Amendment

Disclosure Report Cover

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

1. Committee Ir	nformation							
a. Full Name								c. ID Number
COMMITTEE	TO ELECT M	IEREDITH ED	WARI	OS				
b. Mailing Addre	ess (include Ci	ty, State and Zip	Code)				· · · · · · · · · · · · · · · · · · ·	d. Date Filed
123 BAUMAN GRAHAM, NO					nar-mineral, iro			01/23/2018
Glamani, re	2 2123		5.7	1 67 4 5				e. Phone Number
			Ų,	1740-13	P 05:	109 REF:		(919) 428-6779
2. Report Year	3. Period Star	t Date (mm/dd/y	у)	4. Period	End Da	ite (mm/dd/yy)	5. Treasur	er Full Name
2017	10	0/13/2017			12/31/2	2017	JOSEPH E	BRIAN GLAZE
6. Type of Comr			9. Typ	e of Report	t (c.		type of rep	ort from one category)
X Candidate Can			Munic			State/County		Referendum
Joint Fundrais				Organizatio		Organizatio	mal	Organizational
Referendum				Thirty-five	day	Quarterly		☐ Pre-referendum
7. Type of Fund		le, check one)		Pre-primary	(☐ First		☐ Final
Booster Fund				Pre-election	ı	Second		Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Presidential E			_	Semi-annua Mid Ye		Fourth Semi-annua	1	☐ Special
☐ NC Public Car	npaign Financing	grund		Year E		Semi-annua Mid Ye		10. Special Report Name
Other:				Final	IG	Year E		10. Special Report Ivalie
8. Number of Fu	ındraisers this	Report	H	Special		Final		
	0		_	•		Special		
3. Account Info	rmation				3. Acc	ount Informati	on	
a. Financial Inst		m e				incial Institutio		e
CAPITAL BAN	ΝK	ak ta anggan nata nani, ming ak ahada nahak ata tandang dangang nani nat	2-11			a (2000 to 10 gr. 10 gr. 10 to 10 to 10 gr. 10 ft -	594 De-1895, 201351 (1913)	
b. Purpose		c. Account Code	÷		b. Pur	pose		c. Account Code
COMMITTEE	USE	J2	911					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		\$		0.00				\$
Chapter 163 o	he Committee of f the NC Gener	al Statutes and	that no	funds are	commi	ngled with pro	hibited or o	2A, 22B & 22D-22M of ther non-disclosed ed by the NC State Board
breph Br	inted Name of S	igner	<	Sign	ature of	Appointed Trea	Surer	01/23/2018 Date
FOR OFFICE US	SEONLY		•	7				
Date Receive	ed: <u>2</u>	3 Jan. 201	8	Employ	yee:	CA		<u>ivery Method</u> Normal Mail
Date Postma	irked:			Employ	/ee: _			Registered Mail Hand Delivered
Date Scanne	:d:	1-31-18		Employ	/ee: _	JG	-	Electronically Filed
Date Data Er	ntered:		_	Employ	/ee: _			Signer has not received mandatory training
	assistar	annot be used to nt treasurer, cust d the Statement	todian	of books in	n format	tion, or accoun	t informatio	

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re	port	3. ID	3. ID Number		
COMMITTEE TO ELECT MEREDITH EDWARDS	2017 Year E	nd Semi-Annual	i-Annual			
Start of Election Cycle: January 1,2017		Total this Reporting Perio	od	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0.	00 \$	0.00		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 835.	00 \$	835.00		
6) Contributions from Individuals	(CRO-1210)	\$ 15,670.	00 \$	15,952.89		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00 \$	0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 \$	0.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 885.	00 \$	885.00		
11) Other Receipt Sources		0.00	7.12			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.	00 \$	0.00		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.	00 \$	0.00		
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 \$	0.00		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 \$	0.00		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 \$	0.00		
(2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 17,390.0	00 \$	17,672.89		
<u>EXPENDITURES</u>						
3) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 4,631.7	72 \$	4,631.72		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	0.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 \$	0.00		
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 19.9	00 \$	19.90		
5) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00		
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	0 \$	0.00		
7) In-Kind Contributions	(CRO-1510)	\$ 0.0	0 \$	282.89		
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 4,651.6	2 \$	4,934.51		
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 12,738.3	8 \$	12,738.38		
ADDITIONAL INFORMATION	Г					
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0				
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0				
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	0			
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0			
4) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	0			
5) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00		
6) Forgiven Loans	(CRO-1440)	\$ 0.0	0 \$	0.00		
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	0 \$	0.00		
8) Contributions to be Refunded	(CRO-1215)	\$ 0.0	0 \$	0.00		

		Amendment
Aggregated Contributions from Individuals	Page 1 of	1

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 Add J2911 Check 11/28/2017 \$ 40.00 Remove Add Cash J2911 12/01/2017 \$ 40.00 ☐ Remove Add J2911 Cash 11/24/2017 \$ 20.00 Remove Add J2911 Check 11/29/2017 \$ 50.00 Remove Add J2911 Check 12/07/2017 \$ 50.00 Remove Add Check J2911 12/08/2017 \$ 50.00 ☐ Remove Add J2911 Check 10/27/2017 \$ 50.00 Remove Add J2911 Check 11/27/2017 \$ 50.00 Remove Add Check J2911 12/02/2017 \$ 25.00 ☐ Remove Add J2911 Cash 12/24/2017 \$ 20.00 Remove Add Cash J2911 12/31/2017 \$ 50.00 Remove Add J2911 Cash 12/31/2017 \$ 50.00 Remove Add Check J2911 12/10/2017 \$ 50.00 Remove Add J2911 Check 11/28/2017 \$ 25.00 ☐ Remove Add J2911 Cash 12/05/2017 \$ 20.00 Remove Add Check J2911 11/24/2017 \$ 50.00 Remove Add J2911 Check 11/26/2017 \$ 25.00 ☐ Remove Add J2911 Check 12/21/2017 \$ 50.00 Remove Add J2911 Cash 11/24/2017 \$ 20.00 Remove
Add J2911 Check 11/28/2017 \$ 50.00 ☐ Remove Add J2911 Check 12/06/2017 \$ 50.00 Remove

\$835.00

\$835.00

\$

\$

4. Total only this Page

5. Total of ALL CRO-1205 Pages

Amendment Contributions from Individuals X No ☐ Yes 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 ☐ Add ☐ Remove 3427 a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LINDA BORDEAUX c. Employer's Name/Specific Field 105 GLENN ABBY DRIVE MOREHEAD CITY, NC 28557 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 Check J2911 11/28/2017 \$ 100.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED **DENNIS BULLIS** c. Employer's Name/Specific Field 2158 HATHAWAY LANE GRAHAM, NC 27253 RETIRED e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check J2911 12/13/2017 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PR DIRECTOR JONATHAN COLEMAN c. Employer's Name/Specific Field 1514 HANSON LANE CHARLOTTE, NC 28027 CMS 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 Check J2911 11/30/2017 \$ 100.00 \$ \$ 4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages

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

\$

Amendment Contributions from Individuals 2 X No ☐ Yes 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED R KEITH COLEMAN c. Employer's Name/Specific Field 1624 RIVERSIDE DRIVE HILLSBOROUGH, NC 27278 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 Check J2911 11/09/2017 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ASST DA MEREDITH TUCK EDWARDS c. Employer's Name/Specific Field 123 BAUMAN COURT GRAHAM, NC 27253 ALAMANCE COUNTY e. Election Sum to Date \$ 5,282.89 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check J2911 10/13/2017 \$ 5,000.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ATTORNEY AMY GALEY c. Employer's Name/Specific Field 233 FLOYD SCOTT LN BURLINGTON, NC 27217 SELF EMPLOYED e. Election Sum to Date

!						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount
	J2911	Check			12/07/2017		\$ 100.00
							\$
							\$
4. Tota	al only this Pa	ge		Ţ.		\$	5,600.00
		O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	15,670.00

Amendment **Contributions from Individuals** 3

☐ Yes No No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MEREDITH EDWARDS 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED CHARLES HARRIS c. Employer's Name/Specific Field 651 N NC HWY 87 BURLINGTON, NC 27217 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 Check J2911 12/29/2017 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BUSINESS OWNER GENE HEIDEL c. Employer's Name/Specific Field 127 BAUMAN CT GRAHAM, NC 27253 MID-STATE SERVICES 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 Check J2911 12/02/2017 \$ 250.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED TONY HOLLAND c. Employer's Name/Specific Field 2155 OUAIL DRIVE GRAHAM, NC 27253 RETIRED e. Election Sum to Date 3,020.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check J2911 11/06/2017 \$ 1,000.00 Check J2911 12/16/2017 \$ 2,020.00 \$ 4. Total only this Page 3,370.00 \$

5. Total of ALL CRO-1210 Pages

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

\$

Amendment **Contributions from Individuals** ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT MEREDITH EDWARDS 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NURSE CHARLOTTE M KENNEDY c. Employer's Name/Specific Field 1219 BLACKWOOD MOUNTAIN RD CHAPEL HILL, NC 27516 DUKE e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k, Amount j. Date (mm/dd/yyyy) Check J2911 11/28/2017 \$ 100.00 \$ \$ 3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **BUSINESS OWNER BRADFORD KOURY** c. Employer's Name/Specific Field **PO BOX 850** BURLINGTON, NC 27216 SELF EMPLOYED 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 Check J2911 12/14/2017 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED MARSHA MORRIS c. Employer's Name/Specific Field **6839 GREYSTONE DRIVE** RALEIGH, NC 27615 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

	J2911	Check		12/13/2017	\$ 100.00
					\$
					\$
4. Tota	al only this Pa	ge		\$	700.00
	al of ALL CRO	O-1210 Pages	ave CRO-1100)	\$	15,670.00

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

Contributions from Individuals Pg 5 of 9 Amendment Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
COMN	MITTEE TO ELE	CT MEREDITH ED	WARDS					
	tributor Informati			Add 🔲 Re	emove			
a. Full	Name, Mailing Ad	dress & Phone	1.0	b. Job Title/P	rofession	d. (Comments	
	ude city, state, & z	ip)		RETIRED				
I	NESBITT FILL RUN LANE)		c. Employer's	Name/Specific Field			
	IAM, NC 27253			NESBITT P	ERFORMANCE	Ĺ		
				ENGINES		e. 1	Dection Sur	n to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	J2911	Check			11/13/2017		\$	1,000.00
							\$	1
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move			
	Name, Mailing Ado			b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & z	ip)		CIVIL AIR P	ATROL			
	OAKES			<u>.</u>	6			
	LENKIRK DRIV			***************************************	Name/Specific Field			
BURLINGTON, NC 27215				CIVIL AIR F	PATROL	e. F	lection Sun	1 to Date

						\$		100.00
f. Prior		h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	J2911	Check			12/20/2017		\$	100.00
							\$	
				•			\$	
	ibutor Informatio			Add 🔲 Rei	nove			
3.000 × 4.0032803	ame, Mailing Add			b. Job Title/Profession			Comments	
	de city, state, & zi	p)		RETIRED				
	' PARKER AWS STORE RE		-	c Employer's l	Name/Specific Field			
	LE MILLS, NC 2		F-	RETIRED	The state of the s			
	22 1.11225, 110 2	7,5 11		KETIKED		e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amount	
	J2911	Check			12/27/2017		\$	100.00
						1	\$	
							\$	
4. Tota	l only this Pag	ge 9				\$		1,200.00
	l of ALL CRO		No. 10					5 670 00
		of Detailed Summary P.	age CRO-1100)			\$	1	5,670.00

		om Individual			g <u>6</u>			Amendme	X No	
1. Com	mittee Full Name	ndividual contribution (and Fund if applicate CCT MEREDITH ED)	ole)		inder \$50	if form CRO		5 is not used ID Number	<u>i</u>	
	r ibutor Informat Name, Mailing Ad			Add R			d. Comments			
CARO 2712 E	ide city, state, & z LYN GILLIKIN BLUE RAVINE F E FOREST, NC 2	ROACH RD		c. Employer's Name/Specific Field MORNINGSTAR LAW						
		27307		GROUP	. ~ ~ A A A A A A A A A A A A A A A A A		e. I	Dection Sun	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)) <u>.</u> .	k. Amount		
	J2911	Check		Action of the second of the se	1	1/26/2017		\$	200.00	
								\$		
								\$		
	ributor Informati				emove					
	lame, Mailing Add de city, state, & z			b. Job Title/P			d. C	Comments		
	Y SANTOS	th)		ATTORNEY	7					
	CENTER ST			c. Employer's Name/Specific Field						
268				ALAMANCE CO DA'S				•		
MEBA	NE, NC 27302			OFFICE			e. Election Sum to Date			
							\$		300.00	
f. Prior	***************************************	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	J2911	Check			12	2/11/2017		\$	300.00	
								\$		
								\$		
	ibutor Informatio			Add 🔲 Re	move					
1 12 12 12 1	ame, Mailing Add			b. Job Title/Profession				omments		
	de city, state, & zi			CONSULTANT INSURANCE						
THERESA SHACKELFORD				COMPLIANCE c. Employer's Name/Specific Field						

				İ		-	Hamman and American	No.
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	J2911	Check			11/25/2017		\$	100.00
							\$	
	· · · · · · · · · · · · · · · · · · ·						\$	
4. Tota	al only this Pa	ge				\$		600.00
	The second secon	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)	1961 1861		\$		5,670.00

SELF EMPLOYED

CREEDMOOR, NC 27522

e. Election Sum to Date

Contributions from Individuals $7 \quad \text{of}$ X No ☐ Yes 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) ASSISTANT DISTRICT TROY STONE **ATTORNEY** c. Employer's Name/Specific Field 451 LEGEND OAKDS DR CHAPEL HILL, NC 27215 STATE OF NC 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 Check J2911 12/02/2017 \$ 150.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED CHERYL SURLES c. Employer's Name/Specific Field 1153 VILLA DRIVE GRAHAM, NC 27253 **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 Check J2911 12/12/2017 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED LORRAINE TUCK c. Employer's Name/Specific Field 5206 HAWES ROAD HILLSBOROUGH, NC 27278 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 Check J2911 12/19/2017 \$ 500.00 \$ \$ 4. Total only this Page 750.00 \$ 5. Total of ALL CRO-1210 Pages \$ 15,670.00

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

Amendment

Amendment **Contributions from Individuals** 8 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT MEREDITH EDWARDS 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED THOMAS W TUCK c. Employer's Name/Specific Field 5206 HAWES RD HILLSBOROUGH, NC 27278 RETIRED e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check J2911 12/13/2017 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES MANAGER THOMAS W TUCK III c. Employer's Name/Specific Field 241 RIDGEWAY AVE STATESVILLE, NC 28677 CR ONSRUD INC e. Election Sum to Date 2,000.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Check J2911 11/12/2017 \$ 2,000.00 \$ Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **BUSINESS OWNER** LORI WILLIS c. Employer's Name/Specific Field 4810 SARTIN RD BURLINGTON, NC 27217 SELF EMPLOYED e. Election Sum to Date 500.00

CRO-1210 NC State Board of Elections April 2007

i. In-Kind Description

j. Date (mm/dd/yyyy)

12/18/2017

k. Amount

500.00

3.000.00

15,670.00

\$

\$

\$

\$

\$

f. Prior g. Account Code h. Form of Payment

J2911

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Check

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

		om Individual				f <u>9</u>		X No	
		dividual contribution							
		(and Fund if applicab CT MEREDITH EDV					2. ID Numl	er	
3. Cont	ributor Informati	On the	Г	Add □ Rei	move				
200000000000000000000000000000000000000	Name, Mailing Add	A	_	b. Job Title/Pr			d. Comments		
(include city, state, & zip)			RETIRED			***************************************			
JACKI	E WOLFE								
			c. Employer's I	Name/Spec	ific Field				
HILLSBOROUGH, NC 27278			RETIRED			o Floation	Sum to Date		
							e. Mection	oun to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (m	m/dd/yyyy)	k. Amo	ınt	
	J2911	Check			11/2	28/2017	\$	150.00	
							\$		
							\$	······································	
4. Tota	al only this Pa	ge					\$	150.00	
0.0000	al of ALL CRO	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1100)	Heriogra			\$	15,670.00	
CRO-12	210		NC State Bo	oard of Elections				April 2007	

Refunds/Re	eimbı	ursements	To the Com	mittee P	g 1_ of _	1	Amendment Yes No		
			d by the committee o						
			pplicable)) Number		
СОММІТТЕЕ Т	O ELE	CT MEREDIT	TH EDWARDS		e color de accession de la color de la		II (Alaa ka waxaa na na mara ka /del>		
3. Contributor In	formati	on		Add □ Re	emove		- 18		
a. Full Name, Mai	ling Ad	dress & Phone		d. Type of Comm		g. Comments			
(include city, st	ate, & z	ip)		☐ Candidate	PAC	†			
THE UPS STOR	E		<u> </u>	Referendum	Party				
2966 S CHURCH	H ST			e. Level Register	ed (Specify)	h. O	riginal Expenditure Date		
BURLINGTON, NC 27215 (336) 585-0022			☐ Federal ☐ State	County: Municipality	11/18/2017				
()						i. Or	iginal Expenditure Amt		
						\$	1,366.58		
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose			j. Election Sum to Date		
				RETURNED ROI STAMPS	LLS OF	\$	481.58		
k. Account Code	l. Form	of Payment	m. In-Kind Descrip	tion	n. Date (mm/dd/	уууу)	o. Amount		
J2911	I	Debit Card			11/18/2017	7	\$ 885.00		
4. Total only tl	nis Pag	ge			ı	\$	885.00		
5. Total of AL (This line must be			S Simmary Page CRO-110	0)		\$	885.00		
CRO-1240			NC State Boa	rd of Elections			December 2007		

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MEREDITH EDWARDS 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Departing Expenses Contributions to Candidates/Political Committees Coordinated Party Experiment. 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST C. Level Registered (Specify)	No political
Committees and coordinated party expenditures	enditures
Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT MEREDITH EDWARDS	enditures
COMMITTEE TO ELECT MEREDITH EDWARDS 3. Type of Disburs ement (Please use separate CRO-1310 forms for each type of Disbursement.) 2. Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenses A, Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST C. Level Registered (Specify)	enditures
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) \[\text{Q Operating Expenses} \] Contributions to Candidates/Political Committees \] Coordinated Party Experiment. 4. Payee Information \] Add \[\text{Remove} \] a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST \] c. Level Registered (Specify)	
A Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST Contributions to Candidates/Political Committees Coordinated Party Experiments Coordinated Committee Name b. Coordinated Committee Name c. Level Registered (Specify)	
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST Add Remove b. Coordinated Committee Name d. Commen c. Level Registered (Specify)	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAMANCE NEWS 114 W ELM ST b. Coordinated Committee Name d. Comment	ts
(include city, state, & zip) ALAMANCE NEWS 114 W ELM ST c. Level Registered (Specify)	ts
ALAMANCE NEWS 114 W ELM ST c. Level Registered (Specify)	
114 W ELM ST c. Level Registered (Specify)	
TITTO I	
GRAHAM, NC 27253	
(336) 228-7851	um to Date
\$	200.00
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Rema	rks
J2911 Check A 12/14/2017 \$ 200.00 CHRISTMAS N	EWSPAPER
\$ AD	
4. Payee Information Add Remove	
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comment	:s
include city, state, & zip)	
AMAZON	
PO BOX 81226 c. Level Registered (Specify) SEATTLE WA 98108 1226	
SEATTLE, WA 98108-1226	um to Date
<u> </u>	1 4 1 40
	141.48
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Rema	
J2911 Debit Card O 11/13/2017 \$ 141.48 LABELS & ENV	'ELOPES
. Payee Information Add Remove	
. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comment	s · · · ·
include city, state, & zip)	
BULLZEYE SIGN & GRAPHICS CO. C. Level Registered (Specify)	
552 IV IVII IV 51	
BURLINGTON, NC 27217 (336) 221-8188 Federal County: State Municipality: e. Election S	um to Date
	······································
	678.93
Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Rema	THE RESERVE OF THE PARTY OF THE
J2911 Debit Card B 12/01/2017 \$ 678.93 4X16 SINGLE S	IDED
\$ BANNER	
. Total only this Page \$	1,020.41
. Total of ALL CRO-1310 Pages	

SEATTLE, WA	A 98108-1226			☐ Federal		County:	:		
1				☐ State		Municip	ality:	e. Election	Sum to Date
								\$	141.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks
J2911	Debit Card	О	1	1/13/2017	\$	141.48	LAB	BELS & ENVELOPES	
					\$				
4. Payee Inform	ation			Add 🔲	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ame	d. Comme	nts
(include city, sta	te, & zip)								
BULLZEYE SI	GN & GRAPHICS	CO.				(2)			
232 N MAIN S				c. Level Regist	tered	(Specify) County:			
BURLINGTON				State				a Flaction	Sum to Date
(336) 221-8188				D State			anty.	c. Excellon	built to Date
								\$	678.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Ren	arks
J2911	Debit Card	В	12	2/01/2017	\$	678.93	4X16	SINGLE	SIDED
					\$		BAN	NER	
5. Total only thi	s Page							\$	1,020.41
6. Total of ALL	CRO-1310 Pages								
	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Exper	ises)			Φ	4 (21 72
	n line 13b of Detailed S					Political Co	omm)	\$	4,631.72
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Ex	penditures)			
7. Purpose Co	des (List detailed)	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	3	C* - F	undraising		D - To .	Anoth	er Candida	ite
E - Salaries	F* - Equipme			litical Party			_		fice Expenses
I - Postage	J - Penalties	\$	K* - O	office Expenses		Q* - Do	onatio	n to Legal	Expense Fund
O* Other			~	. 114					
11.111.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	detailed explanation	***************************************	×2400-000-000-00-00-00-00-00-00-00-00-00-0	rd of Elections					December 2009
CRO-1310		INC SI	are Doa	id of Elections					December 2009

Di	chi	ire	em	ρn	te
171	3171	41 S	CIII	СП	1.5

				Amendm	ent
Pg	_2_	of	4	☐ Yes	X No

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

	cooldinated party								
1. Committee Fo	ull Name (and Fun	d if applicable)						2. ID N	umber
COMMITTEE	TO ELECT MER	EDITH EDWARD	S						
2 Time of Dish	Wassert (Dises	e use separate CR	0 1210		, ,	-cn:-t			
Operating Exp		ntributions to Candida							Expenditures
4. Payee Inform		- Carrara			Rem		ordinat	.cu r arry r	expenditures
***************************************	ailing Address & P	hone		b. Coordinate	200000		ame	d. Comn	nents
(include city, sta		74					***************************************		
	SINESS ASSOCIA	TION	***************************************						
20 NE COURT	SQUARE			c. Level Regis	***************************************]		
GRAHAM, NC	27253			Federal	[
				State	L	e. Electi	on Sum to Date		
								\$	80.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks
J2911	Check	О	1	1/22/2017	\$	80.00	CHR	SISTMAS	S PARADE
					\$		ENI	RY COS	T
A. Davas Inform	set ou	L							
4. Payee Informa	iling Address & Pl	one	<u> </u>	Add D. Coordinate	Remo		ma	d. Comn	ants
(include city, stat	<u>▼</u>	ione		b. Coordinate	u Com	mittee 142	inte	a. Comn	ients
	BLISHING CO., I	VC.	······································	~					
POB 668		c. Level Regis	tered (Specify)					
BURLINGTON	, NC 27216			☐ Federal	Ĺ	County:			
(336) 226-7148				☐ State	L	Municip	ality:	e. Electio	on Sum to Date
								\$	845.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
J2911	Check	О		0/16/2017	\$				BUMPER
J2911	Check	0	 	0/20/2017	\$	1			MAGNETS
					L		AUI	O CAR I	MAGNETS
4. Payee Informa	iling Address & Ph	000	ᆜ	Add D	Remo	NO. 600 (100 (100 (100 (100 (100 (100 (100			4-
include city, stat	24.35.₹1.23.45 i	one		b. Coordinate	ı Com	mittee Na	me	d. Comm	ents
	BLISHING CO., II	JC							
POB 668	<i>DEI</i> DIII110 CO., II	ιο.		c. Level Regist	ered (
BURLINGTON,	NC 27216			Federal					
(336) 226-7148				State		Municipa	ality:	e. Electio	n Sum to Date
								\$	845.77
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amo	unt	k. Red	uired Re	marks
J2911	Debit Card	0	***************************************		\$	************************		TONS	
				70172017		73.14	501	10113	
					\$				
. Total only this	Page							\$	925.77
	RO-1310 Pages								
		Summary Page CRO-						\$	4,631.72
		Summary Page CRO-					mm)	•	1,001172
		Summary Page CRO-			ty Expe	nditures)			
		expenditure code							
A* - Media	B* - Printir	STEELS .		ındraising		4 2 197	WW 1 1	er Candio	
C - Salaries - Postage	F* - Equipm J - Penaltie			itical Party ffice Expenses					ffice Expenses
- Postage D* Other	J - renaule	o.	м - O	mee expenses		დ" - №	11011511	i to Lega	I Expense Fund
CONTROL CONTRO	detailed explanatio	n in required rem	arks fi	eld (k)					
								in mercentantini	and to the Control of

				Amendment				
Pg	_3_	of	4	☐ Yes	X No			

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

	coordinated party	1								
	ull Name (and Fund							2. ID	Number	
COMMITTEE	TO ELECT MERE	DITH EDWARD	S							
3 Type of Dish	rsement (Please	use senarate CR	0_1311	forms for an	16 to	ma of Dichy	1000141	araf)		
X Operating Exp		ributions to Candida					FW-0-400-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-		y Expenditures	
4. Payee Inform		The state of the s			*************	emove	Ordina	icu i ait	y Expenditures	
a Full Name M	ailing Address & Pl	one	<u> </u>	b. Coordinate			ama	d Cor	nments	
(include city, sta		ione		D. Cooldinate		ominitee iv	ame	u. Coi	mments	
OFFICE DEPO	***************************************		***************************************							
1825 S CHURC				c. Level Regis	ster	ed (Specify)		1		
BURLINGTON				☐ Federal	~~~	County	•			
(336) 226-6122	•			☐ State		☐ Munici	pality:	e. Election Sum to Date		
								\$	1,007.69	
6 11 2 2 2 2 2		<u> </u>	I	<u> </u>	1					
THE PARTY OF THE P	g. Form of Payment	h. Purpose Code				Amount	·		Remarks	
J2911	Debit Card	В	1	1/07/2017	\$	98.90	LET	TERS		
J2911	Debit Card	CK	1	1/17/2017	\$	161.31	LAE	BELS		
4. Payee Inform	ation			Add 🔲	Re	move				
	iling Address & Ph	one		b. Coordinate		9.50	ame	d. Con	ments	
(include city, sta	te, & zip)						***************************************		······································	
OFFICE DEPO	Γ									
1825 S CHURC		c. Level Regis	tere	AND COMMENTS OF THE PARTY OF TH						
	BURLINGTON, NC 27215					County:				
(336) 226-6122	(336) 226-6122				************	☐ Municip	ality:	e. Elec	tion Sum to Date	
								\$	1,007.69	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. A	mount	k. Re	quired	Remarks	
J2911	Debit Card	I		1/18/2017	\$	735.00	STA			
					\$		~			
					Ľ					
4. Payee Informa				Add		move				
	iling Address & Pho	one		b. Coordinated	d Co	mmittee Na	me	d. Com	ments	
include city, stat		dan mangang mga mga Malifana manakana ana ana ana ana ana ana ana ana								
THE UPS STOR				c. Level Regist	to ro	d (Cnacifu)				
2966 S CHURCI				Federal	le i e	County:				
BURLINGTON, (336) 585-0022	INC 2/213			State				e. Elect	ion Sum to Date	
(330) 303-0022							,	······································		
								\$	481.58	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired l	Remarks	
J2911	Debit Card	IK	11	/18/2017	\$	1,366.58	LET	ΓERHE	AD & LABELS	
		,			\$					
Total and the	D				Ψ					
5. Total only this								\$	2,361.79	
Mar A 2	RO-1310 Pages									
	line 13a of Detailed S							\$	4,631.72	
(This line goes in	line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Candi	date _	s/Political Co	mm)	•	1,001172	
	line 13c of Detailed St				ty Ex	(penditures)				
	des (List detailed o									
A* - Media	B* - Printing	•		indraising		D - To A				
E - Salaries	F* - Equipme			itical Party					Office Expenses	
- Postage O* Other	J - Penalties	J	K^ - U1	ffice Expenses		Q* - D ₀	natio	n to Leg	gal Expense Fund	
	detailed explanation	in remired remo	rke fi	નીત (જે)	A.A.C.					
PO 1310	······································			d of Elections	<0V6.				2 1 2000	

Disbursen	nante				_	4 0		ě	mendme	
	report expenditures	- from the committe	fan.		Pg	4 of] Yes	No litical
committees and	l coordinated party e	mom me commun. expenditures	se tot c	operating exper	1868,	COMMOUN	ons ic) Canui	date/po	liticai
	full Name (and Fund)		As					2. ID	Number	•
	TO ELECT MEREI	THE RESERVE OF THE PROPERTY OF	***************************************	<u> </u>	***************************************		1800000			
3. Type of Disbu	ursement (Please	use separate CR(2-1310	forms for eac	h typ	o of Dishu	rseme	pht.)		
Operating Exp		ributions to Candidat							y Expend	litures
4. Payee Inform					Ren				•	
-75-X-77-X-20	ailing Address & Pho	XX-1		b. Coordinate	***********		ame	d. Cor	nments	
(include city, sta	Control To take to Art								***************************************	<u> </u>
VISTA PRINT										
	95 HAYDEN AVE					l (Specify)				
	MA 02421-7942			Federal State	İ	☐ County: ☐ Municip		- Fiac	tion Su	m to Date
(866) 614-8002	•			J. State	**************************************	Municip	anty.		IIOII Dui	n to Date
								\$		194.80
THE CONTRACTOR OF THE PERSON O	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired	Remark	S
J2911	Debit Card	В	1	1/07/2017	\$	194.80	1000) - NO	ΓE CAR	.DS
				No 17	\$					
4. Payee Inform				Add 🔲	Ren					
4 × 13 × 1.1	ailing Address & Pho	one		b. Coordinate	d Cor	nmittee Na	ıme	d. Con	nments	
(include city, sta	······································						1			
WALGREENS				c. Level Regist	harat	(Cnecify)				
2585 S CHURC BURLINGTON				Federal	.6104	County:				
(336) 584-7265				State	į	☐ Municipa	L	e. Elec	tion Sur	n to Date
(550,5055			l		***************************************			\$	No.	128.95
f Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/vyvy)	i Ar	nount	k. Re	•	Remark	
J2911		В		1/17/2017	\$			PHOT		
	Don care	В	1.	1/1//2017	\$	120.75	4/10/	11101		
- m 1 - 1 - 1 - 1					Φ			~		222.75
5. Total only this								\$		323.75
6. Total of ALL	CRO-1310 Pages	550,000	A12.9							

C* - Fundraising

G - Political Party

K* - Office Expenses

4,631.72

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

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

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

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

O* Other

(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)

00 0		Iedia Expend		0 -	1 .	of <u>1</u>	Amendment Yes	No
	CONTRACTOR OF THE PROPERTY OF	d Fund if applicable) MEREDITH EDWA			<u>2. ID</u>	Number		
3. Payee Inf	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. An	ount	g. Required Rema	rks
☐ Add ☐ Remove	J2911	Draft	О	10/25/2017	\$	7.42	CHECKS FOR CAMPAIGN	
☐ Add ☐ Remove	J2911	Debit Card	K	11/17/2017	\$	12.48	LABELS	
4. Total o	nly this Page	and the St. Co.			\$			19.90
	f ALL CRO-1 iust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		\$			19.90
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)				
	B*	- Printing	C* + Fundr	aising D - T	Γο Ar	nother Car	ndidate	
E - Salar	ies F*	- Equipment	G - Political	Party H*-	Hol	ding Publ	lic Office Exper	ises
I - Posta	oe J-	Penalties	K* - Office	Expenses O* -	Don	ations to	Legal Expense	Fund

O* - Other

* Codes require detailed explanation in required remarks field (g)
RO-1315

NC State Board of Elections

December 2009