Disclosure Report Cover

Amendment

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 Inf	formation							
a. Full Name								c. ID Number
COMMITTEE 7	TO ELECT F	RYAN BOWDE	EN					
b. Mailing Addres	ss (include Ci	ity, State and Zi	p Code)					d. Date Filed
PO BOX 638 ALAMANCE, NC 27210-0638							01/11/2019	
ALAWANCE, 1	NC 2/210-00	330		JAN 1 1 2019				e. Phone Number
				JA	N Z	2019		(336) 516-0732
2. Report Year 3	3. Period Sta	rt Date (mm/dd/	уу)	4 Reriod	End Da	ite (mm/dd/yy)	5. Treasu	rer Full Name
2018	0	07/01/2018		CHARLES OF THE PARTY OF THE PAR	10/20/2	2018	REBEKA	H LOY
6. Type of Comm	ittee (Check	One)	9. Typ	e of Report	t (c)	heck only one	type of rep	ort from one category)
Candidate Cam		arty	Munici			State/County	V1 -	Referendum
☐ Joint Fundraise		AC		Organizatio	nal	Organizatio	onal	Organizational
Referendum	The second	egal Expense Fund		Thirty-five		Quarterly		☐ Pre-referendum
7. Type of Fund	Commod .	ble, check one)	_	Pre-primary	-	First		Final
☐ "Booster Fund"				Pre-election		Second	i	Supplemental Final
Building Fund				Pre-runoff		Third		Annual
Presidential Ele	ection Year Car	ndidates Fund		Semi-annua	1	Fourth		☐ Special
■ NC Public Cam	paign Financin	.g Fund		Mid Ye	ar	Semi-annua	al	
				Year E	nd	☐ Mid Ye	ear	10. Special Report Name
Other:	V.		1	Final		Year E	End	
8. Number of Fur	ndraisers thi	s Report		Special		☐ Final		
	0					☐ Special		
3. Account Inform	mation				3. Acc	ount Informat	ion	
a. Financial Instit		ame				ncial Instituti		ne
AMERICAN NA	ATIONAL					(10000000000000000000000000000000000000		
b. Purpose		c. Account Cod	le		b. Purp	pose		c. Account Code
CAMPAIGN			1					
			1					_1
		d. Period Begin	n Balan	ce				d. Period Begin Balance
		\$	2,963.34				\$	
CERTIFICATION	V							
I certify that the	e Committee							22A, 22B & 22D-22M of
								other non-disclosed
funds. I further	r certify that	this report is co	mplete,	true and co	orrect a	nd that I have	been traine	ed by the NC State Board
Q. holds	1 1 1			Dik	les la	. Ann		24/11/2010
Album	WLOY			lux	win	W.Wey	No.	01/11/2019
	nted Name of S	Signer		Signa	ature of	Appointed Trea	surer	Date
FOR OFFICE US	EONLY		•			1.0		
Date Received	d:	1-11-19		Employ	yee: _	16	- <u>De</u>	livery Method Normal Mail
Date Postmark	ked: _			Employ	yee: _		- 🛂	Registered Mail Hand Delivered
Date Scanned	l:	1-11-19		Employ	yee: _	16	_	Electronically Filed
Date Data Ent	tered:			Employ	yee: _			Signer has not received mandatory training
	assista	cannot be used to the treasurer, cus	stodian	of books ir	nformat	tion, or accoun	nt in formation	

-	•					
- 1)	IC	hii	rse	m	oη	te
	1.3	I)U			_ 11	1.7

			Anyendment							
Pg	4	of	4	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 F	ull Name (and Fund	if applicable)					***************************************	2. ID N	lumber
COMMITTEE	TO ELECT RYAN	BOWDEN							
3. Type of Disbu	irsement (Please	use separate CR(0-1310	forms for eac	h tvi	ne of Dishu	rsemi	ont)	
Operating Exp	,	ributions to Candida							Expenditures
4. Payee Inform				Add 🔲	Rei	move			
	ailing Address & Ph	b. Coordinate	d Co	ommittee N	ame	d. Com	ments		
(include city, sta	-								***
RON LEMONI	DS .								
	TOWER ROAD			c. Level Regis	tere				
JULIAN, NC 2	27283			Federal County: State Municipality:				. 174	- Com to Data
				State		Municip	Jain y.	e. Meci	ion Sum to Date
								\$	200.0
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy) j. Amount k. Re			quired l	Remarks	
1	Debit Card	СО		7/31/2018	\$	200.00	SHIRTS AND HATS		
					\$				
		Maria de la companiona de			<u> L</u>				
4. Payee Inform				Add 🔲	5.4.12.11	nove		L o	
· ·	ailing Address & Ph	one		b. Coordinate	a Co	mmittee N	am e	d. Com	ments
(include city, sta	te, & zip)								
SAM'S CLUB	ENDOVER AVE			c. Level Regis	tere	d (Specify)	-	1	
GREENSBORG				Federal County:					
GREENSBORG), ITC 27107			☐ State ☐ Municipality:				y: e. Election Sum to Date	
								\$	247.66
			I		I				
·		h. Purpose Code			 	mount			Remarks
1	Debit Card	С	09	9/28/2018	\$	247.66			I DINNER
					\$		SUP	PLIES	
4. Payee Inform	ation			Add 🔲	Ren	nove			
	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	ım e	d. Com	ments
(include city, sta	te, & zip)								
TIMES NEWS									
707 SOUTH MA				c. Level Registered (Specify) Federal County:					
BURLINGTON	, NC 27215			State			e Flecti	on Sum to Date	
				State			diity.	C. 12CC	
								\$	970.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	temarks
1	Debit Card	A	10/02/2018		\$	625.00	ADV	VERTISING	
1	Debit Card	A	10)/10/2018	\$	345.00	ADV	ERTISI	NG
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			'		
5. Total only this								\$	1,417.66
	CRO-1310 Pages	D Cho							
(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)							\	\$	5,267.78
	i line 130 of Detailed S i line 13c of Detailed S						,,,,,,		
00000000000000000000000000000000000000	des (List detailed			2000 C. VIII. V.					
7. i urpose Co A* - Media	B* - Printin		***************************************	undraising		D - To	A noth	ner Cand	lidate
E - Salaries	F* - Equipme	_		•				Office Expenses	
- · ·				ffice Expenses	;				al Expense Fund
O* Other				_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			<u>-</u>
* Codes require	detailed explanation	<u>a in required rem</u>	arks fi	eld (k)					