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	2000						c. ID Number
COMMITTEE TO ELECT	RYAN BOWDF	EN					
b. Mailing Address (include	City, State and Zi	p Code)				d. Date Filed
PO BOX 638 ALAMANCE, NC 27210-	-0638	James	######################################	2000ma-			10/29/2018
ADITIVITATION,	0036		10-29-	·18 F	P01:39 IN	1	e. Phone Number
							(336) 516-0732
2. Report Year 3. Period S	tart Date (mm/dd/	/yy)	4. Period J	End Da	ate (mm/dd/yy)		rer Full Name
2018	07/01/2018			10/20/2	2018	REBEKA	TH FOA
6. Type of Committee (Chec		and an	pe of Report	and the same of th			port from one category)
Candidate Campaign	Party	Munic	cipal		State/County		Referendum
l-sed hand	PAC		Organization		☐ Organizatio	onal	☐ Organizational
	Legal Expense Fund		Thirty-five		Quarterly		Pre-referendum
	cable, check one)		Pre-primary		First		Final
☐ "Booster Fund"			Pre-election	ı J	☐ Second	1	Supplemental Final
☐ Building Fund			Pre-runoff		Third		Annual
Presidential Election Year C			Semi-annual		☐ Fourth		☐ Special
☐ NC Public Campaign Finance	ing Fund		Mid Yea		Semi-annual		
			Year En	ıd J	☐ Mid Ye		10. Special Report Name
Other:			Final		Year Er	nd	
8. Number of Fundraisers the	his Report		Special		Final		
0					☐ Special		
3. Account Information					ount Informati		
a. Financial Institution Full I	Name				ncial Institutio		ne
AMERICAN NATIONAL	,0000000		######################################		,00000000000000000000000000000000000000		
b. Purpose	c. Account Cod	de	J	b. Purp	pose		c. Account Code
CAMPAIGN		1					
	d. Period Begin	n Balan	ice				d. Period Begin Balance
,	\$		2,963.34				\$
CERTIFICATION							
I certify that the Committee	ee or Fund is in co	molian	ce with all ar	nplicat	ole provisions	of Article 2	22A 22B & 22D-22M of
Chapter 163 of the NC Gen		~	_		-		
funds. I further certify tha							
10		пръс.	1110	1 1	O	UCCII	od by the resource
Rebekahw.	Loca		TRUDE	Pah	10.00U		10/29/2018
Printed Name of			Signa	ture of	Appointed Treas	surer	Date
FOR OFFICE USE ONLY							
	29 Det 12	318	T lov		CWX	De	livery Method
Date Received:	4100	-	Employe	ee: _	0.0		Normal Mail
_ 1 1			T -lov				Registered Mail
Date Postmarked:			Employe	ee: _			Hand Delivered
Date Scanned:	10/30/18	<u>/</u>	Employe	ee: _	UG	石	Electronically Filed
Date Data Entered:			Employe	ee: _			Signer has not received mandatory training
Please Note: This form	n cannot be used t					s the commi	nittee address, treasurer,
	end the Statement						

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT RYAN BOWDEN		~~~~		V. III 1	THE ELECTION IS
COMMITTED TO BEBUT KITH, BOWNER,	2010 111114				
Start of Election Cycle: January 1,2017	No. 2018 Third Quarter Total this Reporting Period \$ 2,963.34 \$ 0.00	F			
4) Cash on Hand at Start					
RECEIPTS				i	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	960.0	0 \$	1,605.0
6) Contributions from Individuals	(CRO-1210)	\$	2,597.9	9 \$	6,453.3
7) Contributions from Political Party Committees	(CRO-1220)	\$	200.0	0 \$	200.0
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.0	0 \$	0.0
9) Loan Proceeds	(CRO-1410)	\$	0.0	0 \$	94.0
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.0	0 \$	0.0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	0 \$	0.0
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	300.00	0 \$	300.0
11c) Outside Sources of Income	(CRO-1250)	\$	200.0	0 \$	200.0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.0	0 \$	0.0
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	0 \$	0.0
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	4,257.99	9 \$	8,852.3
<u>EXPENDITURES</u>			•		
13) Disbursements					建设产品的
13a) Operating Expenditures	(CRO-1310)	\$	5,267.78	3 \$	6,650.13
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00) \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00) \$	0.00
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00) \$	28.20
5) Loan Repayments	(CRO-1420)	\$	0.00) \$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00) \$	0.00
7) In-Kind Contributions	(CRO-1510)	\$	416.99	\$	637.3
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$	5,684.77	7 \$	7,315.82
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	1,536.56	5 \$	1,536.50
ADDITIONAL INFORMATION					
0) Non-Monetary Gifts Given to Other Committees				_	
1) Outstanding Loans (incl. ones from other campaigns)					
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		ik ikili ik
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00	-	
4) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		4.44
5) Administrative Support	(CRO-1710)	\$	0.00	\$	0.00
6) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00		0.00
8) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$ \$	0.00

Aggregated Contributions from Individuals Page 1 of

Amendment ☐ Yes

Optional form used to report NC Contributions From Individuals of \$50 or less

		Fund if applicable)	, 110m majviduais or p		2. ID N	Number	
	EE TO ELECT R				M. 117	, utili & 1	
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/yyyy)	f. Amount	amilian i yeni yanihi
Add	1	Cash	**************************************	08/25/201	Q	¢.	50.00
Remove				08/23/201		\$	50.00
☐ Add ☐ Remove	1	In-Kind	FUNDRAISER	08/11/201	8	\$	40.00
Add	1	Cash	TICKETS		····		
Remove	1	Cush		08/21/201	. 8	\$	40.00
☐ Add ☐ Remove	1	Cash		08/21/201	8	\$	50.00
☐ Add ☐ Remove	1	Cash		08/21/201	8	\$	50.00
☐ Add☐ Remove	1	Check		09/29/201	8	\$	45.00
Add Remove	1	Cash	A decrease and the second	09/29/201	8	\$	50.00
Add Remove	1	Check		09/10/201	8	\$	25.00
Add Remove	1	Check	A CONTRACTOR OF THE STATE OF TH	09/29/201	8	\$	45.00
☐ Add ☐ Remove	1	Check		08/12/201	8	\$	25.00
Add Remove	1	Cash	NECTION OF PARTIES AND ADMINISTRATION OF THE PARTIES AND ADMINISTRATION OF	09/29/201	8	\$	50.00
Add Remove	1	Cash		09/29/201	8	\$	50.00
Add Remove	1	Check		09/29/201	8	\$	45.00
Add Remove	1	Check	***************************************	09/10/201	8	\$	45.00
Add Remove	1	Cash		08/25/2018	8	\$	45.00
Add Remove	1	Cash		08/25/2018	8	\$	45.00
Add Remove	1	Check		07/03/2018	3	\$	25.00
Add Remove	1	Check		08/12/2018	3	\$	50.00
Add Remove	1	Check	999 M. Martin and Constructive	08/28/2018	3	\$	45.00
Add Remove	1	Cash	TO A Commence of the COMMENT AND	08/12/2018	3	\$	45.00
Add Remove	1	Check		08/12/2018	3	\$	45.00
Add Remove	1	Cash		09/29/2018	3	\$	50.00
	ly this Page	1			\$		\$960.00
	ALL CRO-120	5 Pages	· · · · · · · · · · · · · · · · · · ·				
		tailed Summary Page C	RO-1100)		\$;	\$960.00
CRO-1205			State Board of Elections				April 2007

Amendment **Contributions from Individuals** 1 of Pg ☐ 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) 2. ID Number COMMITTEE TO ELECT RYAN BOWDEN 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED DEXTER BARBEE c. Employer's Name/Specific Field 127 MEADOWOOD DRIVE BURLINGTON, NC 27215 e. Election Sum to Date \$ 650.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (m m/dd/yyyy) k. Amount Check 1 09/27/2018 400.00 \$ \$ \$ ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **EMPLOYEE** KEN BOWDEN c. Employer's Name/Specific Field 1875 CONNERS COURT BURLINGTON, NC 27215 **ABSS** e. Election Sum to Date (336) 228-1950 581.36 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind SUPPLIES FOR EVENT 09/02/2018 \$ 66.96 In-Kind 1 SUPPLIES FOR EVENT 09/29/2018 14.40 \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) FIREFIGHTER RYAN BOWDEN c. Employer's Name/Specific Field 3093 DIANA CIR BURLINGTON, NC 27215 CITY OF GREENSBORO e. Election Sum to Date 195.63 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) In-Kind BUNGEE AND CABLE TIE 1 08/07/2018 \$ 18.33 In-Kind BUNGEE AND CABLE TIE 1 08/25/2018 \$ 26.66 In-Kind 1 T POST FOR SIGNS \$ 09/04/2018 40.46

566.81

2,597.99

\$

\$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

Amendment **Contributions from Individuals** 6 ☐ 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 RYAN BOWDEN 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FIREFIGHTER RYAN BOWDEN c. Employer's Name/Specific Field 3093 DIANA CIR BURLINGTON, NC 27215 CITY OF GREENSBORO e. Election Sum to Date \$ 195.63 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 BUNGEE AND CABLE TIE 09/17/2018 12.79 \$ In-Kind 1 T POST FOR SIGNS 09/17/2018 \$ 32.37 In-Kind 1 T POST FOR SIGNS 09/21/2018 \$ 26.20 3. Contributor Information 🥼 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FIREFIGHTER RYAN BOWDEN c. Employer's Name/Specific Field 3093 DIANA CIR BURLINGTON, NC 27215 CITY OF GREENSBORO e. Election Sum to Date 195.63 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind SUPPLIES FOR EVENT 09/29/2018 \$ 38.82 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FUNERAL DIRECTOR **SETH BOWDEN** c. Employer's Name/Specific Field 1500 BRENT CT BURLINGTON, NC 27215 RICH AND THOMPSON e. Election Sum to Date (336) 213-9501 95.00 f. Prior g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) i. In-Kind Description k. Amount Check 1 X 11/08/2017 \$ 50.00 Cash 1 08/28/2018 \$ 45.00 \$

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

155.18

\$

\$

		rom Individual			Pg <u>3</u> of <u>6</u>	_	☐ Yes	No	
				ontributions	under \$50 if form CRO				
	······································	e (and Fund if applicab				<u> 2.</u>	ID Number		
COMN	ATTEE TO ELE	ECT RYAN BOWDER	N						
3. Cont	ributor Informati	ion		l Add □]	Remove				
	Name, Mailing Ad			b. Job Title/		d.	Comments	- Standard Hillschild	
(incl	ude city, state, & z	ip)		RETIRED				A	
KEITE	I COLEMAN					_			
	RIVERSIDE DRI			c. Employer	's Name/Specific Field				
HILLS	BOROUGH, NC	27278				<u> </u>	Election Sum	to Data	
						e.,	Election Sum	10 Date	
						\$ 150.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy))	k. Amount		
	1	Check			09/12/2018		\$	50.00	
			-				<u> </u>		
							\$		
		-	+				<u> </u>		
			Í				\$		
3. Cont	ri butor Informati	on		Add □ F	Remove				
a. Full N	Name, Mailing Add	dress & Phone		b. Job Title/	Profession	d. (Comments		
(inclu	ide city, state, & z	ip)		SALES					
JASON	I CRUTCHFIELI	D]			
	OUTH MAIN STE				's Name/Specific Field	4			
BURLI	INGTON, NC 27	¹ 215		PIP PRINT	ING	<u></u>	Dection Sum	to Dota	
						е. 1	dection sum		
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	1	In-Kind	TWO LARGE	MAPS	08/11/2018		\$	100.00	
							\$		
_			<u> </u>						
							\$		
3. Conti	ributor Informatio	on		Add 🔲 R	Remove				
a. Full N	lame, Mailing Add	lress & Phone	ent A. John C. Colles. paper	b. Job Title/I	Profession	d. (Comments		
(inclu	de city, state, & zi	íp)		ATTORNE'	Y				
	DON ECTOR								
	ICCUISTON DR				s Name/Specific Field	ł			
BURLI	NGTON, NC 27	15		HANFORD	LAW FIRM	e F	dection Sum	to Date	
							Action Sum		
		-	7			\$		166.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>cription</u>	j. Date (mm/dd/yyyy)		k. Amount		
	1	Check			07/01/2018		\$	166.00	
							\$		
							\$		
4. Tota	al only this Pag	ge				\$		316.00	
5. Tota	al of ALL CRO	D-1210 Pages				\$		2,597.99	
(This li	ine must be on line (6 of Detailed Summary P	'age CRO-1100)					-,	

Amendment

Amendment **Contributions from Individuals** 4 of X No ☐ Yes Pg 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 RYAN BOWDEN 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) POLICE OFFICER **BEN EDWARDS** c. Employer's Name/Specific Field 123 BAUMAN COURT GRAHAM, NC 27253 CITY OF GRAHAM e. Hection 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 09/29/2018 100.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED **DAN INGLE** c. Employer's Name/Specific Field 6388 RASCOE RD BURLINGTON, NC 27217 e. Election Sum to Date 1,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 10/01/2018 \$ 600.00 \$ \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) RETIRED LARRY ISLEY c. Employer's Name/Specific Field 3931 SPANISH OAK HILL ROAD SNOW CAMP, NC 27349 e. Hection Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check 08/21/2018 \$ 100.00 \$ \$ 4. Total only this Page 800.00 \$

5. Total of ALL CRO-1210 Pages

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

2,597.99

\$

		rom Individua individual contributio		contributions	Pg 5 of 6 under \$50 if form CRO	_ !	Amendmen Yes is not used	No No
		e (and Fund if applica) Number	
	······································	ECT RYAN BOWDE	······					
3. Con	itributor Informa	tion] Add 🔲	Remove		yr British	
e e	Name, Mailing A			b. Job Title	/Profession	d. C	omments	
(inc	lude city, state, &	zip)		RETIRED			***************************************	***************************************
RICK	Y MICHAEL					_		
	DINBURGH DR			c. Employe	r's Name/Specific Field	_		
	LINGTON, NC 2	27215		1		<u></u>		
(336)	380-1423					е. н	ection Sum	to Date
						\$		975.00
f. Prio	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy) <u> </u>	. Amount	
	1	Check			09/29/2018			475.00
					0)/2)/2010		\$	475.00
							\$	
							\$	
	tributor Informat			2	Remove			
	Name, Mailing Ad			b. Job Title/	Profession	d. Co	mments	
	ude city, state, & z	zip)		RETIRED				
	MORRIS	PERCONING		c Employer	's Name/Specific Field	┨		
	PREACHER ROE IAM, NC 27253	BERSON KD		c. iznpioyer	s wanterspecific rietu	1		
	376-3012					e. Ele	ction Sum	to Date
(330).	370-3012							
						\$		295.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k	. Amount	
	1	Check			08/04/2018		\$	45.00
	1	Cash			09/29/2018	5	§	50.00
						5	\$	
3. Cont	ributor Informati	ion		Add 🔲 F	Remove			
	Name, Mailing Ad		,	b. Job Title/	Profession	d. Co	mments	
(incl	ude city, state, & z	ip)		INTERIOR	DESIGN			
	E SCHOFIELD							
	VHITE OAK DR			c. Employer'	s Name/Specific Field			
BURL	INGTON, NC 27	7215				a Ela	ction Sum	to Dota
						c. Me	chon Sum	to Date
n.		I				\$		90.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k.	Amount	
	1	Check			08/18/2018	\$	3	90.00
						\$	}	
						\$		
l. Tot	al only this Pa	ge				\$		660.00

\$

2,597.99

5. Total of ALL CRO-1210 Pages

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

Con	tributions fr	om Individual		Pg	6	of	6		Michalle ☐ Yes	∑ No		
Use th	is form to report in	dividual contribution	is over \$50 or c	ontribution							ed	
		(and Fund if applicat) Number		
COM	MITTEE TO ELE	CT RYAN BOWDE	N				***************************************					
3. Con	tributor Informati	One		Add 🗖	Rem)ve						
	Name, Mailing Ad			b. Job Title	AA V) 		d. Comments			
(incl	ude city, state, & z	ip)		EMPLOYEE								
SCOT	T VANDERPOO	L										
3102 V	ICTORIA FALL	S DR		c. Employer's Name/Specific Field								
	INGTON, NC 27		XPO LO	GISTI	CS							
(336)	336) 639-0800								е. Н	ection Su	m to Date	
									\$		150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j.	Date	(m m/dd	/yyyy)	, k	. Amoun	t	
X	1	Check				1	1/28/20)17		\$	50.00	
	1	Check				C	8/18/20)18		\$	100.00	
										\$		
4. Tot	al only this Pa	ge							\$		100.00	
0.000	. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1106								\$		2,597.99	

NC State Board of Elections

CRO-1210

Amendment

April 2007

Contributi	ons from Politi	ical Party Committees	_ 1 .	b. Comments b. Comments c. Election Sum to Date \$ 2		
			Pg of		LI Yes	No No
	<u></u>	ns from a political party	romacina di Santana di Santana		ere u - a - a tantisti	3.15400 Test
	II Name (and Fund if:			2. ID	Number	
COMMITTEE	TO ELECT RYAN B	OWDEN				
3. Contributor I	nformation	□ Add □	Remove			
a. Fuli Name, Ma	iling Address & Phone			b. Cor	nments	
(include city, s	tate, & zip)					
RIDDELL FOR	NC HOUSE 64					
6343 BEALE R	OAD					
SNOW CAMP,	NC 27349					
				c. Elec	tion Sum t	o Date
				\$		200.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/do	l/yyyy)	h. Amoun	t
1	Check		10/15/20	18	\$	200.00
					\$	
					\$	
4. Total only 1	this Page	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		\$,	200.00
	L CRO-1220 Pag e on line 7 of Detailed Su	es Immary Page CRO-1100)		\$		200.00
CRO-1220		NC State Board of Electio	ons		·	April 2007

	• . ~							Amendment			
Other Red	eeipt Sources			Pg of	X No						
Use this form to	report income not rep	orted on another fo	rm. i.e. interest income, not for profit contributions e 2. ID Number	tions etc.							
1. Committee F	ull Name (and Fund if	applicable)					2.	ID Numbe	1		
COMMITTEE	TO ELECT RYAN B	OWDEN									
3. Type of Rece Interest	ipt Source Please u	<i>se separate CRO-1</i> butions from Not-for-	<i>250 forms</i> -Profit Organ	<i>for e</i> izatio	a <i>ch ty</i> ns	<i>pe of Re</i> Outside					
4. Contributor	Information		Add 🔲	Rem	ove				32 SE SE		
	ailing Address & Phone	e	b. Not-for-	Profi	t Fe de	ral ID#	d.	Comments			
(include city,	state, & zip)										
	RS RESPONSIBLE G	~ .	0.4:1	0	T3						
	01 SOUTH ELM STREET SUITE 925 GREENSBORO, NC 27401				ce exp	lanation					
GREENSBURG		5				e.	Dection Su	m to Date			
							\$		300.00		
f. Account Code	g. Form of Payment	h. In-Kind Descrip	ption	i	. Date	(m m/dd/	уууу)	j. Amount			
I	Check				08	/27/2013	8	\$	300.00		
								\$			
5. Total only	this Page						\$	1	300.00		
(This line goes i. (This line goes i. (This line goes i.		mmary Page CRO-110 mmary Page CRO-110 nmary Page CRO-110	00 if Not-for-1 00 if Outside S	Source		a and a state of	\$		300.00		
CRO-1250		NC State Bo	ate Board of Elections					December 2007			

Other Rec	eipt Sources			Pø	1	of	1	Amendme	ent XII	No	
	report income not rep	orted on another for	m. i.e. inte	-		-		Line come morning and a	ions e	tc.	
1. Committee F	ull Name (and Fund if	applicable)					2.	ID Number			
COMMITTEE	TO ELECT RYAN B	OWDEN									
3. Type of Recei		ise separate CRO-12 ibutions from Not-for-P									
4. Contributor 1	Information		Add 🔲	Rem	ove						
a. Full Name, Ma (include city, s	ailing Address & Phon state, & zip)	e l	b. Not-for-	Profit	Fede	ral ID#	d.	Comments			
PO BOX 35405	CHAUFFERS TEAMSTERS PO BOX 35405 GREENSBORO, NC 27425			c. Outside Source Explanation					e. Election Sum to Date		
							\$	Bection Su		0.00	
f. Account Code	g. Form of Payment	h. In-Kind Descripti	ion	i.	Date	(m m/dd	/yyyy)	j. Amount			
1	Check				10	/15/201	8	\$	20	0.00	
								\$			
5. Total only	this Page						\$	<u></u>	20	0.00	
(This line goes it (This line goes it	LL CRO-1250 Pa n line 11a of Detailed Su n line 11b of Detailed Su n line 11c of Detailed Su	mmary Page CRO-1100 mmary Page CRO-1100	if Not-for-	Chipmen Trace (Sec.)		rachi salah atau	\$		200	0.00	
CRO-1250		NC State Boar	d of Electio	ns				De	cember	2007	

								Amendm	ent
Disbursements				Pg	1	of	4	☐ Yes	No No
* 11 0	 _		_					1	

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 Nu	nber
COMMITTEE	TO ELECT RYAN	BOWDEN							
3. Type of Disbu	irsement <i>(Please</i>	use separate CR	0-1310	forms for eac	h typ	e of Disbu	ırsem	ent.)	
Operating Exp		ributions to Candida					************	ted Party Ex	penditures
4. Payee Inform	ation			Add 🔲	Ret	nove			
	ailing Address & Ph	one		b. Coordinate		urur taga yananya beesaa	ame	d. Comme	ents
(include city, sta									
AL VANS ADV								İ	
3920 VAN DRI				c. Level Regis	stere				
BURLINGTON	I, NC 27215			☐ Federal		County			
				☐ State		☐ Municip	pality:	e. Hection	Sum to Date
								\$	3,188.27
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rer	narks
1	Debit Card	С	0.	7/13/2018	\$	2,632.43	YAŁ	RD SIGNS	
					\$				
4. Payee Inform:	ation			Add 🔲	Ren	10ve			
a. Full Name, Ma	ailing Address & Ph	one		b. Coordinate	d Co	mmittee Na	am e	d. Comme	nts
(include city, sta	te, & zip)						***************************************		**************************************
ALAMANCE N	IEWS								
114 WEST ELM	A STREET			c. Level Regis Federal	tered				
GRAHAM, NC	RAHAM, NC 27253					County:			
				☐ State		☐ Municip	ality:	e. Election	Sum to Date
								\$	498.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Ren	narks
1	Debit Card	A	10	0/05/2018	\$	498.00	ADV	ERTISIN	G
					\$				
4. Payee Informa	ation		П	Add 🔲	Rem	юуе			
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Cor	nmittee Na	me	d. Comme	nts
(include city, stat	te, & zip)							*************************************	
FACE BOOK									
NC				c. Level Regist	tered				
				Federal	1	County:	111		
				State	<u>.</u>	Municip	anty:	e. Election	Sum to Date
								\$	278.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	ount	k. Re	quired Rem	arks
1	Debit Card	A	08	3/01/2018	\$	22.08	ADV	ERTISING	3
1	Debit Card	A	08	/24/2018	\$	25.00	ADV	ERTISING	}
5. Total only this	Page							\$	3,177.51
6. Total of ALL (CRO-1310 Pages								
(This line goes in	line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	ıses)			\$	5,267.78
_	line 13b of Detailed S		-				mm)	Ψ	3,207.78
(This line goes in	line 13c of Detailed Si	ummary Page CRO-1	1100 if (Coordinated Par	ty Exp	penditures)			
	des (List detailed o	L T							
A* - Media	B* - Printing	-		ındraising				er Candida	
E - Salaries	F* - Equipme			itical Party					ice Expenses
I - Postage O* Other	J - Penalties		K* - O	ffice Expenses		Q* - D ₀	natio	n to Legal	Expense Fund
	detailed explanation	in required rema	arks fi	eld (k)					

1	١:	e l	\11	rs	Δ	m	Δ	n	te.	
•	"	SI	ш	1.5	e	111	ŧ.	Ħ	18	

				Am	e n dm	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

1. Committee F	full Name (and Fund	if applicable)						2. ID Nu	mber
	TO ELECT RYAN						Hantioner		
3. Type of Disbu		use separate CRO				of Disbu	irsem	ent.)	
X Operating Exp		tributions to Candida						ted Party E:	xpenditures
4. Payee Inform	aation			Add 🔲	Remo	ve			
a. Full Name, M	ailing Address & Ph	ione	XXX	b. Coordinate	10.000000, 525		ame	d. Comm	ents
(include city, sta	ate, & zip)								
FACE BOOK			-	<u></u>					
NC				c. Level Regist	tered (
				Federal State		County:		F3 - 44 -	C Data
				☐ State		Municip	Jamy.	e. Electio	n Sum to Date
								\$	278.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	marks
1	Debit Card	A	0.	9/01/2018	\$	2.13	ADV	VERTISIN	1G
1	Debit Card	A	0'	9/14/2018	\$	25.00	ASD	VERTISI	NG
4. Payee Inform:	ation	SEATING (SEATING		Add 🔲	Remov	ve			
	ailing Address & Ph	one	Water and the second	b. Coordinated	**************************************		ame	d. Comm	ents
(include city, sta	•								
FACE BOOK									
NC c. Level Registered (Specify)									
			1	Federal		County:		L	
				☐ State	<u></u>	Municip	ality:	e. Election	n Sum to Date
					_			\$	278.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Res	marks
1	Debit Card	A	10		\$	9.56	ADV	/ERTISIN	[G
1	Debit Card	Α	10	0/10/2018	\$	35.00	ADV	ERTISIN	G
4. Payee Informa	ation				Remov				
	ailing Address & Pho	one		b. Coordinated	Comn	nittee Na	ıme	d. Comme	nts
(include city, stat	te, & zip)								PO-00-00-00-00-00-00-00-00-00-00-00-00-00
FACE BOOK			ļ	L	3.76			l	
NC			1	c. Level Registe	ered (5			İ	
			J	Federal State		County:	L	- Maction	Sum to Date
			+	LI State		Minioit.	anty.	e. Meenon	Sum to Date
			1	I]	\$	278.77
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amoi	unt	k. Re	quired Ren	narks
1	Debit Card	A	·		\$			ERTISIN	
1	Debit Card	A	10		\$			ERTISIN	
5. Total only this	s Page							\$	156.69
								Φ	150.07
	CRO-1310 Pages	7	**************************************	- Funar	-1				
	n line 13a of Detailed Si n line 13b of Detailed Si	· -	_			- Waal Co		\$	5,267.78
	n une 130 of Detauea Si n line 13c of Detailed Si		-				mnı		
production magnetic four in the Supposition of Heigh Long	des (List detailed (98.00m.pain.co.y							
A* - Media	B* - Printing		2000,0000000000000000000000000000000000	undraising	<u> </u>	D - To /	Anoth	ner Candid	ate
E - Salaries	F* - Equipme	~		litical Party					ffice Expenses
- Postage	J - Penalties			ffice Expenses			_		Expense Fund
O* Other	· vogerninns urbu netteer							_	
* Codes require	e detailed explanation	a in <u>required rem</u>	arks fi	eld (k)				2000	

Disbursen	nents				n	3	r		endment Yes 🛛 No
		from the committee				3 01			
committees and	o report expenditures I coordinated party e	nom me commun vnenditures	iee ior	operating expe	nses,	contribut	ions t	o candida	ite/political
	full Name (and Fund							2. ID No	
	TO ELECT RYAN							2. ID IN	muer
								<u> </u>	
3. Type of Disb		use separate CR							
Operating Ex		ributions to Candida	tes/Poli		S	☐ Co	ordina	ted Party F	Expenditures
4. Payee Inforn				1.17.27.1322.23.21.11.11.1	Ren				
-	ailing Address & Ph	one		b. Coordinate	ed Co	nmittee N	ame	d. Comn	aents
(include city, sta	ate, & zip)	<u></u>		_					
FACE BOOK				1 1 1 1 1 1	-	(0 10)		4	
NC				c. Level Regis	sterea	County	•	-	
				State	l İ	_		e Election	on Sum to Dat
				State			parity.		on Sum to Dat
								\$	278.
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyyy)	j. An	iount	k. Re	quired R	emarks
1	Debit Card	Α	1	0/17/2018	\$	75.00	AD'	VERTISI	NG
		<u> </u>			\$	· ·			
					<u> </u>	o margon observation and			
4. Payee Inform					Rem			Lia	
	ailing Address & Pho	one		b. Coordinate	d Con	imittee N	ame	d. Comm	ents
(include city, sta	ite, & zip)			4					
GOT PRINT NC				c. Level Regis	tered	(Specify)		-	
NC				Federal	1	County:		1	
				☐ State	Ī			e. Electio	n Sum to Date
								\$	249.2
	g. Form of Payment		i. Date	e (mm/dd/yyyy)	j. Am		k. Re	quired Re	marks
1	Debit Card	K	0	9/26/2018	\$	52.42	BUS	INESS C	ARDS
					\$				
4. Payee Inform	ation			Add 🔲	Remo	ove .			
	ailing Address & Pho	ne		b. Coordinate	Spiritor XII of the Co.	cpcolessor conservation	ıme	d. Comm	ents
include city, sta		, iii							
	ERPRISE ADVERT	ISEMENT		1					
106 N. 4TH ST				c. Level Regis	tered ((Specify)			
MEBANE, NC				☐ Federal		County:			
				☐ State		Municip	ality:	e. Electio	n Sum to Date
								\$	388.5
Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	
1		A		0/02/2018	\$	388.50		ERTISIN	***************************************
1	Deon Card	A	10	0/02/2018		388.30	ADV	EKIISIN	
					\$				
i. Total only this	Page							\$	515.9
. Total of ALL	CRO-1310 Pages								
(This line goes ir	ı line 13a of Detailed Sı	ummary Page CRO-	1100 if	Operating Expen	ıses)			c	5 267 5
	ı line 13b of Detailed Si					Political Co	mm)	\$	5,267.7
(This line goes in	ı line 13c of Detailed Sı	ımmary Page CRO-	1100 if	Coordinated Par	ty Exp	enditures)			
. Purpose Co	des (List detailed o	expenditure code i	in (h.) a	above)					
* - Media	B* - Printing	5	C* - F	undraising		D - To A	Anoth	er Candio	late
E - Salaries	F* - Equipme		G - Pol	litical Party		H* - Ho	lding	Public O	ffice Expense
- Postage	J - Penalties		K* - O	ffice Expenses		Q* - Do	natio	n to Lega	l Expense Fur

O* Other

Disbursements	p

				Amendme	ent
Pg	4	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

1. Committee Fr	ull Name (and Fund	if applicable)						2. ID Nun	ıber
COMMITTEE	TO ELECT RYAN	BOWDEN							
3. Type of Disbu	rsement <i>(Please</i>	use separate CR	0-1310	forms for eac	h ty	pe of Disbu	ırseme	ent.)	
Operating Exp	oenses 🔲 Cont	ributions to Candida	tes/Polit	ical Committees	3	☐ Co	ordinat	ed Party Exp	oenditures
4. Payee Inform	ation			Add 🔲	Re	move			
	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Comme	n ts
(include city, sta	te, & zip)						•		
RON LEMONE)S								
5115 WATER 7	TOWER ROAD			c. Level Regis	tere]	
JULIAN, NC 2	7283			☐ Federal ☐ County:					
				☐ State		☐ Municip	pality:	e. Election	Sum to Date
								\$	200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	ıarks
1	Cash	СО	0	7/31/2018	\$	200.00	SHII	RTS AND I	HATS
					\$				
4. Payee Inform	ation			Add 🔲	Rer	nove			
	iling Address & Ph	one		b. Coordinate	d Co	mmittee N	ame	d. Commei	ı ts
(include city, sta	- ·				******				1-110-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
SAM'S CLUB									
	ENDOVER AVE			c. Level Regis	tere	d (Specify)			
GREENSBORO, NC 27407				Federal Federal		County:			
				☐ State		☐ Municip	ality:	e. Dection	Sum to Date
								\$	247.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	arks
1	Debit Card	С	09	9/28/2018	\$	247.66	CAM	IPAIGN D	INNER
					\$		SUP	PLIES	
4. Payee Informa	ition			Add 🔲	Ren	nove			
	iling Address & Pho	one		b. Coordinate	spinenes,	F-11-7-1-14-14-14-14-14-14-14-14-14-14-14-14-1	ıme	d. Commen	ıts
(include city, stat	-								
TIMES NEWS									
707 SOUTH MA	AIN STREET			c. Level Regis	terec	(mm)			
BURLINGTON,	, NC 27215			☐ Federal		County:	ļ		
				☐ State		∐ Municip	ality:	e. Dection	Sum to Date
								\$	970.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	mount	k. Re	quired Rem	arks
1	Debit Card	A	10	/02/2018	\$	625.00	ADV	ERTISING)
1	Debit Card	A	10	/10/2018	\$	345.00	ADV	ERTISING	
5. Total only this	Page							\$	1,417.66
6. Total of ALL C	CRO-1310 Pages								
(This line goes in	line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Exper	ıses)			c	5 267 70
(This line goes in	line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Candi	idate:	s/Political Co	mm)	\$	5,267.78
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
7. Purpose Co	. Purpose Codes (List detailed expenditure code in (h.) above)								
A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
E - Salaries	F* - Equipme			itical Party					ice Expenses
I - Postage	J - Penalties	3	K* - O	ffice Expenses		Q* - Do	natio	n to Legal I	Expense Fund
O* Other									
* Codes require	detailed explanation	ı ın required rem	arks fi	eld (k)		Park William			

1							
					Amendm	ent	
In-Kind Contributions	Pg	1	of	2	☐ Yes	No No	
Jse this form to report non-monetary contributions, donations, goods	or servi	ces pr	ovided	to the co	mmittee or f	und.	ner et concerne (° e
Use CRO-1215 if In-Kind Contributions were or will be refunded							
. Committee Full Name (and Fund if applicable)				2.ID	Number		
	*******			*****			

1. Committee Full Name (and Fund if applicable)			2. ID	Number	
COMMITTEE TO ELECT RYAN BOWDEN					
3. Contributor Information	Add 🔲 Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Cor	tributor	c. Con	nments	<u></u>
(include city, state, & zip)	▼ Individual				
Aggregated Individual Contribution	☐ Candidate ☐ Party ☐ PAC ☐ Referendun		d Nos	tion Sum	to Data
	Other Rece		u. Etc	HOH SUM	to Date
			\$		40.00
e. Description	COOP MALL	f. Date (mm/de	1/yyyy)	g. Fair f	Market Amount
FUNDRAISER TICKETS		08/11/20	18	\$	40.00
				\$	
				\$	
3. Contributor Information	Add 🔲 Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	Individual				
KEN BOWDEN	☐ Candidate ☐ Party				
1875 CONNERS COURT	PAC				
BURLINGTON, NC 27215 (336) 228-1950	Referendum		d. Dec	tion Sum	to Date
(330) 226-1730	Other Recei	pt Source	\$		581.36
e. Description	1	f. Date (mm/dd	/yyyy)	g. Fair N	larket Amount
SUPPLIES FOR EVENT		09/02/20	18	\$	66.96
SUPPLIES FOR EVENT		09/29/20	18	\$	14.40
				\$	
3. Contributor Information	Add □ Rer	nove			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip) RYAN BOWDEN 3093 DIANA CIR BURLINGTON, NC 27215	☐ Individual ☐ Candidate ☐ Party ☐ PAC				
	☐ Referendum☐ Other Recei	nt Course	d. Elect	ion Sum	to Date
			\$		195.63
e. Description		f. Date (mm/dd	/уууу)	g. Fair M	larket Amount
BUNGEE AND CABLE TIE		08/07/201	8	\$	18.33
BUNGEE AND CABLE TIE	;	08/25/201	.8	\$	26.66
T POST FOR SIGNS		09/04/201	8	\$	40.46
4. Total only this Page			\$		206.81
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO)-1100)		\$		416.99

In-Kind Contributions

				Amendm	ent
Pg	2	of	2	☐ Yes	X 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

II Committee Full Name (and Fund if applicable)	refunded withi		Water 1 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	
1. Committee Full Name (and Fund if applicable)			2. ID	Number
COMMITTEE TO ELECT RYAN BOWDEN				
3. Contributor Information	Add 🔲 Re	move		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Con	ıments
(include city, state, & zip)	Individual		ŀ	
RYAN BOWDEN	☐ Candidate			
3093 DIANA CIR	☐ Party		ŀ	
BURLINGTON, NC 27215	☐ PAC			
,	Referendum		d. Hec	tion Sum to Date
	Other Rece	ipt Source	\$	195.63
e. Description	<u></u>	f. Date (mm/dd	/yyyy)	g. Fair Market Amount
BUNGEE AND CABLE TIE		09/17/20	18	\$ 12.79
T POST FOR SIGNS		09/17/20	18	\$ 32.37
T POST FOR SIGNS		09/21/20	18	\$ 26.20
3. Contributor Information	Add 🔲 Rei	nove		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments
(include city, state, & zip)	Individual	· · · · · · · · · · · · · · · · · · ·		
RYAN BOWDEN	■ Candidate			
3093 DIANA CIR	☐ Party			
BURLINGTON, NC 27215	□ PAC			
DOREM GTON, INC. 27213	Referendum		d. Hec	tion Sum to Date
	Other Recei	pt Source	\$	195.63
e. Description	<u> </u>	f. Date (m m/dd	/yyyy)	g. Fair Market Amount
SUPPLIES FOR EVENT		09/29/201	8	\$ 38.82
		071271201	-	*
		07/27/201		\$
		07/27/201		
	Add □ Rer			\$
3. Contributor Information		nove	c. Com	\$ \$
	Add Rer b. Type of Con Individual	nove		\$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Con	nove		\$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD	b. Type of Con Individual	nove		\$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET	b. Type of Con Individual Candidate	nove		\$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD	b. Type of Con Individual Candidate Party	nove	c. Com	\$ \$
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET	b. Type of Con X Individual Candidate Party PAC	move tributor	c. Com	\$ sments
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET BURLINGTON, NC 27215	b. Type of Con Individual Candidate Party PAC Referendum Other Recei	move tributor	c. Com	\$ ments ion Sum to Date
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET BURLINGTON, NC 27215	b. Type of Con Individual Candidate Party PAC Referendum Other Recei	nove tributor pt Source	c. Com	s s s s s s s s s s s s s s s s s s s
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET BURLINGTON, NC 27215 e. Description	b. Type of Con Individual Candidate Party PAC Referendum Other Recei	nove tributor pt Source f. Date (mm/dd/	c. Com	s ments ion Sum to Date 100.00 g. Fair Market Amount
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET BURLINGTON, NC 27215 e. Description	b. Type of Con Individual Candidate Party PAC Referendum Other Recei	nove tributor pt Source f. Date (mm/dd/	c. Com	s ments ion Sum to Date 100.00 g. Fair Market Amount \$ 100.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JASON CRUTCHFIELD 825 SOUTH MAIN STREET BURLINGTON, NC 27215 e. Description	b. Type of Con Individual Candidate Party PAC Referendum Other Recei	nove tributor pt Source f. Date (mm/dd/	c. Com	s s ments ion Sum to Date 100.00 g. Fair Market Amount \$ 100.00 \$

				Amendme	nt
Outstanding Loans	Pg 1	of	1	☐ Yes	

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.	M Number	
COMMI	TTEE TO ELECT RYAN BOWDEN	I			
3. Lender	Information	☐ Add ☐ Remove			
a. Full Na	me, Mailing Address & Phone	b. Job Title/Profess	sion d.	Comments	
(include city, state, & zip) RYAN BOWDEN PO BOX 638 ALAMANCE, NC 27210-0638 (336) 516-0732		FIREFIGHTER			
				Start Date (mm/dd/yyyy)	
		c. Employer's Name	e/Specific Field	09/20/2017	
		CITY OF GREEN	NSBORO		
			f. 1	f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loa	n Amount j. 1	Remaining Loan Balance	
%		\$	94.00 \$	94.00	
k. Full Na	me of Lending Institution		1. 1	Loan Number	
4. Total	only this Page		\$	94.00	
	of ALL CRO-1430 Pages e must be on line 21 of Detailed Summary	\$	94.00		

CRO-1430

NC State Board of Elections

December 2007

X No