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 In	formation							
a. Full Name								c. ID Number
COMMITTEE '	TO ELECT R	YAN BOWDE	N					
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)					d. Date Filed
PO BOX 638	NG 27210 06	20	0.0	06 104) O • E C	DEC.		02/05/2018
ALAMANCE,	NC 2/210-06.	38	02-	06-18A	19.50	REF.		e. Phone Number
								(336) 516-0732
2. Report Year	3 Pariod Star	t Date (mm/dd/s	(v)	4 Period	End Da	te (mm/dd/yy)	5. Treasu	rer Full Name
2017		9/20/2017	<i>J</i> /		12/31/2		REBEKA	
6. Type of Comn	nittee (Check C	ne)	9. Tvp	e of Report	(c)	neck only one	type of rep	ort from one category)
Candidate Cam			Munic		1	State/County	<u> </u>	Referendum
Joint Fundraise		-	П	Organizatio	nal	Organizatio	onal	☐ Organizational
Referendum	lane de	al Expense Fund		Thirty-five		Quarterly		Pre-referendum
7. Type of Fund		e, check one)	П	Pre-primary		☐ First		Final
"Booster Fund				Pre-election		Second	1	Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Toronto Co.	ection Year Can	didates Fund	ш	Semi-annua		☐ Fourth		Special
Boursell	paign Financing			Mid Ye		Semi-annua		
INC Public Call	ipaign Financing	, rund	H	Year E		Mid Y		10. Special Report Name
Cultura			H	Final	Id	Year E		10. Special Report Name
Other:		-	님			Final	ilu	
8. Number of Fu	ndraisers this	Report		Special				
	0	- 0 = 0 = 0				☐ Special		
3. Account Infor	mation				3. Acc	ount Informat	ion	
a. Financial Insti		me				ncial Instituti		16
AMERICAN N.	ATIONAL			***************************************	***************************************			
b. Purpose		c. Account Cod	e		b. Purp	oose		c. Account Code
CAMPAIGN			1					
CAMITATON	_ = =		1					
		d. Period Begin	Balan	ce				d. Period Begin Balance

		\$		250.00				\$
Chapter 163 o	he Committee of f the NC Gener	al Statutes and	that no	funds are	commi	ngled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
Polople	d-11 00			Woh	oboh	LO DOM		02/05/2018
D ₁	rinted Name of S	ioner	• .	Sign	ature of	Appointed Tre	surer	Date
FOR OFFICE US		ignei		Sign	uture or	rippozition 1 (
FOR OFFICE U		11/10				10	De	livery Method
Date Receive	ed: 🤦	2/6/18		Emplo	yee:	16	- 	Normal Mail
							H	Registered Mail
Date Postma	rked:			Emplo	yee:		_ %	Hand Delivered
		11 110		•		10		Electronically Filed
Date Scanne	d: <u>2</u>	16/18	_	Emplo	yee: _	16	_ "	
Date Data Er	ntered:		_	Emplo	yee: _		_	Signer has not received mandatory training
	assistar	annot be used to the treasurer, cust the Statement	todian	of books i	nforma	tion, or accoun	nt informati	

Amendment ☐ Yes 🖾 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			ID Nu	mber
COMMITTEE TO ELECT RYAN BOWDEN	2017 Year E	·	·		
Start of Election Cycle: January 1,2017		1	otal this	E	Total this lection Cycle
4) Cash on Hand at Start		\$	250.00	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	\$	1,799.00	\$	2,049.00
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)	\$	94.00	\$	94.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00
11) Other Receipt Sources		4			
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	1,893.00	\$	2,143.00
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	546.09	\$	546.09
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)	\$	0.00	\$	0.00
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)	\$	49.00	\$	49.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	595.09	\$	595.09
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	1,547.91	\$	1,547.91
ADDITIONAL INFORMATION	(300 1000)		40.00		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	49.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	94.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		Table 1
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$	0.00

Contributions from Individuals

				Amenan	ient
Pg	_1_	of	4	☐ Yes	No No

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	ributor Informati	Production of the color of the color, by the color of the			emove			
	Name, Mailing Add			b. Job Title/P		d. (Comments	S
	ide city, state, & z.	ip)	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	EMPLOYER	Ξ			
	OWDEN ONNERS COUR	ρτ		c. Employer's	Name/Specific Field	1		
•	INGTON, NC 27			ABSS				
	28-1950					e. I	Dection S	um to Date
						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amour	nt
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							\$	
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	lame, Mailing Add			b. Job Title/P		d. (Comments	s
	de city, state, & zi	ip)		FUNERAL I	DIRECTOR			İ
	BOWDEN			c Employer's	Name/Specific Field	1		İ
	RENT CT NGTON, NC 27	7015		<u></u>	THOMPSON	ł		İ
	13-9501	213		MC11111.2		e. I	Dection St	um to Date
ζ- ,					ļ	\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	
	1	Check			11/08/2017		\$	50.00
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	<u> </u>						\$	
						-	\$	
3. Contr	ributor Informatio	on 7						
	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	<u>;</u>
	de city, state, & zi	<u>ip)</u>	·············	PASTOR				
RICKY	' COX LIGHTWOOD CF	швснвр		c. Employer's	Name/Specific Field			
	NVILLE, NC 27				OOD CHRISTIAN	L		
	81-4932			CHURCH		e. F	dection Su	um to Date
						\$		49.00
f. Prior		h. Form of Payment	i. In-Kind Des		j. Date (m m/dd/yyyy)		k. Amoun	at
	1	In-Kind	CAMPAIGN OBUSINESS CA		10/25/2017		\$	49.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		599.00
and the second control of the second control	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		1,799.00

Contributions from Individuals

				Am	e n dm e	nt	
Pg	2	of	4		Yes	X	No

		(and Fund if applicab	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			2.)	ID Number
COMM	IITTEE TO ELE	CT RYAN BOWDEN	1				
3. Cont	ributor Informati	on		Add 🔲 F	Remove		
	Name, Mailing Add			b. Job Title/	Profession	d. (Comments
	ide city, state, & z	ip)		RETIRED			
) HAMRICK ROWN BARK DI	R		c. Employer	's Name/Specific Field	1	
	NVILLE, NC 27					<u> </u>	
	64-6787					e. F	Election Sum to Date
						\$	150.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			11/07/2017		\$ 150.00
							\$
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200010000000000000000000000000000000000	ributor Informati			Chines - Large College	Remove		
	lame, Mailing Add			b. Job Title/l		d. C	Comments
	de city, state, & z	ip)	·	EMPLOYE	E		
	'NE JANEY USSELL MCPHI	EDGUN DD		c. Employer'	s Name/Specific Field	1	
	NGTON, NC 27				CE COUNTY		
	90-4564	215		/ 11/4 11/44 44	JE 6001.11	e. E	Dection Sum to Date
(<i>)</i>						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			12/01/2017		\$ 100.00
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							\$
T-1001 F-17	ributor Informatio				lemove		
	lame, Mailing Add			b. Job Title/I	rofession	d. C	Comments
	de city, state, & zi	i p)		PASTOR			
709 AP	Y JANEY PLE STREET			c. Employer's	s Name/Specific Field		
	NGTON, NC 27	215				e. E	Dection Sum to Date
(330)4	47-4930					\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1	Check			11/03/2017		\$ 50.00
							\$
							\$
4. Tota	d only this Pag	ge				\$	300.00
5. Tota	al of ALL CRO		Page CRO-1100\			\$	1,799.00

Contributions from Individuals

				Amendn	nent
Pg	3	of	4	☐ Yes	No No

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	ID Number	
COM	MITTEE TO ELE	CT RYAN BOWDE	٧					
3. Cont	ributor Informati	on		Add 🔲 R	emove			
profit the first state of the s	Name, Mailing Ad		QUINTERS IN A CASE SHARINGS	b. Job Title/P	rofession	d.	Comments	
(incl	ide city, state, & z	ip)		RETIRED		<u> </u>	ALATON DO THE STATE OF THE STAT	
	MICHAEL			c Employer's	Name/Specific Field	1		
	DINBURGH CT INGTON, NC 27	7215		c. Employer s	Name/Specific Field	1		
	80-1423	1213				e.	Dection Sum	to Date
Ì						\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount	
	1	Check			12/28/2017		\$	500.00
							\$	
							\$	
	ri butor Informati	The state of the s			emove			
	lame, Mailing Add			b. Job Title/P	rofession	d. (Comments	
	de city, state, & z	ip)		RETIRED				
	MORRIS REACHER ROB	FRSON RD		c. Employer's	Name/Specific Field			
	AM, NC 27253	ERSOTTE		***************************************				
(336) 3	76-3012					e. 1	dection Sum	to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	J	k. Amount	
	1	Check			10/23/2017		\$	200.00
							\$	
							\$	
	ibutor Informati				emove			
	ame, Mailing Add de city, state, & zi			b. Job Title/P		d. (Comments	
	VANDERPOOI		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	EMPLOYEE	<u>.</u>			
	ICTORIA FALL			c. Employer's	Name/Specific Field			
	NGTON, NC 27	215		XPO LOGIS	STICS	_ ¥	3 - 4: C	4- D-4-
(336) 6	39-0800					e. ı	dection Sum	accommodate (Statistics, 1994)
						\$		50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			11/28/2017		\$	50.00
							\$	
							\$	
4. Tota	ıl only this Pa	ge				\$		750.00
	I of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO_1100\			\$	1	,799.00
la uns r	nic musi ve on une (о ој пешнен зиттиту Г	age CHU-1100)					

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\mathbf{v}	'	uuvus	11 (7)	HILL		uuais

				Amendn	nent
Pg	4	of	4	☐ Yes	No.

1. Com	mittee Full Name	(and Fund if applicab	le)			2.	D Number	
COMM	NITTEE TO ELE	CT RYAN BOWDEN	V					
3. Cont	ributor Informati	on		Add 🔲 R	emove			
100000000000000000000000000000000000000	Name, Mailing Ad	A CONTRACTOR OF THE PROPERTY O		b. Job Title/P	1000	d. (Comments	
(inclu	ide city, state, & z	ip)		EMPLOYE	3			
DREW	VAUGHN			-		1		
	OUTHERN/MT	HERMON RD			Name/Specific Field	-		
	AM, NC 27253 16-0358			UNIVERSA	L PRODUCTS	e. F	dection Sum	to Date
(330) 3	10-0336							***************************************
						\$		50.00
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			11/08/2017		\$	50.00
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							\$	
3. Conti	ributor Informati	on		Add 🔲 Re	emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & z	···		RETIRED				
	E YARBROUGI INBURGH CT	7.		c. Employer's	Name/Specific Field			
	NGTON, NC 27	215						
	47-5870					e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	1	Check			11/07/2017		\$	100.00
							\$	
							\$	
4. Tota	il only this Pa	ge				\$		150.00
	al of ALL CR(ine must be on line	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		1,799.00

Loan I	Proceeds			Pg _	11	of	_	1	Amend Yes		
	orm to report proceeds from a loar										
	ceeds statement must accompan		that is fror	nan ine	divid	ual	val.		2 10 N		
	ttee Full Name (and Fund if applic								2. ID Num	xr	
COMMIT	TEE TO ELECT RYAN BOWD	EN									
3. Lender	Information	Ō	Add 🔲	Remo	ve						
a. Full Nan	ne, Mailing Address & Phone		b. Job Titl	Profe	ssion	1	.,		d. Commen	ts	
(include	city, state, & zip)	•	FIREFIG	HTER							
RYAN B	OWDEN										
PO BOX			The state of		10		e . E .	.1.3	······································	e (mm/dd/yyyy)	
	NCE, NC 27210-0638		c. Employe					10	. 09/:	20/2017	
(336) 516	-0732		CITY OF	GREE	ENSE	3OK	O		f. End Date (mm/dd/yyyy)		
g. Rate	h. Security Pledged	i. Acco	unt Code	j. Forn		******		·	k. Amo	ınt .	
%			1		De	ebit	Card		\$	94.00	
l. Full Nam	e of Lending Institution								m. Loan Nu	mber	

		ngamangana - 490ac okto	jevopanika novem	. 48018111111111			in Observa				
	rs/Makers (The people who guaran	itee the loan.)							1 11 10	16, 23, 13	
	ne, Mailing Address & Phone		b. Job Title	/Prote	ssion		c. Em	ploy	er's Name/S	pecific Field	
(Incide	city, state, & zip)					İ					
			d. Percent:	ige			e. An	noun	t		
						%	\$	S			
	of ALL CRO-1410 Pages must be on line 9 of Detailed Summa	ry Page CRO-	1100)						\$	94.00	
CRO-1410		NC State E	Board of Elec	tions					·	April 200'	

T			
1118	thiir	sem	ents

			Amendment						
Pg	_1_	of		☐ Yes	X No				

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

1. Committee Full Name (and Fund if applicable)							2. ID N	Number
COMMITTEE	COMMITTEE TO ELECT RYAN BOWDEN							
3. Type of Dis bu	rsement (Please	use separate CRO	<i>)-1310</i>	forms for eac	h type of Dis	bursen	ient.)	
Operating Exp		ributions to Candidat						Expenditures
4. Payee Inform	ation		П	Add 🔲	Remove			
The second secon	ailing Address & Ph	one		b. Coordinate		Name	d. Com	ments
(include city, sta	- ,					· · · · · · · · · · · · · · · · · · ·		
GOT PRINT				1				
NC				c. Level Regis	tered (Specif	y)		
				☐ Federal	X Cou	-		
				☐ State	☐ Mun	icipality	: e. Elect	tion Sum to Date
							\$	196.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. F	lequired.	Remarks
1	Debit Card	В	12	2/11/2017	\$ 196.8	3 DC	OR HAI	NGERS
					\$			
4. Payee Inform	ofon			Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate		Name	d. Com	ments
(include city, sta	•	one		b. Coordinate	u committee		u. com	
NETTEWORK								
NC NETTEWORK	DESIGNS			c. Level Regis	tered (Specif	y)	1	
NC				☐ Federal	Cou	ity:		
				☐ State ☐ Munici			pality: e. Election Sum to D	
							\$	141.91
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(m m /dd/yyyy)	i. Amount	k. F	equired 1	Remarks
1	Debit Card	В	1	0/31/2017	\$ 64.6			R DOOR
1	Debit Card	В	12	2/01/2017	\$ 77.3	1 SM	ALLEDS	OR MAGNETS
4. Payee Inform	ation			Add 🔲	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee	Name	d. Com	ments
(include city, sta	te, & zip)							
OFFICE DEPO	T / OFFICE MAX						_	
1825 S. CHURO	CH ST			c. Level Regis			4	
BURLINGTON	, NC 27215			Federal	Com	•		ion Cum to Data
(336) 226-6122				☐ State	L Mun	ісірані у	e. Meci	ion Sum to Date
							\$	64.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. R	equired l	Remarks
1	Debit Card	В	10	0/14/2017	\$ 64.3	5 CA	MPAIGI	N SUPPLIES
					\$	-		
S. T. (2.1 18.41)	D						\$	403.09
5. Total only thi							Ψ	403.07
	CRO-1310 Pages	14.						
, ,	n line 13a of Detailed S						\$	546.09
	n line 13b of Detailed S)	
	n line 13c of Detailed S				ty Expenaitui	es)		
	des (List detailed		1000 hands				.1 ~	1.1
A* - Media	B* - Printin	_		undraising			ther Can	
E - Salaries	F* - Equipme			litical Party			_	Office Expenses
I - Postage	J - Penaltie	S	K* - O	office Expenses	Q*	· Donat	on to Le	gal Expense Fund
O* Other							510164738	
* Codes require	e detailed explanatio	n in required ren	arks ti	eid (K)				

				Amenamei
Disbursements	Pg	2_	of	 ☐ Yes

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

X No

1. Committee F	ull Name (and Fund	if applicable)						2. ID Nun	ıber
COMMITTEE	TO ELECT RYAN	BOWDEN							
3. Type of Disb	ursement <i>(Please</i>	use separate CR()-1310	forms for eacl	t tvn	e of Disbu	rseme	ent.)	
X Operating Ex		ributions to Candidat						ed Party Exp	oenditures
4. Payee Inform	nation	71167		Add 🔲	Rem	ωνe			
	ailing Address & Ph	one	<u> </u>	b. Coordinate	d Cor	nmittee N	am e	d. Comme	nts
(include city, sta	-								
USPS									
4205 S. NC HV	V 62			c. Level Regist	tered				
ALAMANCE,	NC 27201-0018			Federal	į	County:			
(800) 275-8777	1			☐ State		Municip	ality:	e. Election	Sum to Date
								\$	143.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Ren	ıarks
1	Debit Card	K	09	9/20/2017	\$	94.00	PO I	BOX	
1	Debit Card	I	10	0/16/2017	\$	49.00			
5. Total only thi	s Page			***				\$	143.00
(This line goes i (This line goes i	CRO-1310 Pages in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	ummary Page CRO	-1100 if	Contrib to Cand	idates		omm)	\$	546.09
7. Purpose Co	odes (List detailed	expenditure code	in (h.) i	above)					
			undraising				her Candida		
E - Salaries	* * .						_	,	fice Expenses
I - Postage J - Penalties K* - Office Expenses				Q* - D	onatio	on to Legal	Expense Fund		
O* Other				214718					
	e detailed explanatio			rd of Elections					December 2009
CRO-1310		NC 3	iaic Doa	I d of Elections					Determine 2009

							Amendm	ent		
In-Kind Contributions		P	3	1	of	1	☐ Yes	No No		
Use this form to report non-monetary contributions, donation	ns, g	oods or se	rvic	es pro	vided t	o the cor	nmittee or f	und.		
Use CRO-1215 if In-Kind Contributions were or will be	refui	nded with	in 7	7 days	3					
1. Committee Full Name (and Fund if applicable)						2. ID	Number			
COMMITTEE TO ELECT RYAN BOWDEN						:				
3. Contributor Information	Ad	d □ R	emc	ove .						
a. Full Name, Mailing Address & Phone b. Type of C				ibuto	<u>'</u>	c. Con	nments			
(include city, state, & zip)		Individual								
RICKY COX		Candidate								
300 BRIGHTWOOD CHURCH RD		Party								
GIBSONVILLE, NC 27249	_	PAC								
(336) 681-4932	Referendum Other Receipt Source					d. Election Sum to Date				
					e	\$		49.00		
e. Description			f.	Date	(m m/d	d/yyyy)	g. Fair Ma	rket Amount		
CAMPAIGN CARDS / BUSINESS CARDS			10/25/2017			17	\$	49.00		
							\$			
							\$			
4. Total only this Page	, , , , , , , , , , , , , , , , , , ,		4			\$	<u></u>	49.00		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	0-110	00)				\$		49.00		

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				Amendm	ent
Non-Monetary Gifts Given to	Other Committees	Pg 1 of	1	☐ Yes	X No
Use this form to report any in-kind, non-mone	tary gift, service or items giv	en to another comm	nittee.		
1. Committee Full Name (and Fund if applicab	le)		2. ID 1	Number	
COMMITTEE TO ELECT RYAN BOWDEN	V				
3. Payee Information	☐ Add ☐	Remove			
a. Full Name, Mailing Address & Phone	b. Type of Committ	ee	d. Con	ments	
(include city, state, & zip)	Candidate	☐ PAC			
RICKY COX	☐ Referendum	Party			
300 BRIGHTWOOD CHURCH RD	c. Level Registered	(Specify)			
GIBSONVILLE, NC 27249	Federal	County:			
(336) 681-4932	☐ State	Municipality	<i>r</i> :		
()					
e. Type of Gift					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
☐ Coordinated Party Expenditure	🛛 Contribution to	Candidate/Political	l Commit	tee	
f. Description		g. Date (mm/dd	/yyyy)	h. Fair M	arket Amount
BUSINESS CARDS		10/25/20		\$	49.00
				\$	
4. Total only this Page			\$		49.00
5. Total of ALL CRO-1330 Pages (This line must be on line 20 of Detailed Summary	Page CRO-1100)		\$		49.00
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			Amendment							
Pg	1	of	1	☐ Yes	X No					

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

1. Commi	ttee Full Name (and Fund if applicabl	e)		2. ID Number	
COMMI	TTEE TO ELECT RYAN BOWDEN	T T T T T T T T T T T T T T T T T T T			
3. Lender	Information	☐ Add ☐ Remov	e		
a. Full Na	ne, Mailing Address & Phone	b. Job Title/Profess	sion (d. Comments	
(include	city, state, & zip)	FIREFIGHTER			
RYAN B	OWDEN		-		(11/
PO BOX 638 ALAMANCE, NC 27210-0638				e. Start Date (n	am/dd/yyyy)
		c. Employer's Nam	e/Specific Field	09/20/2017	
(336) 516	5-0732	CITY OF GREED			
			1	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loa	ın Amount j	j. Remaining L	oan Balance
%		\$	94.00	\$	94.00
k. Full Na	ne of Lending Institution		1	l. Loan Number	r
		and the state of t			
4. Total	only this Page			\$	94.00
Part Color of the Color	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-1100)		\$	94.00

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