Disclosure Repor								mendment  Yes No
Use this form for general and Do not use this form to up	report and committee idate information	nformat	ion, must be	signed	and sul	bmitted along wit	h othe	r detailed forms.
1. Committee Information						Ŧ		
a. Full Name	P- 3 * 50							c. ID Number
Ewing for Mebane								82-1276120
b. Mailing Address (include Ci	ty, State and Zip Code)							d. Date Filed
304 Stratford Road Mebane, NC 27302								10/01/2019
Wiedane, NC 27302								e. Phone Number
								614-378-8464
2 Danset Vans 2 Da	wied Stant Detail		4. Period	End Da	ite	F	N II AT	
2. Report Year 3. Pe	riod Start Date (mm/d	a/yy)	(mm/dd/yy)			5. Treasurer F Ellen Edwards		ame
2019	07/01/2019		09/2	24/2019		Ellen Edwards	1	
6. Type of Committee (C	neck One)		e of Report	(c	heck on	ly one type of rep	ort fre	om one category)
Candidate Campaign	Party	Municip			State/C	<del></del>	.   :	Referendum
PAC Independent	Referendum	<u>                                   </u>	Organizationa			Organizational	İ	Organizational
Expenditure Legal Expense Fund	Joint Fundraiser	X	Thirty-five day	y		Quarterly		Pre-referendum
	plicable, check one)		Pre-primary		П	First		Final
Booster Fund"			Pre-election			Second	į	Supplemental Final
Building Fund			Pre-runoff			Third		Annual
	:	$\boxtimes$	Semi-annual Mid Year			Fourth Semi-annual		Special
Other:			Year End		$\Box$	Mid Year		10. Special Report Name
			Final			Year End		io opeciai report traine
8. Number of Fundraiser	s this Report		Special			Final		
1						Special		
11. Account Information						Information		
a. Financial Institution Full Nat Truliant Federal Credit Ur	<del></del>			a. Finar	icial Inst	itution Full Name		
b. Purpose	c. Account Code			b. Purp	ose			c. Account Code
All campaign								
expenses	1						ļ	
	d. Period Begin Balance	<del></del> .		: -	117.2	AUL12 IN	}	d. Period Begin Balance
	\$ 620.67							\$
CERTIFICATION			L					
								22D-22M of Chapter 163 of
							ds. I f	urther certify that this report
is complete, true and correct Ellen Edwards	and that I have been	trained	by the NC 3	iale/Boa	aru oi je 1	lections.	10/	01/2019
	ed Name of Signer		- <u>- 7</u> Si	gnature of	f Appoint	ed Treasurer	10/	Date
FOR OFFICE USE ONLY	1011.0							
Date Received:	10/2/19	]	Employee:			16	Del	<u>livery Method</u> Normal Mail
Date Postmarked:		]	Employee:			<del></del>		Registered Mail Hand Delivered
Date Scanned:	10/17/19	]	Employee:		<u> </u>	6		Electronically Filed Signer has not received
Date Data Entered:	**************************************	]	Employee:					mandatory training
Please Note: This form							dress,	treasurer, assistant treasurer,
You r	custodian must amend the Statem					information. E) to make comm	ittee o	changes.

CRO-1000

Amendment

Amendment **Detailed Summary** Yes Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Ewing for Mebane Semi-Annual-Mid-Year 82-1276120 35 - Day Total this Total this **Start of Election Cycle:** 2018 January 1, Reporting Period **Election Cycle** Cash on Hand at Start 620.67 \$ 2.63 RECEIPTS **Aggregated Contributions from Individuals** (CRO-1205) 560.00 610.00 \$ **Contributions from Individuals** \$ 2,632.83 \$ 3,447.27 6) (CRO-1210) \$ **Contributions from Political Party Committees** (CRO-1220) \$ \$ 8) **Contributions from Other Political Committees** (CRO-1230) \$ \$ 9) **Loan Proceeds** (CRO-1410) \$ \$ Refunds/Reimbursements To the Committee \$ 10) (CRO-1240) Other Receipt Sources \$ 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) 11d) \$ \$ Legal Expense Fund – Other Sources (CRO-1270) \$ \$ 11 e) Exempt Purchase Price Sales (CRO-1265) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 3,192.83 \$ 4,057.27 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 882.73 \$ 1,014.69 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ Refunds/Reimbursements From the Committee (CRO-1320) 16) \$ \$ (CRO-1510) 82.83 197.27 17) **In-Kind Contributions** \$ 965.56 \$ 1,211.96 18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 2,847.94 \$ 2,847.94 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION (CRO-1330) 20) Non-Monetary Gifts Given to Other Committees

21)	Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ A report of the second
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$
23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$
24)	Account Transfers Within the Committee	(CRO-1720)	\$ <b>《李秋》</b>
25)	Administrative Support	(CRO-1710)	\$ \$
26)	Forgiven Loans	(CRO-1440)	\$ \$
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$ \$
28)	Contributions to be Refunded	(CRO-1215)	\$ \$
~~~	3100 D 1 CEL C		

## Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment

☐ Yes 
☐

No

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

wing for Me	bane	ина и аррисавіе)			
Contributo	r Information				82-1276120
	b. Account		134 40		
Amend	Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy	f. Amount
Add Remov	<u>/e</u> 1	Electronic		07/03/20	
Add Remov	1	Electronic		07/08/20	\$ 50.00
Add	1	Check		07/10/20	
Add	1	Electronic		07/31/20	
Add	1	Electronic		07/31/20	
Add	1	Check		08/05/20	
Remov Add	1	Electronic			
Add	1	Electronic		08/06/20	
Remove Add	2			08/06/20	
Remove		Electronic		08/14/201	\$ 50.00
Remove	1	Electronic		08/14/201	9 \$ 25.00
Remove	1	Electronic		08/16/201	9 \$ 50.00
Remove	1	Electronic		08/20/201	9 \$ 20.00
Add Remove	1	Electronic		08/21/201	9 \$ 50.00
Add Remove	1	Electronic		08/21/201	9 \$ 50.00
Add Remove	1	Check		08/26/201	9 \$ 25.00
Add Remove	1	Check		09/20/2019	9 \$ 50.00
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otal only to	this Page LL CRO-1205 P	0,000			\$ 560.00
		ages mmary Page CRO-1100)		PROPOSITION AND AND AND AND AND AND AND AND AND AN	\$ 560.00

		Om Individuals	arian PE	P. on contributions	g <u>1</u>	of <u>5</u>		es No
1. Com	mittee Full Name	dividual contributions (and Fund if applic	able)	o or contributions ur	ider \$50 if form	2. ID N		
	or Mebane			en e		2.10	82-12761	20
	ributor Informat	ion		AJJ 🗖 5			02-12/01	
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P .	e city, state, & zip)			Engineer		u. Comme	ents	
Sean Ev	-			J G				
	tford Road			c. Employer's Name/S				
Mebane 614-378	, NC 27302			Volvo Group Tru	cks			
014-376	-0404					e. Election	Sum to Date	
						\$	197.27	
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	1	Electronic	Enve	elopes	08/30	0/2019	\$	82.83
							\$	
							\$	
3. Contr	ibutor Informati	on	$\boxtimes$	Add Re	move			
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	city, state, & zip)			Executive				
Stephen 3005 Tin				To the state of th				
	NC 27302			c. Employer's Name/S Community Eye C		_		
336-578-				Community Lyc C	arc	e. Election	Sum to Date	
						\$	350.00	
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	1	Electronic			07/03/		\$	100.00
		Check		·	09/04	/2019	\$	250.00
П							\$	250.00
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	ne, Mailing Address &		<b>13</b>	b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired				
Bob Byrd			ŀ					
	rlotte Lane n, NC 27215			c. Employer's Name/Sp Retired	ecific Field			
Darmigio	II, IVC 27213			Remed		e. Election S	Sum to Date	
						\$	150.00	
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	of ALL CRO-				- 42			
(This line	must be on line 6 of 1	Detailed Summary Page Cl	(O-1100)	aritu - 1		\$		2,632.83

**Contributions from Individuals** 

		m Individuals			Pg 2 of	f 5	Amendmen	_
Use this	form to report ind	dividual contributions	over \$5	50 or contributions u	under \$50 if form CR	3O 1205 is r		, KA
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Nu		
Ewing fo	for Mebane						82-1276120	0
3. Contr	ributor Informati	ion		Add 🔲 I	Remove			
	ame, Mailing Address	& Phone		b. Job Title/Professi		d. Commer	nts	<u> </u>
	e city, state, & zip)			Attorney				
JD Woot PO Box						_		
	oro, NC 27435			c. Employer's Name Womble Bond D		-		
919-610-				W OHIOIC DOILG	Acknison (00)	e. Election	Sum to Date	
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	city, state, & zip)			Retired				
Steve Var	nPelt ndview Drive				·	1		
	NC 27253			c. Employer's Name/	Specific Field	4		
336-570-6				Retired	· /	e. Election S	Sum to Date	
			i		!			
f. Prior	~ Assount Code	L. B C. Barrera d	1 . v. v			\$	250.00	
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	ne, Mailing Address &	¿ Phone		b. Job Title/Profession	n	d. Comments	.s	
John Kirk	city, state, & zip)	***************************************		Retired				
	cman glish Circle		+	c. Employer's Name/S	Specific Field			
Sanford, N			ţ	Retired	specific riciu			
				1		e. Election St	um to Date	
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Use this	form to report inc	dividual contributions	over \$5	0 or contributions u	nder \$50 if form C			<u>E</u> S
		(and Fund if applica	able)			2. ID No	umber	MATERIAL STREET
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	e city, state, & zip)			Retired				
	Brondsema							
i .	wberry Drive NC 27302			c. Employer's Name	/Specific Field			
ivicualie,	NC 27302			Retired		- FN 41		
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
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	ne, Mailing Address	& Phone		b. Job Title/Professio	on ·	d. Commer	nts	<u>. l</u>
	city, state, & zip)			Engagement Man	nager			
Ryan Wa						_		
	aham Hopedale Ro	oad		c. Employer's Name/S		4		
919-357-6	on, NC 27217			Tata Consultancy	Services	771 11		
717-337-0	0701					e. Election	Sum to Date	
						\$	100.00	
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	city, state, & zip)			Actuarial Analyst				
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1313 Cher	n, NC 27215		}	c. Employer's Name/S National General	pecific Field			
336 <b>-</b> 212-1	•			National General		e. Election S	Pum to Data	
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CRO-1210

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**Contributions from Individuals** 

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\$

		m Individuals			Pg <u>4</u> of	f <u>5</u>	Amendmen Yes	FX
Use this	s form to report ind	dividual contributions	over \$5	0 or contributions u	ander \$50 if form CF	annua ma		
l l		(and Fund if applica	able)			2. ID Nu		
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	Lichardson Wilson			Retired				
1	d Hill Court			c. Employer's Name	e/Specific Field	+		
Greensb	oro, NC 27408			Retired				
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	e city, state, & zip)			Retired				
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	ille, NC 27249			c. Employer's Name/	Specific Field	-		
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5768 Chu	•		1	c. Employer's Name/S	Specific Field	İ		
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617-803-2						e. Election S	um to Date	
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		om Individuals dividual contributions		50 or contributions u	Pg nder	_5	of <u>5</u> RO 1205 is a	Amenda \[ \] \\ \	nent Yes 🛭 N
1. Com	mittee Full Name	and Fund if applic	able)			****	2. ID Nu		
Ewing	for Mebane							82-12761	20
3. Cont	ributor Informat	ion	$\square$	Add 🗍 F	lemo	)Vé			
a. Full N	ame, Mailing Address	s & Phone		b. Job Title/Professi		· · ·	d. Comme	nts	
	le city, state, & zip)			Artist/Candlema	ker				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Erin Hil	is Fourth Street			- Karalana I M	10	10 YI 11			
	, NC 27302			c. Employer's Name. Self-Employed	Speci	ific Field	-		
				Jun Employed			e. Election	Sum to Date	
							\$	500.00	
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	e city, state, & zip) anks Rogers		••• ,	Retired					
755 Shai	_			c. Employer's Name/S	Specif	ic Field	4		
Burlingt	on, NC 27217			Retired			-		
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Disbursen Use this form to	to report expenditures	es from the commi	ttee for; operating exp	Pg penses,	1 of s, contributions to	Amendment  3 Yes No candidate/political
committees and	d coordinated party e	expenditures.				
Ewing for Mel	Full Name (and Furbane	nd it applicable)				2. ID Number
		ease use separate (	CRO-1310 forms for	ouch	wea of Dishursei	82-1276120
Operating	Expenses	Contributions to Ca	andidates/Political Commit	ttees		oordinated Party Expenditures
4. Payee Inform			Add		Remove	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s
1	iling Address & Phone		b. Coordinated Comm	aittee N		d. Comments
(include city, state	e, & zip)					
Vantiv						
8500 Governor Cincinnati, OH			c. Level Registered (Sp	pecify)		
866-622-2390			Federal State		County:	
000-022 25,0			State		Municipality:	e. Election Sum to Date
						\$ 49.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
1	Draft	О	07/09/2019		\$5.81	Online txn fee
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	ling Address & Phone		b. Coordinated Commi	ittee Ns		d. Comments
(include city, state,						
Vantiv						
8500 Governors			c. Level Registered (Spe	ecify)		1
Cincinnati, OH	45249	!	Federal		County:	
866-622-2390		!	State		Municipality:	e. Election Sum to Date
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1	Draft	0	08/09/2019		\$14.09	Online txn fee
1	Draft	0	09/10/2019		\$26.61	Online txn fee
4. Payee Inform	nation		Add	$\Pi'$	Remove	
	ing Address & Phone		b. Coordinated Commit			d. Comments
(include city, state,						
USPS	_		L			
475 L'Enfant Pla		}	c. Level Registered (Spe	:cify)		
Washington, DC	J 20260		Federal		County:	
800-275-8777		}	State		Municipality:	e. Election Sum to Date
						\$ 110.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	,	j. Amount	k. Required Remarks
1	Debit	I	09/05/2019		\$110.00	Postage for mailers
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			if Contrib to Candidates/P		i Comm)	\$ 882.73
			if Coordinated Party Expe	enditure	<i>28)</i>	
	es (List detailed exp					
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundr G - Political			D - To Another	
I - Postage	J - Penalties	K* - Office	•		H* - Holuing a O* - Donation	Public Office Expenses to Legal Expense Fund
O* - Other				MARKETON (19. 40.00)		to Degai Expense I till

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

Disbursements	Pg	2	of	3	Amend	Yes	$\bowtie$	No
Use this form to report expenditures from the committee for; operating committees and coordinated party expenditures.	ng expenses,	contrib	ributions to	candi	idate/politic	cal	. 🖳	
1. Committee Full Name (and Fund if applicable)					2. ID N	umbei		
Ewing for Mehane								

	Full Name (and Fur	nd if applicable)		727			2. ID Number
Ewing for Meb	bane					200	82-1276120
3. Type of Dist	oursement <u>(Ple</u>	ase use separate (	CR	O-1310 forms for each	type of Disbursen	nent.)	
Operating I	Expenses	Contributions to Ca	andi	idates/Political Committees	Co		d Party Expenditures
4. Payee Inform				Add	Remove		
1	iling Address & Phone			b. Coordinated Committee	Name	d. Co	omments
(include city, state,			_				
ActBlue Donat			L				
366 Summer St			ſ	c. Level Registered (Specify	у)	7	
Somerville, MA	A 02144			Federal	County:	1	
617-517-7600				State	Municipality:	e. Ele	ction Sum to Date
						\$ 2	21.16
f. Account Code	g. Form of Payment	h. Purpose Code	<u>_</u>	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
1	Draft	0	_	07/03/2019	\$3.08		ne txn fee
1	Draft	0		08/08/2019	\$5.10	Onlir	ne txn fee
T_6							
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	ling Address & Phone		b	b. Coordinated Committee I	Name	d. Con	mments
(include city, state,			-				
ActBlue Donate			L				
366 Summer Str			c.	Level Registered (Specify)			
Somerville, MA	. 02144		ļĻ	Federal	County:		
617-517-7600			L	State	Municipality:	e. Elec	ction Sum to Date
		I			!	\$ 21	1.16
f. Account Code	g. Form of Payment	h. Purpose Code	<u></u>	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
1	Draft	0		09/05/2019	\$12.98		e txn fee
					\$		
4. Pavee Inform	nation			Add	Remove		
	ing Address & Phone	1	T	. Coordinated Committee N		d. Com	mante
(include city, state,	= .	t	-	Cool amazza au	lanc	u. Co	Illents
Clay Street Print			ĺ			i	
124 West Clay S	•	ļ	c.	Level Registered (Specify)		i	
Mebane, NC 273		ļ	IT	Federal T	County:	ı	
919-563-5034	702	ļ	١F	State	Municipality:	e Elect	tion Sum to Date
7 * 2 = - :		ţ	<del> </del>		Terumorpuna,		
	F	G-10	Ц				54.76
f. Account Code	g. Form of Payment	h. Purpose Code	4	i. Date (mm/dd/yyyy)	j. Amount		iired Remarks
1	Debit	В		09/05/2019	\$454.76	Post ca	ards
					\$	-	
5. Total only this	ie Page	-1	_			\$	475.92
	CRO-1310 Pages		_			Φ	4/3.92
	line 13a of Detailed Sumi	marv Page CRO-1100	) if (	Onerating Expenses)			
		· -	-	Sperating Expenses) Contrib to Candidates/Politic	cal Comm)	\$	882.73
			-	Coordinated Party Expenditu	,		
	es (List detailed exp				700)		
A* - Media	B* - Printing	C* - Fundr			D - To Another	Candid	ate.
E - Salaries	F* - Equipment	G - Politica	al Pa	Party	H* - Holding P	Public O	Office Expenses
I - Postage	J - Penalties	K* - Office	e Ey	xpenses	Q* - Donation	to Lega	al Expense Fund
O* - Other					enes (	245	
* Codes require	e detailed explanatio	on in required rer	ma <sup>,</sup>	rks field (k)			

Disburser	nents				n	3	Amendment
	to report expenditure	es from the commi	ttee	for: operating	Pg expense	<u>3</u> of s contributions to	3 Yes No
committees an	a coordinated party	expenditures.		ior, operating	охронзо.	s, contributions to	candidate/pontical
	Full Name (and Fu	nd if applicable)					2. ID Number
Ewing for Me							82-1276120
	bursement (Pl	ease use separate (	CRO	0-1310 forms	or each	type of Disburser	ment.)
Operating	Expenses	Contributions to Ca	andic	lates/Political Con	ımittees		Coordinated Party Expenditures
4. Payee Infor	mation		F	Vdd			
a. Full Name, Ma	iling Address & Phone		b	. Coordinated Co	mmittee l		d. Comments
(include city, state							
	ance High School		7				
Band Boosters			c.	Level Registered	(Specify)	)	7
4040 Mebane	Rogers Road			Federal		County:	7
Mebane, NC 2	27302			State		Municipality:	e. Election Sum to Date
919-563-5991						· · · · · · · · · · · · · · · · · · ·	
	···						\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/	уууу)	j. Amount	k. Required Remarks
1	Draft	A		09/07/2019		£250.00	Donation to
	- Diane			09/07/2019		\$250.00	promote campaig
						¢.	
						\$	
4. Payee Infort	mation		A	dd		Remove	
a. Full Name, Mai	ling Address & Phone		b.	Coordinated Cor	nmittee N	ame	d. Comments
(include city, state	, & zip)						
			c.	Level Registered	(Specify)		1
<u> </u>				Federal		County:	]
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-							
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4. Payee Inform	nation		Ac	ld		Remove	
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(include city, state,	& zip)		Į				
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5. Total only thi							\$ 250.00
	CRO-1310 Pages	15					
	line 13a of Detailed Sum						¢ 992.72
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	line 13c of Detailed Sum				Expenditur	es)	
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fundr				D - To Anothe	
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica					Public Office Expenses
O* - Other	J - renatties	K* - Office	ĽХJ	penses		Q* - Donation	to Legal Expense Fund

## Amendment **In-Kind Contributions**

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

Figure 6 and Fund if applicable)					2. ID Number	
Ewing for Mebane					82-1276120	
3. Contributor Information Add Add	Remove			1		
a. Full Name, Mailing Address & Phone	b. Type	of (	Contributor	<del></del>	omments	
(include city, state, & zip)						
Sean Ewing	<b>-</b>   ==	Can	ndidate			
304 Stratford Road		Party				
Mebane, NC 27302	1	PAC				
614-378-8464	1 ====		Gerendum	d. El	ection Sum to Date	
		Othe	er Receipt Source	\$	197.27	
e. Description			f. Date (mm/dd/yy	/yy)	g. Fair Market Amount	
Envelopes for mailers			08/30/2019		\$ 82.83	
·				- Target	\$	
					\$	
3. Contributor Information Add R	Remove					
a. Full Name, Mailing Address & Phone			Contributor	c. Co	mments	
(include city, state, & zip)			vidual	+	interior	
	-  <u></u>		didate			
!	P:	Party	y			
!		PAC				
!			rendum	d. Ele	ection Sum to Date	
	1 =		er Receipt Source	\$		
e. Description		$\overline{\perp}$	f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
			·	ļ 	\$	
					\$	
					\$	
	Remove					
a. Full Name, Mailing Address & Phone	b. Type of		ontributor	c. Con	nments	
(include city, state, & zip)			idual	, <u></u>		
	Ca	andi	idate	i		
	_	arty				
	_	AC	1			
	=			d. Elec	ction Sum to Date	
	Uti		Receipt Source	\$		
e. Description		1	f. Date (mm/dd/yyyy	y)	g. Fair Market Amount	
					\$	
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		T			\$	
4. Total only this Page		_	A to the first	\$	82.83	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)					82.83	
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