer's Name/Specific Field RETIRED			
				e. Election Sum to Date		\$ 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"/>	J2911	Check		07/10/2018	\$ 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	
JUDY EULISS 113 W GILBREATH ST GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field RETIRED			
				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 checked="" type="checkbox"/>	J2911	Check		02/21/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Check		07/30/2018	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 174.78	
5. Total of ALL CRO-1210 Pages						\$ 24,251.27	
<i>(This line must be on line 6 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 MEREDITH EDWARDS						
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
WENDY FERRELL 2512 HICKORY AVE BURLINGTON, NC 27215				SELF EMPLOYED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				LIGHT & CLOUD CLEANING		
						\$ 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"/>	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 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
MICHAEL FRESHWATER 3612 NC 87 S GRAHAM, NC 27253				MECHANIC		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Support Activities for Transportation		
						\$ 140.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 100.00	
<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
EDMUND GANT 1903 SUNNYBROOK DR BURLINGTON, NC 27215				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 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"/>	J2911	Check		10/15/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 390.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
ALLEN GANT JR 1022 W DAVIS ST BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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"/>	J2911	Check		08/13/2018	\$ 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	
KELLEY GATES 624 COUNTRY CLUB DR BURLINGTON, NC 27215				ATTORNEY			
				c. Employer's Name/Specific Field			
				Executive, Legislative, and Other General Government Support			
						e. Election Sum to Date	
						\$ 295.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 75.00		
<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	
KEN GONZALEZ 952 SCENIC DR GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 355.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018	\$ 10.00		
<input type="checkbox"/>	J2911	Check		08/20/2018	\$ 250.00		
<input type="checkbox"/>	J2911	Cash		08/21/2018	\$ 40.00		
4. Total only this Page						\$ 865.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
KEN GONZALEZ 952 SCENIC DR GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 355.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 15.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<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	
MARK GREENE 117 GEORGETOWNE DR ELON, NC 27244				SVP			
				c. Employer's Name/Specific Field			
				NCSECU			
						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"/>	J2911	Check		08/01/2018	\$ 75.00		
<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	
FRIEDA GREGORY 2566 KECK DR BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/18/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00		
<input type="checkbox"/>	J2911	Cash		08/28/2018	\$ 50.00		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
MURIEL GROCE 36743 POND SIDE LN PURCELLVILLE, VA 20132			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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"/>	J2911	Check		07/24/2018	\$ 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	
ANGIE HALL 312 MALLARD CREEK DR GRAHAM, NC 27253			FINANCIAL ADVISOR			
			c. Employer's Name/Specific Field			
			PINNACLE WEALTH		e. Election Sum to Date	
					\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
<input type="checkbox"/>	J2911	In-Kind	2 GIFT CERTIFICATES FOR CONCEAL CARRY	08/25/2018	\$ 120.00	
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	
RONALD HALL 2014 W FRONT ST BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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"/>	J2911	Check		08/12/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 380.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
TRAVIS HANDY 3240 OAKBURY RD BURLINGTON, NC 27215				FIREMAN			
				c. Employer's Name/Specific Field			
				CITY OF BURLINGTON			
						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"/>	J2911	Check		08/08/2018	\$ 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	
PAUL HARDEN 6468 S PREACHER ROBERSON RD GRAHAM, NC 27253				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				TASTY BAKERY			
						e. Election Sum to Date	
						\$ 356.52	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	In-Kind	CAKES FOR FUNDRAISER	08/25/2018	\$ 356.52		
<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	
GARY HARRIS 2546 BARBER RD ELON, NC 27244				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Check		07/16/2018	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 656.52	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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
WILL HARRISON 704 RENDALL CT BURLINGTON, NC 27215				ATTORNEY		
				c. Employer's Name/Specific Field		
				ACDA		
						e. Election Sum to Date
						\$ 70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018		\$ 30.00
<input type="checkbox"/>	J2911	Credit Card		08/25/2018		\$ 5.00
<input type="checkbox"/>	J2911	Credit Card		08/25/2018		\$ 15.00
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
WILL HARRISON 704 RENDALL CT BURLINGTON, NC 27215				ATTORNEY		
				c. Employer's Name/Specific Field		
				ACDA		
						e. Election Sum to Date
						\$ 70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	Credit Card		08/25/2018		\$ 20.00
<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
HOWARD HICKS JR 950 BORDER LAKE TRAIL BURLINGTON, NC 27217				FIREFIGHTER		
				c. Employer's Name/Specific Field		
				Justice, Public Order, and Safety Activities		
						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 checked="" type="checkbox"/>	J2911	Cash		12/31/2017		\$ 50.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 50.00
<input type="checkbox"/>						\$
4. Total only this Page						\$ 90.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,251.27

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 MEREDITH EDWARDS							
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	
HOWARD HICKS SR 120 RANDOM LANE BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 240.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/11/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00		
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	
ELIZABETH GARRISON HODGE 3188 TIMBERLYNE DR MEBANE, NC 27302				HEALTH CARE			
				c. Employer's Name/Specific Field			
				HEALTH CARE			
						e. Election Sum to Date	
						\$ 360.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00		
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 45.00		
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 120.00		
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	
JEAN HOLLIDAY 1649 MAJOR HILL RD SNOW CAMP, NC 27349				ACCOUNTANT			
				c. Employer's Name/Specific Field			
				HOLLIDAY PLLC			
						e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00		
<input type="checkbox"/>	J2911	Check		09/12/2018	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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 HOLLIDAY 1841 MAJOR HILL RD SNOW CAMP, NC 27349				BAIL AGENT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				ALAMANCE BAIL AGENTS		
						\$ 280.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	Check		08/03/2018		\$ 250.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 30.00
<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
IRIS HOLMES 3521 HERBERT DR GRAHAM, NC 27253				HAIR STYLIST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				COUNTRY GIRLS		
						\$ 130.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	J2911	Cash		02/17/2018		\$ 30.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 10.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 40.00
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
IRIS HOLMES 3521 HERBERT DR GRAHAM, NC 27253				HAIR STYLIST		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				COUNTRY GIRLS		
						\$ 130.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	In-Kind	GIFT CERTIFICATE	08/25/2018		\$ 50.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 380.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
MELISSA HOLMES 267 JUDGE SHARPE RD GRAHAM, NC 27253			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			MELISSA HOLMES PHOTOGRAPHY			
					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"/>	J2911	In-Kind	PHOTO SESSION FOR FUNDRAISER RAFFLE	08/25/2018	\$ 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	
CODY HOLT 716 W GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			YESTERDAY'S GRILL			
					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"/>	J2911	In-Kind	BEVERAGES FOR FUNDRAISER	08/25/2018	\$ 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	
DAWN HOLT 556 DODSON RD MEBANE, NC 27302			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			THE EDGE			
					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"/>	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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 HOLT 733 S MARYE DR GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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"/>	J2911	Check		08/02/2018	\$ 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	
LONNIE HOLT 6492 PREACHER ROBERSON RD GRAHAM, NC 27253				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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"/>	J2911	Check		08/25/2018	\$ 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	
ELIZABETH HUNKER 6424 OAK GROVE CHURCH RD MEBANE, NC 27302				CCOM			
				c. Employer's Name/Specific Field			
				ALAMANCE COUNTY			
						e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 45.00		
4. Total only this Page						\$ 290.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS							
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 JOHNSON 506 TRUITT DR ELON, NC 27244				SALES			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				W BY WORTH		\$ 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"/>	J2911	Check		08/10/2018	\$ 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	
KATIE JOHNSON 9558 PLEASANT HILL CHURCH RD LIBERTY, NC 27298				FARMER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Crop Production		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/22/2018	\$ 20.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<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	
MIKE JOHNSTON 240 BIDNEY DR BURLINGTON, NC 27215				SELF-EMPLOYED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF		\$ 400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	In-Kind	CARPET CLEANING GIFT CERTIFICATE FOR	08/25/2018	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 510.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,251.27	

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 MEREDITH EDWARDS						
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 JORDAN 1619 PINE AVE SAXAPAHAW, NC 27340			REALESTATE			
			c. Employer's Name/Specific Field			
			SELF		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"/>	J2911	Check		08/16/2018	\$ 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	
CARYLYN KENNEDY 8126 SILAS DR SNOW CAMP, NC 27349			NURSE			
			c. Employer's Name/Specific Field			
			Hospitals		e. Election Sum to Date	
					\$ 58.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/22/2018	\$ 15.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 3.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
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	
LISA KIRKPATRICK 2040 ENGLEMAN CT BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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"/>	J2911	Check		10/16/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 258.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
RONNIE KIRKPATRICK 3536 ALAMANCE RD BURLINGTON, NC 27215				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				TRIANGLE GRADING		\$ 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"/>	J2911	Cash		08/21/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 50.00		
<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	
BRADFORD KOURY PO BOX 850 BURLINGTON, NC 27216				BUSINESS OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SELF EMPLOYED		\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Check		07/17/2018	\$ 1,000.00		
<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	
LINDA LASHENDOCK 820 SUDBURY CT ELON, NC 27244				A/V ARCHIVES TECHNOLOGIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ELON UNIVERSITY		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 15.00		
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 40.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,155.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
RICKEY LEE 2979 S 119 MEBANE, NC 27302			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 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"/>	J2911	Check		10/10/2018	\$ 50.00	
<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 LOVE 2462 MAJOR HILL RD GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 95.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 45.00	
<input type="checkbox"/>	J2911	Cash		09/13/2018	\$ 50.00	
<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	
RANDY MASSEY 1653 N NC HWY 62 BURLINGTON, NC 27217			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Check		10/07/2018	\$ 100.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 245.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
ASHLEA MAYS 7138 BEALE RD SNOW CAMP, NC 27349				DENTAL ASSISTANT		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Personal and Laundry Services		\$ 110.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 10.00	
<input type="checkbox"/>	J2911	In-Kind	EAR RINGS FOR FUNDRAISER	08/25/2018	\$ 100.00	
<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
RYAN MAYS 7138 BEALE RD SNOW CAMP, NC 27349				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		\$ 280.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00	
<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
CATHERINE MCGHEE PO BOX 909 HILLSBOROUGH, NC 27278				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		12/10/2017	\$ 50.00	
<input type="checkbox"/>	J2911	Check		07/25/2018	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page						\$ 190.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27

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 MEREDITH EDWARDS							
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	
EARL MCKEE 5200 KIGER RD ROUGEMONT, NC 27572				INSPECTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Executive, Legislative, and Other General Government Support		\$ 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"/>	J2911	Check		09/18/2018	\$ 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	
JOSEPH MCPHERSON 3513 MILESVILLE RD ELON, NC 27244				CEO			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				ACSO		\$ 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"/>	J2911	Check		07/19/2018	\$ 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	
SANDRA MILLER 4116 BREEZEWOOD DR WILMINGTON, NC 28412				BANKER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				SUNTRUST		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/13/2018	\$ 20.00		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
MARSHA MORRIS 6839 GREYSTONE DRIVE RALEIGH, NC 27615			RETIRED			
			c. Employer's Name/Specific Field RETIRED			
					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"/>	J2911	Check		07/10/2018	\$ 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	
JEFF NESBITT 746 STILL RUN LANE GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field NESBITT PERFORMANCE ENGINES			
					e. Election Sum to Date	
					\$ 3,534.55	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/21/2018	\$ 2,000.00	
<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	
ANGIE NEWTON 3337 SWEPS-SAX RD GRAHAM, NC 27253			OWNER			
			c. Employer's Name/Specific Field NEWTON FIRE & SAFETY			
					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"/>	J2911	Cash		09/22/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		09/28/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		10/01/2018	\$ 50.00	
4. Total only this Page					\$ 2,250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
ANGIE NEWTON 3337 SWEPS-SAX RD GRAHAM, NC 27253				OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				NEWTON FIRE & SAFTEY		
						\$ 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"/>	J2911	Cash		10/05/2018	\$ 50.00	
<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
BILLIE NOLD 3201 OLD INGOLD TRAIL SNOW CAMP, NC 27349				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 245.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 15.00	
<input type="checkbox"/>	J2911	Check		08/27/2018	\$ 100.00	
<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
CRYSTAL ONEAL 2063 CULLEN RD GIBSONVILLE, NC 27249				LEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				GRAHAM POLICE DEPARTMENT		
						\$ 70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Cash		02/14/2018	\$ 30.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 205.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS							
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	
NADIA PICKENS 114 FLORENCE ST GRAHAM, NC 27253				HAIR & MAKEUP ARTIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Health and Personal Care Stores		\$ 330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Check		02/02/2018	\$ 40.00		
<input type="checkbox"/>	J2911	Cash		08/05/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/16/2018	\$ 50.00		
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	
NADIA PICKENS 114 FLORENCE ST GRAHAM, NC 27253				HAIR & MAKEUP ARTIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Health and Personal Care Stores		\$ 330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/18/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/21/2018	\$ 50.00		
<input type="checkbox"/>	J2911	Cash		08/23/2018	\$ 50.00		
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	
NADIA PICKENS 114 FLORENCE ST GRAHAM, NC 27253				HAIR & MAKEUP ARTIST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Health and Personal Care Stores		\$ 330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 290.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
CLAY PINNEY 525 POMOROY ST GRAHAM, NC 27253			BUSINESS OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SUHONS		\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	BAKED BEANS FOR FUNDRAISER	08/25/2018	\$ 55.00	
<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	
AUDRA POTTER 718 ASHBURY SQ MEBANE, NC 27302			PHYSICAL THERAPIST			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CONE HEALTH		\$ 265.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		10/08/2018	\$ 265.00	
<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	
JAMES PRICE 1831 FAIRVIEW ST BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 65.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
4. Total only this Page					\$ 385.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
SCOTT REAVIS 404 SPRING VALLEY DR BURLINGTON, NC 27217				SELF EMPLOYEED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				SELF		
						\$ 125.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/20/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/24/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 25.00	
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
COLEY RICH 211 NORTH MELVILLE ST GRAHAM, NC 27253				LEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Justice, Public Order, and Safety Activities		
						\$ 75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 15.00	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 60.00	
<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
PATRICIA RICH 4919 S NC 49 BURLINGTON, NC 27215				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 90.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 30.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 230.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
RENN ROBERTSON 1857 LITTLE JOHN LN W BURLINGTON, NC 27217			MANAGER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			FOOD LION		\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		07/20/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 30.00	
<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	
MARILYN RUBRIGHT 2619 CHURCHILL DR BURLINGTON, NC 27215			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		04/10/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Check		07/11/2018	\$ 50.00	
<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	
DAVID SCOTT 1777 FOXHALL LN MEBANE, NC 27302			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 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"/>	J2911	Check		07/04/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 230.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
PHIL SEAY PO BOX 1106 ALAMANCE, NC 27253			PASTOR			
			c. Employer's Name/Specific Field			
			THE LAMBS CHAPEL			
					e. Election Sum to Date	
					\$ 800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		10/13/2018	\$ 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	
AARON SILVER 1406 S MAIN ST GRAHAM, NC 27253			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
			STUDIO SILVER			
					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"/>	J2911	In-Kind	GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 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	
TODD ALLEN SMITH 110-B S MAPLE ST GRAHAM, NC 27253			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF			
					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"/>	J2911	Check		10/05/2018	\$ 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)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
TOM STEELE JR 3024 AMHERST AVE BURLINGTON, NC 27215			ATTORNEY			
			c. Employer's Name/Specific Field			
			PITTMAN & STEELE PLLC		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 checked="" type="checkbox"/>	J2911	Check		03/03/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Check		09/01/2018	\$ 50.00	
<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	
LINDA STEPHENS 5524 NORTH HILLS DR RALEIGH, NC 27612			ATTORNEY			
			c. Employer's Name/Specific Field			
			HEDRICK GARDNER		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"/>	J2911	Check		08/05/2018	\$ 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	
PAT STEPHENSON PO BOX 527 MEBANE, NC 27302			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		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"/>	J2911	Check		07/30/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
TROY STONE 451 LEGEND OAKDS DR CHAPEL HILL, NC 27215			ASSISTANT DISTRICT ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			STATE OF NC		\$ 290.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/03/2018	\$ 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	
KAREN STRAWTHER 1237 PEBBLE DR GRAHAM, NC 27253			ACCOUNT EXECUTIVE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Management of Companies and Enterprises		\$ 255.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 45.00	
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	
ROBERT STRAYHORN 2103 NEW HOPE CHURCH RD CHAPEL HILL, NC 27514			RETIRED - FARMER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		12/21/2017	\$ 50.00	
<input type="checkbox"/>	J2911	Check		07/30/2018	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 235.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
JENNIFER TALLEY 808 SIDEVIEW ST GRAHAM, NC 27253				OWNER		
				c. Employer's Name/Specific Field		
				EP GATES		
						e. Election Sum to Date
						\$ 688.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	J2911	In-Kind	8 GIFT CARDS AND PAPER PRODUCTS FOR	08/25/2018		\$ 488.00
<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
ELLEN THAXTON 4659 FREEDOM DR BURLINGTON, NC 27215				HR MANAGER		
				c. Employer's Name/Specific Field		
				Professional, Scientific, and Technical Services		
						e. Election Sum to Date
						\$ 55.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input checked="" type="checkbox"/>	J2911	Check		02/03/2018		\$ 35.00
<input type="checkbox"/>	J2911	Cash		08/25/2018		\$ 20.00
<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
BELINDA THOMAS 2466 A BARBER RD ELON, NC 27244				PARALEGAL		
				c. Employer's Name/Specific Field		
				VERNON LAW FIRM		
						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"/>	J2911	Check		08/31/2018		\$ 20.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 528.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
LORRAINE TUCK 5206 HAWES ROAD HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 1,386.24	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 75.00	
<input type="checkbox"/>	J2911	Check		10/12/2018	\$ 700.00	
<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	
THOMAS W TUCK 5206 HAWES RD HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 934.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 10.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 40.00	
<input type="checkbox"/>	J2911	Cash		08/26/2018	\$ 4.00	
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	
THOMAS W TUCK 5206 HAWES RD HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 934.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	SHELL GAS	09/26/2018	\$ 80.00	
<input type="checkbox"/>	J2911	Check		10/15/2018	\$ 300.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,209.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
W CRAIG TURNER JR 3120 FORESTDALE DR BURLINGTON, NC 27215				ATTORNEY		
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities		
				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"/>	J2911	Check		08/25/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 80.00	
<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
DAVID VAUGHN 105 TURNBURY PL ELON, NC 27244				RETIRED		
				c. Employer's Name/Specific Field RETIRED		
				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"/>	J2911	Check		08/13/2018	\$ 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
RODNEY WALKER 4580 BLANCHARD RD BURLINGTON, NC 27217				DEPUTY SHERIFF		
				c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities		
				e. Election Sum to Date		
				\$ 110.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/15/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 15.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00	
4. Total only this Page					\$ 365.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
RODNEY WALKER 4580 BLANCHARD RD BURLINGTON, NC 27217			DEPUTY SHERIFF			
			c. Employer's Name/Specific Field Justice, Public Order, and Safety Activities			
					e. Election Sum to Date \$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Check		08/25/2018	\$ 45.00	
<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	
RONNIE WALL 613 MEADOWOOD DR BURLINGTON, NC 27215			HEAD OF SCHOOL			
			c. Employer's Name/Specific Field THE BURLINGTON SCHOOL			
					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"/>	J2911	Check		08/28/2018	\$ 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	
LORI WICKLINE 477 RETREAT LN APT 2F BURLINGTON, NC 27215			PROSECUTOR			
			c. Employer's Name/Specific Field Executive, Legislative, and Other General Government Support			
					e. Election Sum to Date \$ 180.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 10.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
4. Total only this Page					\$ 295.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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
DEREK WILKIE 3425 ASHLEYS POND CT GRAHAM, NC 27253				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Utilities		
						\$ 575.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		02/23/2018	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 5.00	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 20.00	
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
DEREK WILKIE 3425 ASHLEYS POND CT GRAHAM, NC 27253				BUSINESS OWNER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Utilities		
						\$ 575.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	In-Kind	RUGER & 2 YETI FOR FUNDRAISER RAFFLE	08/25/2018	\$ 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
LOUISE WILSON 503 THOMPSON RD GRAHAM, NC 27253				RETIRED		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				RETIRED		
						\$ 530.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Cash		08/25/2018	\$ 30.00	
<input type="checkbox"/>	J2911	Check		10/03/2018	\$ 200.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 755.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 24,251.27	

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 MEREDITH EDWARDS						
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	
JACKIE WOLFE 1840 COYOTE LN HILLSBOROUGH, NC 27278			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 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"/>	J2911	Check		08/14/2018	\$ 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	
BEN YORK 1720 OLD ST MARKS CH RD APT 7-1E BURLINGTON, NC 27215			TOWN CLERK			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			VILLAGE OF ALAMANCE		\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Cash		02/24/2018	\$ 35.00	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 15.00	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 20.00	
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 ZACHARY 8380 OLD SWITCHBOARD RD GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		08/25/2018	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 195.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 24,251.27	

Contributions from Other Political Committees Pg 1 of 2 **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 MEREDITH EDWARDS						
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	
JOHNSON FOR SHERIFF COMMITTEE 3530 CARDWELL DR BURLINGTON, NC 27215			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum			
			c. Level Registered (Specify)			e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: Alamance		\$ 270.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount		
J2911	Check		08/25/2018	\$ 150.00		
				\$		
				\$		
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	
RIDDELL FOR NC HOUSE 6343 BEALE RD SNOW CAMP, NC 27349			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
			c. Level Registered (Specify)			e. Election Sum to Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 200.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount		
J2911	Check		08/25/2018	\$ 200.00		
				\$		
				\$		
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 PBA 2155 HIGHWAY 42 SOUTH MCDONOUGH, GA 30252 (770) 389-5391			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum			
			c. Level Registered (Specify)			e. Election Sum to Date
			<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,926.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount		
J2911	Check		10/17/2018	\$ 1,000.00		
				\$		
				\$		
4. Total only this Page				\$ 1,350.00		
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,400.00		

Contributions from Other Political Committees pg 2 of 2 **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 MEREDITH EDWARDS				
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
STEPHEN ROSS PAC 1314 Mccuiston Dr BURLINGTON, NC 27215		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		e. Election Sum to Date
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				\$ 50.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
J2911	Check		08/25/2018	\$ 50.00
				\$
				\$
4. Total only this Page				\$ 50.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 1,400.00

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
AMAZON PO BOX 81226 SEATTLE, WA 98108-1226			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		07/09/2018
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$ 43.98
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				ENVELOPES & LABELS - WRONG ITEM SENT	
				j. Election Sum to Date	
				\$ 398.27	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
J2911	Debit Card			07/10/2018	\$ 43.98
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
AMAZON PO BOX 81226 SEATTLE, WA 98108-1226			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		07/10/2018
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					i. Original Expenditure Amt
					\$ 35.98
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				ENVELOPES & LABELS WRONG ITEM SENT	
				j. Election Sum to Date	
				\$ 398.27	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
J2911	Debit Card			07/11/2018	\$ 35.98
4. Total only this Page					\$ 79.96
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 79.96

Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
CAPITAL BANK 227 S MAIN ST GRAHAM, NC 27253					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 50.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
J2911	Draft		07/31/2018	\$ 5.00	
J2911	Draft		08/31/2018	\$ 5.00	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
CAPITAL BANK 227 S MAIN ST GRAHAM, NC 27253					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 50.00	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
J2911	Draft		09/28/2018	\$ 5.00	
				\$	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SQUARE 1455 MARKET STREET SUITE 600 SAN FRANCISCO, CA 94103 (415) 375-3176					
			c. Outside Source Explanation		
				e. Election Sum to Date	
				\$ 0.01	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
J2911	Electric Funds Tran		08/27/2018	\$ 0.01	
				\$	
5. Total only this Page				\$ 15.01	
6. Total of ALL CRO-1250 Pages				\$ 15.01	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

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 MEREDITH EDWARDS							
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	
ACCELERATED GRAPHICS PO BOX 2658 BURLINGTON, NC 27216							
				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:		\$ 117.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Check	O	08/30/2018	\$ 117.43	YARD SIGNS & BANNER		
				\$			
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	
AL VANS ADVERTISING COMPANY 3290 VANS DR BURLINGTON, NC 27215							
				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:		\$ 17,436.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Debit Card	O	07/24/2018	\$ 616.59	PROMOTIONAL ITEMS		
J2911	Debit Card	O	08/17/2018	\$ 1,943.00	YARD SIGNS & BANNERS		
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	
AL VANS ADVERTISING COMPANY 3290 VANS DR BURLINGTON, NC 27215							
				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:		\$ 17,436.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Debit Card	O	08/29/2018	\$ 1,941.85	YARD SIGNS & BANNERS		
				\$			
5. Total only this Page						\$ 4,618.87	
6. Total of ALL CRO-1310 Pages						\$ 14,055.95	
<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) COMMITTEE TO ELECT MEREDITH EDWARDS						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> ALAMANCE NEWS 114 W ELM ST GRAHAM, NC 27253 (336) 228-7851				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
						\$ 1,876.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	O	10/12/2018	\$ 658.00	NEWSPAPER AD	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> AMAZON PO BOX 81226 SEATTLE, WA 98108-1226				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
						\$ 398.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Debit Card	K	07/05/2018	\$ 163.92	ENVELOPES	
				\$		
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 DR GREENSBORO, NC 27406				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
						\$ 2,443.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	O	08/21/2018	\$ 875.00	BILLBOARD	
J2911	Check	O	10/02/2018	\$ 1,568.75	2 BILLBOARDS	
5. Total only this Page						\$ 3,265.67
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>						\$ 14,055.95
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 MEREDITH EDWARDS								
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		
HOSPICE OF ALAMANCE-CASWELL 914 CHAPEL HILL RD BURLINGTON, NC 27215								
				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:		S 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
J2911	Check	O	09/07/2018	\$ 100.00	DONATION			
				\$				
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		
HURSEY'S BBQ 1234 S MAIN ST GRAHAM, NC 27253								
				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:		S 106.75		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
J2911	Debit Card	C	08/25/2018	\$ 106.75	BAKED BEANS & POTATO SALAD			
				\$				
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		
INTEGRITY CHURCH 2420 CORPORATION PARKWAY BURLINGTON, NC 27215								
				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:		S 150.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
J2911	Check	O	07/02/2018	\$ 150.00	TOUCH A TRUCK FOR KIM ADVERTISING			
				\$				
5. Total only this Page							S 356.75	
6. Total of ALL CRO-1310 Pages							S 14,055.95	
<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) COMMITTEE TO ELECT MEREDITH EDWARDS	2. ID Number
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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> INTERNATIONAL MINUTE PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253	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 \$ 888.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	B	07/02/2018	\$ 75.94	CAMPAIGN DONATION
J2911	Debit Card	BK	07/06/2018	\$ 201.13	CARDS 1,000 LETTERS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> INTERNATIONAL MINUTE PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253	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 \$ 888.63

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	B	07/10/2018	\$ 137.59	1,000 LETTERS
J2911	Debit Card	C	08/02/2018	\$ 116.23	TICKETS, PADS & POSTERS

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> KENYON'S MEAT MARKET 1915 S HWY 119 MEBANE, NC 27302	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 \$ 412.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Check	C	08/23/2018	\$ 412.50	MEAT FOR FUNDRAISER

5. Total only this Page \$ 943.39

6. Total of ALL CRO-1310 Pages
(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 Commi)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 14,055.95

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)						2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS							
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	
LOWES HOME CENTERS, LLC 125 HUFFMAN MILL RD BURLINGTON, NC 27215 (336) 226-5656							
				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:		\$ 443.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Debit Card	O	07/02/2018	\$ 57.35	SUPPLIES FOR SIGNS		
J2911	Debit Card	O	10/05/2018	\$ 50.62	SIGN SUPPLIES		
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	
MOUNTAIN VIEW RURITAN CLUB 5161-D MOUNT HERMON ROCK CREEK RD SNOW CAMP, NC 27253							
				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:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Check	O	09/18/2018	\$ 100.00	CAR SHOW AD		
				\$			
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	
MT HERMON COMMUNITY CENTER 3735 BASS MOUNTAIN RD GRAHAM, NC 27253							
				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:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
J2911	Check	C	08/21/2018	\$ 200.00	BUILDING RENTAL		
				\$			
5. Total only this Page						\$ 407.97	
6. Total of ALL CRO-1310 Pages						\$ 14,055.95	
<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

Amendment

Page 6 of 8 Yes No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MEREDITH EDWARDS	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> THE MEDA CORPORATION 65 TOWN MOUNTAIN RD ASHEVILLE, NC 28804			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 \$ 125.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Check	O	09/01/2018	\$ 125.00	VOTER LIST
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TIMES-NEWS PO BOX 481 BURLINGTON, NC 27215			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 \$ 5,747.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	A	09/19/2018	\$ 1,225.00	NEWSPAPER AD -
J2911	Debit Card	O	10/15/2018	\$ 147.50	VOTERS GUIDE NEWSPAPER AD

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> TIMES-NEWS PO BOX 481 BURLINGTON, NC 27215			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 \$ 5,747.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	O	10/18/2018	\$ 1,045.00	NEWSPAPER AD
				\$	

5. Total only this Page	\$ 2,542.50
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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>	\$ 14,055.95
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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) COMMITTEE TO ELECT MEREDITH EDWARDS	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 (include city, state, & zip) USPS 112 S MARSHALL ST GRAHAM, NC 27253 (800) 275-877	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 \$ 1,300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	I	07/16/2018	\$ 500.00	
J2911	Debit Card	I	07/25/2018	\$ 300.00	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS 112 S MARSHALL ST GRAHAM, NC 27253 (800) 275-877	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 \$ 1,300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	I	08/17/2018	\$ 50.00	
J2911	Debit Card	I	10/05/2018	\$ 300.00	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) WALGREENS 2585 S CHURCH ST BURLINGTON, NC 27215 (336) 584-7265	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 \$ 402.40

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Debit Card	B	07/08/2018	\$ 184.14	PHOTOS FOR LETTERS
J2911	Debit Card	B	07/18/2018	\$ 73.66	PHOTOS

5. Total only this Page	\$ 1,407.80
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6. Total of ALL CRO-1310 Pages (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)	\$ 14,055.95
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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 MEREDITH EDWARDS	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> WBAG 1745 Burch Bridge Road BURLINGTON, NC 27217 (336) 226-1150			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 \$ 1,191.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Check	O	08/15/2018	\$ 99.00	RADIO AD
J2911	Check	O	10/03/2018	\$ 198.00	RADIO AD

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> WBAG 1745 Burch Bridge Road BURLINGTON, NC 27217 (336) 226-1150			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 \$ 1,191.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
J2911	Check	O	10/10/2018	\$ 216.00	RADIO AD
				\$	

5. Total only this Page	\$ 513.00
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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>	\$ 14,055.95
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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)			

Aggregated Non-Media Expenditures

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 MEREDITH EDWARDS							
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	J2911	Debit Card	O	07/13/2018	\$	41.62	TABLE FOR TOUCH A TRUCK EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	O	08/29/2018	\$	50.00	AD FOR CHAMBER GOLF
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	K	07/09/2018	\$	43.98	ENVELOPES & LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	K	07/10/2018	\$	35.98	ENVELOPES & LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Draft	K	07/18/2018	\$	36.41	LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check	C	07/25/2018	\$	30.75	SUPPLIES FOR AUGUST
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check	CO	09/20/2018	\$	48.32	FUNDRAISER FOOD REIMBURSEMENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Draft	O	07/31/2018	\$	5.00	ACCOUNT STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Draft	O	08/31/2018	\$	5.00	ACCOUNT STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Draft	O	09/28/2018	\$	5.00	ACCOUNT STATEMENT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	C	08/25/2018	\$	17.93	2 QT CONTAINERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	K	08/23/2018	\$	23.87	DONATION PADS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	O	09/04/2018	\$	32.41	SIGN SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Debit Card	O	09/07/2018	\$	18.15	SIGN SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	0.28	CREDIT CARD FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	0.55	CREDIT CARD FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	0.55	CREDIT CARD FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	0.55	CREDIT CARD FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	0.69	CREDIT CARD FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Electric Funds Tran	O	08/25/2018	\$	1.10	CREDIT CARD FEE
4. Total only this Page					\$	398.14	
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	398.15	
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	H* - Holding Public Office Expenses				
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund				
O* - Other							
* Codes require detailed explanation in required remarks field (g)							

Aggregated Non-Media Expenditures

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MEREDITH EDWARDS				2. ID Number		
3. Payee Information						
a. Amend <input type="checkbox"/> Add <input type="checkbox"/> Remove	b. Account Code J2911	c. Form of Payment Electric Funds Tran	d. Purpose Code O	e. Date (mm/dd/yyyy) 08/27/2018	f. Amount \$ 0.01	g. Required Remarks SQUARE VERIFICATION
4. Total only this Page					\$	0.01
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	398.15
6. Purpose Codes (List detailed expenditure code in (d) above)						
E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate			
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
O* - Other	J - Penalties	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 MEREDITH EDWARDS			
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
Aggregated Individual Contribution		<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
			\$ 25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 25.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 20.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 GIFT CERTIFICATES FOR FUNDRAISER		08/25/2018	\$ 20.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 35.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ESSENTIAL OILS & SOAPS FOR FUNDRAISER		08/25/2018	\$ 35.00
			\$
			\$
4. Total only this Page			\$ 80.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

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 MEREDITH EDWARDS			
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
Aggregated Individual Contribution		<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
			\$ 45.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT BASKET FOR FUNDRAISER		08/25/2018	\$ 45.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 25.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 13.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 13.00
			\$
			\$
4. Total only this Page			\$ 83.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

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 MEREDITH EDWARDS			
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	d. Election Sum to Date
Aggregated Individual Contribution	<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		\$ 50.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
POTATO SALAD FOR FUNDRAISER	08/25/2018	\$ 50.00	
		\$	
		\$	
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	d. Election Sum to Date
Aggregated Individual Contribution	<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		\$ 50.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
MAC & CHEESE FOR FUNDRAISER	08/25/2018	\$ 50.00	
		\$	
		\$	
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	d. Election Sum to Date
Aggregated Individual Contribution	<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		\$ 25.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
GIFT CERTIFICATE FOR FUNDRAISER	08/25/2018	\$ 25.00	
		\$	
		\$	
4. Total only this Page		\$ 125.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 4,662.77	

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 MEREDITH EDWARDS			
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
Aggregated Individual Contribution		<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
			\$ 35.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
NECKLACE & EARRINGS FOR FUNDRAISER		08/25/2018	\$ 35.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 50.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 50.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAR WASH SUPPLIES FOR FUNDRAISER		08/25/2018	\$ 25.00
			\$
			\$
4. Total only this Page			\$ 110.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

In-Kind Contributions

Amendment

Pg 5 of 14 Yes No

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

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS			
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
Aggregated Individual Contribution		<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
		\$	25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BOX OF HOTDOGS FOR FUNDRAISER		08/25/2018	\$ 25.00
			\$
			\$
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
Aggregated Individual Contribution		<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
		\$	25.50
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
HOT DOGS FOR FUNDRAISER		08/23/2018	\$ 25.50
			\$
			\$
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
Aggregated Individual Contribution		<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
		\$	10.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 10.00
			\$
			\$
4. Total only this Page		\$	60.50
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	4,662.77

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 MEREDITH EDWARDS			
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
Aggregated Individual Contribution		<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
			\$ 50.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
HANDWOVEN BASKET FOR FUNDRAISER RAFFLE		08/25/2018	\$ 50.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 25.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BABY BLANKET FOR FUNDRAISER RAFFLE		08/25/2018	\$ 25.00
			\$
			\$
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
Aggregated Individual Contribution		<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
			\$ 50.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BREAD FOR FUNDRAISER		08/25/2018	\$ 50.00
			\$
			\$
4. Total only this Page		\$	125.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$	4,662.77

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 MEREDITH EDWARDS			
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
VIC BERRY 907 MEBANE OAKS RD MEBANE, NC 27302		<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	
		\$	800.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAR WASH PACKAGE FOR FUNDRAISER		08/25/2018	\$ 800.00
			\$
			\$
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
MARSHA BROWNE 427 FIELDSTONE DR BURLINGTON, NC 27215		<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	
		\$	84.71
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POTATO SALAD FOR FUNDRAISER		08/24/2018	\$ 84.71
			\$
			\$
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
R KEITH COLEMAN 1624 RIVERSIDE DRIVE HILLSBOROUGH, NC 27278		<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	
		\$	4,225.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CALMING HANDS GIFT CERTIFICATE FOR FUNDRAISER RAFFLE		08/25/2018	\$ 60.00
			\$
			\$
4. Total only this Page		\$	944.71
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	4,662.77

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 MEREDITH EDWARDS			
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
DONNIE COLLINS 1015 HANFORD RD GRAHAM, NC 27253		<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	\$ 60.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
HAIRCUTS GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 30.00
			\$
			\$
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
DARREN DAVIS 1056 SCENIC DR GRAHAM, NC 27253		<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	\$ 250.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
STEVENS SHOTGUN FOR FUNDRAISER RAFFLE		08/25/2018	\$ 250.00
			\$
			\$
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
CHRISTIE DOSS 1230 WALNUT COVE LN SNOW CAMP, NC 27349		<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	\$ 444.84
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SLAW FOR FUNDRAISER		08/25/2018	\$ 50.00
			\$
			\$
4. Total only this Page			\$ 330.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 4,662.77

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 MEREDITH EDWARDS			
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
BENJAMIN THOMAS EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253		<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	
		\$	105.04
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE SUPPLIES		08/02/2018	\$ 3.82
SIGN SUPPLIES		08/20/2018	\$ 69.22
PHOTOS FOR FUNDRAISER		08/24/2018	\$ 7.22
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
BENJAMIN THOMAS EDWARDS 123 BAUMAN COURT GRAHAM, NC 27253		<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	
		\$	105.04
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FUNDRAISER SUPPLIES		08/25/2018	\$ 17.32
SIGN SUPPLIES		10/05/2018	\$ 7.46
			\$
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
WENDY FERRELL 2512 HICKORY AVE BURLINGTON, NC 27215		<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	
		\$	150.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 150.00
			\$
			\$
4. Total only this Page		\$	255.04
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	4,662.77

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 MEREDITH EDWARDS			
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
ANGIE HALL 312 MALLARD CREEK DR GRAHAM, NC 27253		<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
			\$ 240.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
2 GIFT CERTIFICATES FOR CONCEAL CARRY CLASS FOR FUNDRAISER RAFFLE		08/25/2018	\$ 120.00
			\$
			\$
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
PAUL HARDEN 6468 S PREACHER ROBERSON RD GRAHAM, NC 27253		<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
			\$ 356.52
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAKES FOR FUNDRAISER		08/25/2018	\$ 356.52
			\$
			\$
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
IRIS HOLMES 3521 HERBERT DR GRAHAM, NC 27253		<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
			\$ 130.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE		08/25/2018	\$ 50.00
			\$
			\$
4. Total only this Page			\$ 526.52
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

In-Kind Contributions

Amendment

Pg 11 of 14 Yes No

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1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS			
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
MELISSA HOLMES 267 JUDGE SHARPE RD GRAHAM, NC 27253		<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
		\$	250.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PHOTO SESSION FOR FUNDRAISER RAFFLE		08/25/2018	\$ 250.00
			\$
			\$
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
CODY HOLT 716 W GREENSBORO CHAPEL HILL RD SNOW CAMP, NC 27349		<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
		\$	100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BEVERAGES FOR FUNDRAISER		08/25/2018	\$ 100.00
			\$
			\$
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
DAWN HOLT 556 DODSON RD MEBANE, NC 27302		<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
		\$	100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 100.00
			\$
			\$
4. Total only this Page		\$	450.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	4,662.77

In-Kind Contributions

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1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS			
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
MIKE JOHNSTON 240 BIDNEY DR BURLINGTON, NC 27215		<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
			\$ 400.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CARPET CLEANING GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 250.00
			\$
			\$
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
ASHLEA MAYS 7138 BEALE RD SNOW CAMP, NC 27349		<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
			\$ 110.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
EAR RINGS FOR FUNDRAISER		08/25/2018	\$ 100.00
			\$
			\$
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
CLAY PINNEY 525 POMOROY ST GRAHAM, NC 27253		<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
			\$ 55.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
BAKED BEANS FOR FUNDRAISER		08/25/2018	\$ 55.00
			\$
			\$
4. Total only this Page			\$ 405.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

In-Kind Contributions

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1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS			
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
AARON SILVER 1406 S MAIN ST GRAHAM, NC 27253		<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
			\$ 100.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GIFT CERTIFICATE FOR FUNDRAISER		08/25/2018	\$ 100.00
			\$
			\$
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
JENNIFER TALLEY 808 SIDEVIEW ST GRAHAM, NC 27253		<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
			\$ 688.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
8 GIFT CARDS AND PAPER PRODUCTS FOR FUNDRAISER AND ADS AT GRAHAM CINEMA		08/25/2018	\$ 488.00
			\$
			\$
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
THOMAS W TUCK 5206 HAWES RD HILLSBOROUGH, NC 27278		<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
			\$ 934.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
SHELL GAS		09/26/2018	\$ 80.00
			\$
			\$
4. Total only this Page			\$ 668.00
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 4,662.77

In-Kind Contributions

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 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 MEREDITH EDWARDS			
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	
DEREK WILKIE 3425 ASHLEYS POND CT GRAHAM, NC 27253	<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	
		\$ 575.00	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
RUGER & 2 YETI FOR FUNDRAISER RAFFLE	08/25/2018	\$ 500.00	
		\$	
		\$	
4. Total only this Page		\$ 500.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 4,662.77	