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.

Bo not use tins fermite upo					
1. Committee Information			. A.		
a. Full Name					c. ID Number
COMMITTEE TO ELECT	Γ BOB BYRD			and mid-	
b. Mailing Address (include	City State and Zip (Cada) RF	CEIVEL		d. Date Filed
2826 CHARLOTTE LAN	***************************************				
BURLINGTON, NC 272			JAN 27 2020		01/27/2020
DUNDING LOT., C.	13			and the second	e. Phone Number
		BY:_	CONTRACTOR OF THE CONTRACTOR O		(336) 584-7302
2. Report Year 3. Period S	Start Date (mm/dd/yy)	4. Perio	d End Date (mm/dd/yy	5. Treasu	rar Full Name
2019	07/01/2019		12/31/2019	CAROLIN	
6. Type of Committee (Chec		Type of Repo			ort from one category)
1 0	and the second s	Municipal Organizati	State/Count		Referendum
The state of the s	1				Organizational
	Legal Expense Fund				Pre-referendum
V.1	icable, check one)		·		Final Supplemental Final
Booster Fund	l:	_			Supplemental Final
Building Fund Precidential Flaction Vegr	Candidates Fund				Annual Special
Presidential Election Year		Semi-annu Mid V			☐ Special
■ NC Public Campaign Finan					NI.
		Year l			10. Special Report Name
Other:	this Donout		Year Final	End	
8. Number of Fundraisers	this Report	Special	Final	1	
0			☐ Special		
3. Account Information			3. Account Informa		
a. Financial Institution Full	Name		a. Financial Institu	tion Full Nam	1 e -
CAPITAL BANK, NA					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
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CHECKING	1				
	d. Period Begin B	3alance			d. Period Begin Balance
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	J.	3,100.00			3
CERTIFICATION Leastify that the Committee	T lie in comm		" 11- aravision	2 ا الماء 2	2 22D 22M of
I certify that the Committee					
Chapter 163 of the NC Ge					
funds. I further certify th	at this report is comp	plete, true and	correct and that I hav	/e been traine	d by the NC State Board
Comuna It	100	('NY	Dintin	00	01/27/2020
Printed Name	of Signer	Sir	gnature of Appointed Tro	TOOLINATE OF	Date
FOR OFFICE USE ONLY	or signer		nature of Asperman	Msurqi	Date
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Date Received:	1/0/1/2020	Emplo	oyee: U		livery Method Normal Mail
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Date Postmarked:		Emplo	oyee:		Hand Delivered
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Date Scanned:	3/12/2020	Emplo	oyee: UG		Electronically Filed
					Signer has not received
Date Data Entered:		Emplo	oyee:		
					mandatory training
Please Note: This form					
	stant treasurer, custo				
You must ar	nend the Statement of	f Organization	(CRO-2100A-E) to ma	ake committe	e changes.

Amendment

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information ☐ Yes No No

1. Committee Full Name (and Fund if applicable) 2. Type of			***************************************			
COMMITTEE TO ELECT BOB BYRD	COMMITTEE TO ELECT BOB BYRD 2019 Year E					
Start of Election Cycle: January 1,	1	Total this orting Period	Total this d Election Cycle			
4) Cash on Hand at Start		\$	3,706.68	\$	3,448.72	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	1,144.99	\$	1,189.99	
6) Contributions from Individuals	(CRO-1210)	\$	5,405.00	\$	7,655.00	
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)	\$	5,000.00	\$	5,000.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	125.00	\$	125.00	
11) Other Receipt Sources						
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)	\$	11,674.99	\$.	13,969.99	
EXPENDITURES	V. V. V. V. V. V. V.					
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$	7,272.88	\$	8,652.31	
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)	\$	283.01	\$	440.62	
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)	\$	1,280.00	\$	1,780.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$	8,835.89	\$	10,872.93	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	6,545.78	\$	6,545.78	
ADDITIONAL INFORMATION					19	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	7,500.00			
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		440	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		Table 1	
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 NC State Board	(CRO-1215)	\$	0.00	\$	0.00 August 2008	

Aggregated Contributions from Individuals Page 1 of 2

Amendment ☐ Yes X No

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

_		Fund if applicable)	Trom maividuais or p		Number
	EE TO ELECT B				
	or Information				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 50.00
☐ Add☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 20.00
☐ Add ☐ Remove	1	Check		09/04/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		12/09/2019	\$ 50.00
☐ Add☐ Remove	1	Check		09/07/2019	\$ 50.00
Add Remove	1	Check		10/07/2019	\$ 50.00
Add Remove	1	Electric Funds Tran		09/06/2019	\$ 50.00
☐ Add☐ Remove	1	Electric Funds Tran		11/18/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		10/07/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		09/12/2019	\$ 50.00
☐ Add ☐ Remove	1	Cash		11/01/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		08/21/2019	\$ 49.99
☐ Add ☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 50.00
☐ Add ☐ Remove	1	Electric Funds Tran		12/19/2019	\$ 50.00
☐ Add ☐ Remove	1	Electric Funds Tran		08/16/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		09/21/2019	\$ 50.00
☐ Add ☐ Remove	1	Electric Funds Tran		12/17/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		09/28/2019	\$ 50.00
☐ Add ☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 25.00
☐ Add ☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 25.00
☐ Add ☐ Remove	1	Electric Funds Tran		12/03/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		08/31/2019	\$ 50.00
☐ Add ☐ Remove	1	Check		08/31/2019	\$ 50.00
4. Total or	ly this Page			\$	\$1,069.99
5. Total of	ALL CRO-12	05 Pages etailed Summary Page (CRO-1100)	\$	\$1,144.99
CRO-1205	usi ve on une s oj D	and the same of th	C State Board of Elections		April 2007

		outions from I	ndividuals Page From Individuals of \$	2 of		Amendn Yes	No No
_		Fund if applicable)	Trom marviduals of \$	30 OI 1033	2. ID I	Vumber	
СОММІТТ	EE TO ELECT B	OB BYRD		<u> </u>			
3. Contribut	or Information					i de la composição de l	
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm	/dd/yyyy)	f. Amour	ıt
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☐ Add ☐ Remove	1	Electric Funds Tran		09/15/2	2019	\$	50.00
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CRO-1205		N	C State Board of Elections				April 2007

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uals	Pg = 1 of	9	

200000-00000-0000-000		e (and Fund if applicabl	le)			2.	ID Number		
COMM	MITTEE TO ELE	CT BOB BYRD							
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				Amendment					
Pg	2	of	9_	☐ Yes	X No				

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3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Com	mments
(include city, state, & zip) RETIRED	Hillians
HELEN BRENNAN	
2238 LAKEVIEW TERRACE c. Employer's Name/Specific Field	
BURLINGTON, NC 27215 RETIRED	· C + Data
(336) 584-3897	ction Sum to Date
\$	100.00
	Amount
□ 1 Check 08/30/2019 \$	100.00
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3. Contributor Information	
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Com	iments
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STIG EGEDE-NISSEN 1904 W LAKE DRIVE c. Employer's Name/Specific Field	
BURLINGTON, NC 27215 NOT EMPLOYED	
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Electric Funds Tran	
10/21/2019 \$	100.00
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3. Contributor Information	# 1
a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comi (include city, state, & zip) SALES	ments
(include city, state, & zip) POWEL GLIDEWELL SALES	
PO BOX 1234 c. Employer's Name/Specific Field	
ELON, NC 27244 KELLER WILLIAMS	
	tion Sum to Date
\$	100.00
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Pg	3	of	9	☐ Yes	X No	

	mittee Full Name MITTEE TO ELE	e (and Fund if applicab ECT BOB BYRD	ie)			2.	ID Number
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ı	FLINTLOCK LAN	NE		c. Employer's	Name/Specific Field	1	
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(919) 3	308-3925				•	e. I	Election Sum to Date
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The control of the Co	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	age CRO-1100)			\$	5,405.00

Pg 4 of 9 Amendment No

Use this form to report individual contributio	ns over \$50 or contributions	under \$50 if form	CRO 1205 is not used

1. Com	mittee Full Name	e (and Fund if applicabl	de)			2.	ID Number
COMN	MITTEE TO ELE	CT BOB BYRD					
	tributor Informati			THE STATE OF THE S	emove		
1	Name, Mailing Add		i i · · · · · · · · · · · · · · · · · ·	b. Job Title/Pi	rofession	d.	Comments
	ude city, state, & z	.ip)	*	RETIRED			
	A JOHNSON			- Employar's	Name/Specific Field	4	
	JREL OAK DRIV I, NC 27244	E			Name/Specific Fierd	-	
	584-1120			RETIRED		e.	Election Sum to Date
(330)	07-1120					\$	
e Drior	T= Assaunt Code	h. Form of Payment	I: In Wind Dos		Pata (mm/dd/yyyy)		
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	HUFFMAN MILL		!		Name/Specific Field	4	
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a. Full N	Name, Mailing Add	dress & Phone	<u> </u>	b. Job Title/Pro		d. (Comments
	ide city, state, & zi			PHYSICIAN			
	LLACE KERNOI			- E-aloverie	Name/Specific Field	1	
	ARWICK COURT					ĺ	
	INGTON, NC 272 586-1280	215		KERNODLE		e. F	Election Sum to Date
(330) 5	80-1200					\$	250.00
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				∣Am	e n dm e n	ıt	
Pg	5	of	9		Yes	X	No

COMMITTEE TO ELECT BOB BYRD Add:	1. Com	ımittee Full Name		2.	ID Number			
Fail Name, Mailing Address & Phone (include city, state, & zip)	COMN	AITTEE TO ELE	CT BOB BYRD					
CPA	3. Cont	tributor Informati	ion		Add □ Re	emove		
CAROLINE KING 540 MEADOWOOD DRIVE BURLINGTON, NC 27215 (336) 260-0985					b. Job Title/Profession		d.	Comments
S40 MEADOWOOD DRIVE SURPLINGTION, NC 27215 (336) 260-0985 S. S. S. S. S. S. S. S			ip)		CPA		T	
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A. Full Name, Mailing Address & Phone (include city, state, & zip) C. EDWARD MCCAULEY (S8 LAKEWOOD COURT BURLINGTON, NC 27215 (336) \$70-8764 E. ErlRED								\$
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Check							3	1/5.00
	f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (m m/dd/yyyy)		k. Amount
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN MCDONALD 900 EAST LAKE DRIVE BURLINGTON, NC 27215 (336) 262-6574 EQUIPMENT CATAWBA BALER & EQUIPMENT Electric Funds Tran 1 Electric Funds Tran 09/23/2019 \$ 1,0025.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages		1	Check			11/04/2019		\$ 175.00
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN MCDONALD 900 EAST LAKE DRIVE BURLINGTON, NC 27215 (336) 262-6574 CATAWBA BALER & EQUIPMENT C. Employer's Name/Specific Field CATAWBA BALER & EQUIPMENT C. Employer's Name/Specific Field CATAWBA BALER & EQUIPMENT CATAWBA BALER & EQUIPMENT C. Employer's Name/Specific Field S 100.00 Add Remove d. Comments d. Comments c. Employer's Name/Specific Field CATAWBA BALER & EQUIPMENT S 100.00 CATAWBA BALER & EQUIPMENT S 100.00 CATAWBA BALER & EQUIPMENT S 100.00 CATAWBA BALER & EQUIPMENT CATAWBA BALER & EQUIPMENT S 100.00 CATAWBA BALER & EQ								\$
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JOHN MCDONALD 900 EAST LAKE DRIVE BURLINGTON, NC 27215 CATAWBA BALER & EQUIPMENT Electric Funds Tran 1 Electric Funds Tran 1 Electric Funds Tran 1 \$ \$ \$ \$ \$ \$ \$ \$ \$	1	_		ļ			d. C	Comments
Surlington, NC 27215 CATAWBA BALER & EQUIPMENT Election Sum to Date			(p)		SELF EMPLO	OYED		
BURLINGTON, NC 27215 (336) 262-6574 CATAWBA BALER & EQUIPMENT EQUIPMENT CATAWBA BALER & EQUIPMENT BURLINGTON, NC 27215 CATAWBA BALER & EQUIPMENT I In-Kind Description I Down to Date \$ 100.00 CATAWBA BALER & EQUIPMENT Page			/ C	ļ	c. Employer's	Name/Specific Field		
EQUIPMENT EQUIPMENT E. Election Sum to Date \$ 100.00				į	l			
\$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 100.00 \$ 1 \$ 100.00 \$			213				e. E	dection Sum to Date
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				Amendme	ent
Pg	6	of	9	☐ Yes	No No

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	ude city, state, & z	ip)		RETIRED			
ì	MCNIEL LAKEVIEW TERI	PACE		c. Employer's	Name/Specific Field	-	
	INGTON, NC 27			RETIRED			
	584-9656					e. I	Election Sum to Date
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BEULAH O'DONNELL MITCHELL 30 BENT TREE COURT				c. Employer's Name/Specific Field			
GIBSONVILLE, NC 27249				NONE			
(336) 437-4933				!	e. F	Election Sum to Date	
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	RAVIS LANE		Ī	c. Employer's !	Name/Specific Field	1	
GIBSO	NVILLE, NC 27	/249	Ī	RETIRED		<u></u>	
(336) 4	49-5678		ļ				Dection Sum to Date
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Pg	7	of	9	☐ Yes	X No

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		THLEHEM CHURCH	I RD	c. Employer'	's Name/Specific Field	1		
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(561) 2	71-1171					e.	Dection Sum to Date	
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	REEK POINT PI	LACE			s Name/Specific Field	1		
GRAHAM, NC 27253				ELON UNI	VERSITY		- C to Date	
(336) 567-0003					е. 1	Election Sum to Date		
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	ER, WI 53044		ļ	1	JDMAN GROUP	_ F	Dection Sum to Date	
(920) 94	46-1795		ļ	INC		<u> </u>		
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Pg	8	of	9_	☐ Yes	No No

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	AM TRAYNOR			2 Employar's	s Name/Specific Field	-	
	TH SHORE DRI	VE			Name/Specific Field	-	
	AM, NH 03076 803-2095			NONE		e.	Election Sum to Date
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a. Full N	Name, Mailing Add	dress & Phone	-iiXi	b. Job Title/Pi	rofession	d. C	Comments
(include city, state, & zip)				LAWYER			
KATHLEEN TREADWELL 756 MEADOWOOD DRIVE				c. Employer's Name/Specific Field			
	EADOWOOD DI INGTON, NC 27			PITTMAN &		-	
(336) 264-7787			FII LIVIENCE	& STEEDE	e. I	Election Sum to Date	
					\$	100.00	
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	Name, Mailing Add			b. Job Title/Pr		d. Comments	
	ide city, state, & zi			CHIEF EXEC	CUTIVE		
	ENCE VELLAN ST JACKSON S			c. Employer's	Name/Specific Field	1	
	NE, NC 27302	(KED)		SSFC, INC			
	04-3670				!	e. F	Election Sum to Date
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Contributions from individuals	Contril	butions	from	Individuals
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				Amendme	ent
Pg	9	of	9	☐ Yes	No No

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. I	D Numb	er	
COMM	TITTEE TO ELE	CT BOB BYRD							
3. Cont	ributor Informati	ion .		Add 🔲 I	Remove				
a. Full N	Vame, Mailing Ad	dress & Phone		b. Job Title/Profession			d. Comments		
(inclu	de city, state, & z	ip)		RETIRED					
DAVII	R WILLIAMS					_			
1406 V	ICTORIA CT		c. Employer's Name/Specific Field						
ELON, NC 24244 (336) 260-3733			RETIRED						
							lection S	um to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	,	k. Amou	nt	
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CRO-12	210		NC State Bo	ard of Election	1S	·····		April 2007	

Use this fo	Proceeds orm to report proceeds from a load oceeds statement must accompan				<u></u>	Amend Yes	_	
	ttee Full Name (and Fund if appli		that is not	II dir murviqua	μ 	2. ID Numl	er	
COMMIT	TTEE TO ELECT BOB BYRD		<u> </u>	American III and a second			<u> </u>	
FLE COLD OF SPACES	Information		Add 🔲	Remove				
	ne, Mailing Address & Phone		b. Job Titl	e/Profession		d. Commen	d. Comments	
(include	city, state, & zip)		RETIRE)				
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2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			· N: /0	100 20 11	e. Start Dat	e (mm/dd/yyyy)		
		<u> </u>	er's Name/Spec	effic Field	_ 12/0	02/2019		
			RETIRE)		f End Data	(
						I. ma Date	(mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Acco	ount Code	j. Form of Pay	yment	k. Amou	int	
%			1	Cł	neck	\$	5,000.00	
l. Full Nam	e of Lending Institution			L		m. Loan Nu	mber	
4. Endorse	rs/Makers (The people who guarar	ntee the loan.,)					
a. Full Nam	ne, Mailing Address & Phone	7	b. Job Title	e/Profession	c. Employ	yer's Name/S _l	pecific Field	
(include	city, state, & zip)			•				
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			d Payaant		e. Amoun	- 4		
			d. Percenta	age	je. Amoun	it		

CRO-1410

5. Total of ALL CRO-1410 Pages
(This line must be on line 9 of Detailed Summary Page CRO-1100)

NC State Board of Elections

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April 2007

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Refunds/Re	eimhu	rsements	To the Comr	nittaa .		1		1	Amenda Yes		
			d by the committee o	_	_		of			A.V	No No
1. Committee Fu				i remoursements	101	a j	revious		Number		
COMMITTEE 1					×	<u> </u>					5-5-6-1
3. Contributor In	formatic	on .		Add □ R	emo	ve					
a. Full Name, Mai	ling Add	ress & Phone		d. Type of Comm	nitte	e		g. C	mments	2006-110	
(include city, st	tate, & zi	p)		Candidate] [PAC				
CITY OF BURL	INGTO	N		Referendum]	Party				
PO BOX 1358		• •		e. Level Registe	red ((Sį	ecify)	h. O	riginal Ex	pen	diture Date
BURLINGTON.	NC 27	216		☐ Federal] (County:		07/2	0/2	010
(336) 222-5060	,			☐ State] [Municipali	ty:	07/2	9/2	019
								i. Or	iginal Ex	oe n c	liture Amt
								\$			125.00
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose				j. Ele	ction Sun	ı to	Date
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CRO-1240			NC State Boa	ard of Elections					·]	December 2007

Amendment

D:-bmaon	-							Am en dm e	_
Disbursen Use this form to committees and	nents o report expenditures o coordinated party ex	from the committeexpenditures	ee for c	perating exper		1 of ontribution			No litical
	ull Name (and Fund i							2. ID Number	
COMMITTEE	TO ELECT BOB B	YRD			_	_	_		
3. Type of Disbu		use separate CRC) <u>-1310</u>	forms for eac	h <u>type o</u>	of <u>Disbu</u>	rsem	ent.)	
Operating Exp		ributions to Candidat					Signature Contract	ted Party Expendi	itures
4. Payee Inform				8600 50 75 60 A B F	Remov	A38.2			
1	ailing Address & Pho	one		b. Coordinate	d Comm	ittee Na	ame	d. Comments	
(include city, sta				-					
ALAMANCE C 115 S MAPLE S	COUNTY BOARD (STREET	OF ELECTION		c. Level Regis	tered (S	necify)		4	
GRAHAM, NC				Federal		County:	:	-	
(336) 570-6755				☐ State		Municip	ality:	e. Election Sun	n to Date
			j					\$	105.00
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l	Check	0	12	2/02/2019	\$ 1	105.00	ELE	ECTION FILING	G FEE
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(include city, sta			!						
AMAZON WEI			!	c. Level Regist	toward (S	oi fw)	!	-	
410 TERY AVE			ļ	Federal		County:		-	
SEATLE, WA	98109		ļ	State		-		e. Election Sum	to Date
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SEATLE, WA			ţ	☐ Federal		County:			
ODI 1122,	70107			☐ State		Municipa	ality:	e. Election Sum	to Date
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	-	age CRO-1100 if Contrib to Candidat age CRO-1100 if Coordinated Party E	* 1	7,272.00
7. Purpose Co	des (List detailed expenditu	re code in (h.) above)		
A* - Media	B* - Printing	C* - Fundraising	D - To Anoth	er Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding	Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation	n to Legal Expense Fund
O* Other				.
* Codes require	detailed explanation in requi	red remarks field (k)		
CDO 1210		NC State Board of Elections		December 2000

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- 1)	10	hii	IPCA	m	ents
	10	w		111	

				Amendment					
Pg	2_	of	5	□ Y	es	X	No		

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

	III Name (and Fund TO ELECT BOB B							2. ID N	umber
3. Type of Disbu	rsement (Please	use separate CR(D-1310	forms for eac	h tune	of Dishu	rsemi	ont)	
Operating Exp		ributions to Candida				7			Expenditures
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	niling Address & Ph	one		b. Coordinate	KONTO TO THE STATE OF	200000 TO 10	ame	d. Comn	nents
(include city, sta	-				············				
AMAZON WEI								1	
410 TERY AVE				c. Level Regis	tered (Specify)		1	
SEATLE, WA				Federal		County		1	
,				☐ State		Municip	ality:	e. Election	on Sum to Date
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1	Draft	A		2/04/2019	\$	19.78	┼	B HOSTI	
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	iling Address & Ph	nne	<u> </u>	b. Coordinate	4.00	- 000 C	am e	d. Comm	rents
(include city, stat	-	<i>5110</i>						uv e o in in	i c ii c
BRITTANY AN									
1002 LONGLEA				c. Level Regis	tered (S	pecify)			
MEBANE, NC				Federal		County:			
(336) 350-685				☐ State		Municip	ality:	e. Electic	on Sum to Date
								\$	200.00
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×	iling Address & Pho	one	80 V 00 T 10 T	b. Coordinate	C3 3220080	(4000) A (5000) (400)	ıme	d. Comm	ents
(include city, stat	•								
CITY OF BURL									
PO BOX 1358				c. Level Regis					
BURLINGTON.	NC 27216			Federal		County:			
(336) 222-5060				State		Municip	ality:	e. Electio	n Sum to Date
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	line 13b of Detailed S						mm)	Ψ	1,212.00
	line 13c of Detailed S		W		ty Expe	nditures)			
	des (List detailed							0 11	
A* - Media	B* - Printing	_		indraising				er Candi	
E - Salaries	F* - Equipme			itical Party					office Expenses
I - Postage O* Other	J - Penalties	i i	is" - U	ffice Expenses	i	Q^ - D(onatio	n to Lega	d Expense Fund
	detailed explanation	in required rem	arks fi	eld (k)			8015, dist 141,		

Dis	hu	rce	m	en	fe
1213	u	196		CII	13

				Amendment						
Pg	3	of	5	☐ Yes	X No					

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

	Full Name (and Fund TO ELECT BOB E				i es			2. ID Nu	mber
3. Type of Disb		use separate CR							
X Operating Ex		ributions to Candida					ordinat	ted Party E	xpenditures
4. Payee Inforn			L	Add 🗖	20000000	emove			
	ailing Address & Ph	one		b. Coordinate	d C	ommittee N	ame	d. Com m	ents
(include city, st	ate, & zip)			_				ļ	
FACEBOOK									
1 HACKER W				c. Level Regis	ter			1	
MENLO PARI				Federal		☐ County			
(888) 275-2174	ļ			☐ State		☐ Municip	pality:	e. Electio	n Sum to Date
								\$	28.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyyy)	i. /	Amount	k. Re	quired Re	marks
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	200-1202-1-1-120-2-2-1208-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		<u>'</u>			600000 - 10000 - 10000 - 1000	FAC	EBOOK A	ADS
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	ailing Address & Ph	one		b. Coordinate	d C	ommittee Na	ame	d. Comm	ents
(include city, sta				-					
	INTING AND PRO	MOTION PROD	UCTS	a Lavel Decis		J (C 1 C)			
CO INC				c. Level Regis Federal	tere		-		
PO BOX 668				State		County:		Y79	6
BURLINGTON				State		L Municip	anty:	e. Bection	Sum to Date
(336) 226-7148								\$	9,052.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rei	narks
1	Debit Card	AB	0	8/19/2019	\$	2,282.13	CAM	1PAIGN N	MATERIALS
ı	Debit Card	ВК	1	0/14/2019	\$	332.42	THA	NK YOU	NOTES
4. Payee Inform	ation			Add 🔲	Re	move		201	
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	I C	ommittee Na	me	d. Comme	nts
(include city, sta	te, & zip)								
MARKELL PR	INTING AND PRO	MOTION PROD	JCTS						
CO INC				c. Level Regist	e re				
PO BOX 668				Federal		County:			
BURLINGTON	I, NC 27216			☐ State		☐ Municipa	ality:	e. Election	Sum to Date
(336) 226-7148								\$	9,052.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. A	mount	k. Red	quired Ren	
1	Check	AB			\$	3,075.47		YARD S	
1	Debit Card	AB			\$				
1	Deon Card	AD		12312019	Ψ			M CARD/ DERS ES	
5. Total only thi	s Page							\$	6,005.02
	CRO-1310 Pages							———	0,003.02
		www.pass.CBO	1100 2	O			200		
_	n line 13a of Detailed S n line 13b of Detailed S		-			···/D·································	,	\$	7,272.88
_	n line 130 of Detailed Si n line 13c of Detailed Si		-				mm)		
	des (List detailed		238200-49320		•				
A* - Media	B* - Printing			ındraising	28817	D - To 4	noth	er Candid	ate
E - Salaries	F* - Equipme			itical Party					fice Expenses
- Postage	J - Penalties			ffice Expenses					Expenses
O* Other	J · Tellanies	•	U	mee Expenses		ζ - D0	nauvi	i to Legal	expense rund
	detailed explanation	i in required rem	arks fi	eld(k)				62000	

Disburser	ments				$\mathbf{p}_{\boldsymbol{\sigma}}$	_4_ of	f	Ameno 5 □ Ye	
Use this form to	o report expenditures	s from the committ	tee for c	operating expe					
	d coordinated party e Full Name (and Fund			The same of the sa	5 A. L. Control of the Control of th	s Zakonsayine		O TO DE	
	E TO ELECT BOB B							2. ID Num	ber
3. Type of Disb		use separate CRI			2224712				
Operating Ex		tributions to Candida					ordina	ited Party Exp	enditures
4. Payee Informa. Full Name, M	mation 1ailing Address & Ph	none		Add b. Coordinate	Remo	1000	lame	d. Commer	nts
(include city, st	=		· <u>-</u>					†	
OFFICE DEPO	TC								
1825 S CHURG				c. Level Regis]	
BURLINGTO				☐ Federal ☐ State	_	County Municip		e. Election	7 4- Data
(336) 226-6122	2			State		IVIUITION	painy.	e. Becuon	Sum to Date
								\$	355.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	equired Rem	arks
1	Debit Card	AB	0	9/03/2019	\$	33.24	BA	NNER	
1	Debit Card	ВК	00	9/25/2019	\$	141.48		/ELOPES, [
			П		Th		САн	RDS, LETTI	SKS
4. Payee Inform	nation Iailing Address & Ph	2020	L	Add D	Remo		om a	d. Commen	. 4 .
(include city, sta	-	one		D. Coordinace	a Com	MILLE IN	ame	G. Commen	ts
OFFICE DEPC				1					
1825 S CHURG				c. Level Regis	tered (Specify)		1	
BURLINGTON			ı	Federal		County:		1	
(336) 226-6122			ا	State		Municip	ality:	e. Election !	Sum to Date
								\$	355.17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Rem	arks
1	Debit Card	K	12	2/13/2019	\$	98.57	OFF	ICE SUPPL	IES
					\$				
4. Payee Inform	nation			Add 🔲	Remo	ve			
	ailing Address & Pho	one		b. Coordinate	Z	2.730.900.000.000.000.000	ıme	d. Commen	ts
(include city, sta	ite, & zip)								
	DEN MARKET		1	ļ					
329 W HARDE				c. Level Regist		Specify) County:			
GRAHAM, NC				State		County: Municip		e. Election S	om to Date
(336) 226-4078			ļ	<u> </u>] ivitation	am,		
								\$	91.24
f. Account Code	g. Form of Payment	†				unt	k. Re	quired Rema	ırks
1	Debit Card	О	09	9/05/2019	\$	91.24		D FOR KIC	KOFF
					\$		MEE	ETING	
5. Total only thi	s Page							\$	364.53
6. Total of ALL	CRO-1310 Pages			2.700 (87)					·
	in line 13a of Detailed S	ummary Page CRO-	·1100 if	Operating Exper	ıses)		35.0.00	Ф	7 272 00
(This line goes i	in line 13b of Detailed S	Summary Page CRO-	-1100 if (Contrib to Candi	idates/P		mm)	\$	7,272.88
(This line goes i	in line 13c of Detailed Si	ummary Page CRO-	1100 if C	Coordinated Par	ty Expe	nditures)			
	odes (List detailed o	expenditure code	in (h.) a	ibove)					
A* - Media	B* - Printing	_		undraising		D - To A	Anoth	ner Candidat	e
E - Salaries	F* - Equipme			itical Party					ce Expenses
I - Postage	J - Penalties	j	K* - O	ffice Expenses		Q* - Do	natio	n to Legal E	Expense Fund
O* Other									

T				4
111	g hii	rce	me	nts
171	71713	130		

			Amendment						
Pg	5_	of	5_	☐ Yes	X No				

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

	Full Name (and Fund TO ELECT BOB E							2. ID Ni	amber
3. Type of Disbu		e use separate CR(e <u>of Disb</u> u	i <u>rsem</u>	en <u>t.)</u>	
X Operating Exp	penses	ntributions to Candidat	ates/Polit	tical Committees		Control of the contro	March Comment	2000 - Contract - Cont	Expenditures
4. Payee Inform	The state of the s			Add 🗆	Rem			A	
	lailing Address & Ph	none		b. Coordinate	ed Cor	nmittee N	ame	d. Comn	nents
(include city, sta			~	1				T	
US POSTAL SI				- Lavel Degi	· to mad	(Caralfy)		4	
405 MAPLE AV				c. Level Regis	stereu	County:		4	
BURLINGTON (800) 275-8777				=				e Flecti	on Sum to Date
(000) 213-0111						<u>.</u>	- Talley	\$	247.00
f. Account Code	g. Form of Payment	t h. Purpose Code	i. Date	e (mm/dd/yyyy)) j. Am	nount	k. Re	equired R	
1	Draft	IK		9/25/2019	\$	165.00	+	MPS	
	 			71401201,	+	100.00	-	IVII	
An Indiana and Sangara	L			44445	\$				
4. Payee Informa			<u> </u>	Add	Remo			4	
	ailing Address & Ph	ione		b. Coordinate	d Con	imittee Na	ım e	d. Comm	ients
(include city, state	te, & z1p)			_			,		
VISTA PRINT 275 WYMAN S	OTD BET			c. Level Regis	tered	(Snecify)		4	
WALTHAM, M				Federal		County:		1	
YY /*LD x 111 x111, 1	WALITIAM, MA 02431				State Municipality:			e. Electic	on Sum to Date
			ļ					\$	264.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired Re	
1	Debit Card	В		8/12/2019	\$			SINESS C	
-				11444017	\$	/1.52	БСС	TIAFOO	ANDS
4 Dayse Inform	e^{ω}			Add 🔲					Markar (18 page 18 con 18 tag
4. Payee Informa	ation ailing Address & Pho	2000	6201 1 1111	b. Coordinate	Remo		- 710	d. Comm	4-
a. run Name, Ma (include city, stat		one		b. Coordinate	a Co	MITTIEC IN	ine	a. Comm	ents
WALMART SU				1			1	i	
3141 GARDEN			j	c. Level Regist	tered (l	
BURLINGTON,			J	☐ Federal		County:	L	i	
(336) 584-6400			ļ	☐ State] Municipa	ality:	e. Electio	on Sum to Date
			,	1				\$	128.24
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	0		9/05/2019	\$			COFF ME	
					\$	_		PLIES	
					P				264.776
5. Total only this								.\$	364.76
	CRO-1310 Pages								
	n line 13a of Detailed S							\$	7,272.88
	n line 13b of Detailed S n line 13c of Detailed Si						mm)	·	•
	des (List detailed						-		
A* - Media	B* - Printing	~	C* - Fr	undraising	<u> </u>	D - To /	Anoth	ner Candio	date
E - Salaries	F* - Equipme	ent	G - Poli	litical Party					Office Expenses
I - Postage	J - Penalties	S	K* - O	ffice Expenses	j		_		l Expense Fund
O* Other		**************************************			Someauggg	er incression all lights posts	rre a cass		
* Codes require	e detailed explanation	a in required rem	arks fi	eld(k)					

Aggregated Non-Media Expenditures

Amendment
Page 1 of 2 Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

						2. ID	2. ID Number				
C	OMMIT	TEE TO ELECT I	BOB BYRD								
3.	Payee Inf	ormation									
	Amend	b. Account Code	c. Form of Payment	d. Purpose (Code e. Date (mm/dd/yyyy)	f. Am	ount	g. Required Remarks			
	Add Remove	1	Draft	С	07/03/2019	\$	3.75	DONATION PROCESSING FEE			
	Add Remove	1	Draft	С	09/05/2019	\$	2.25	WEBHOSTING FEE			
	Add Remove	1	Electric Funds Tran	K	09/10/2019	\$	4.81	PROCESSING FEE			
	Add Remove	1	Draft	С	10/03/2019	\$	3.75	DONATION PROCESSING FEE			
	Add Remove	1	Draft	С	11/06/2019	\$	7.50	DONATION PROCESSING FEE			
	Add Remove	1	Electric Funds Tran	С	12/10/2019	\$	2.66	DONATION PROCESSING FEE			
	Add Remove	1	Draft	K	07/01/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	07/31/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	08/01/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	08/30/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	09/03/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	09/30/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	10/01/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	10/31/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	11/01/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	11/29/2019	\$	5.00	BANK FEE			
	Add Remove	1	Draft	K	12/02/2019	\$	5.00	BANK FEES			
	Add Remove	1	Draft	K	12/31/2019	\$	5.00	BANK FEES			
	Add Remove	1	Debit Card	0	08/12/2019	\$	35.00	RENTAL OF CIVITAN SHELTER			
	Add Remove	1	Debit Card	0	11/12/2019	\$	10.00	PARADE ENTRY FEE			
4. ′	Total or	nly this Page				\$		129.72			
200,200,000	ong a company of the	ALL CRO-13	315 Pages Detailed Summary Pag	ne CRO-1100)		\$		283.01			
7.70000	C. C	60	etailed expenditur		l) above)						
	u post		- Printing	C* - Fu		Fo Ano	ther Can	didate			
E	Salari		Equipment					ic Office Expenses			
1	- Postag	ge J-P	Penalties	· · · · · · · · · · · · · · · · · · ·		270000000000000000000000000000000000000	ar na a nn a irte an	Legal Expense Fund			
)* - Oth		_								
*	Codes	require detaile	ed explanation in	required	remarks field (g)						

Aggregated	Non-Media	Expenditures
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Page 2 of 2 Amendment Yes X No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

I. Committee F COMMITTEE	ull Name (and	Fund if applicable)			2. ID Number	and the desirable is at the
		BOR BAKD				
. Payee Inforn						
	Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	1	Debit Card	0	09/05/2019	\$ 45.81	KICKOFF EVENT SUPPLIES
Add Remove	1	Debit Card	0	09/05/2019	\$ 17.73	FOOD
Add Remove	1	Debit Card	ВК	08/21/2019	\$ 38.16	FLIERS
Add Remove	1	Draft	С	07/09/2019	\$ 6.40	DONATION PROCESSING FEE
Add Remove	1	Draft	С	08/09/2019	\$ 0.50	DONATION PROCESSING FEE
Add Remove	1	Draft	С	10/09/2019	\$ 8.73	DONATION PROCESSING FEE
Add Remove	1	Draft	С	11/12/2019	\$ 18.35	DONATION PROCESSING FEE
Add Remove	1	Debit Card	В	08/12/2019	\$ 17.61	BUSINESS CARDS
. Total only	this Page	107	Special Section 1997		\$	153.29
. Total of A (This line must		315 Pages Detailed Summary Pag	ge CRO-1100)		\$	283.0
. Purpose C		etailed expenditur			15	A Comment of the Comm
E - Salaries		- Printing - Equipment	G - Political		o Another Car Holding Publ	ididate ic Office Expenses
) - Postage O* - Other	J - I	Penalties				Legal Expense Fun
* Codes re	quire detail	ed explanation ir	required rem	arks field (g)		

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions		_		1		1	Amendn		
Use this form to report non-monetary contributions, of	Ionations	Pg Coods on ass		1		1	☐ Yes	No No	
Use CRO-1215 if In-Kind Contributions were or w	vill he refit	goods of ser nded with	in 7	yane Yane	vided t	o the cor	mnittee or	Tuna.	
1. Committee Full Name (and Fund if applicable)		naca man		days		2. ID 1	Number		
COMMITTEE TO ELECT BOB BYRD								<u>. 1567,253,269 t. 710 t. 1569,158 (155.</u>	
3. Contributor Information	□ Ас	ld 🔲 Re	mo	ve					
a. Full Name, Mailing Address & Phone		Type of Co	ntri	butor		c. Con	ıments		
(include city, state, & zip)		Individual							
ROSIE HALLER		Candidate							
4306 FLINTLOCK LANE	1.	Party							
DURHAM, NC 27704	ᄖ	PAC							
(919) 308-3925	片	Referendun				d. Elec	tion Sum	Sum to Date	
		Other Rece	eipt 3	Source		\$		530.00	
e. Description			f. I	Date (mm/de	d/yyyy)	g. Fair M	larket Amount	
GRAPHIC DESIGN WORK				12/	/31/20	19	\$	530.00	
							\$		
							\$		
3. Contributor Information	☐ Ad	d □ Re	mov	7 e					
a. Full Name, Mailing Address & Phone	b. 1	ype of Con	trib	outor	8887 V 6110	c. Com	ments		
(include city, state, & zip)		Individual							
CAROLINE KING		Candidate				1			
540 MEADOWOOD DRIVE	1	Party							
BURLINGTON, NC 27215		PAC							
(336) 260-0985	1	Referendum				d. Hect	ion Sum 1	o Date	
		Other Rece	ipt S	ource		\$		1,250.00	
e. Description			f. E)ate (1	m m/dd	l/yyyy)	g. Fair M	arket Amount	
BOOKKEEPING AND REPORTING				12/	3 1/20	19	\$	750.00	
							\$		
			-				\$		
4. Total only this Page						\$		1,280.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Pages)	ge CRO-11(70)				\$		1,280.00	

CRO-1510

NC State Board of Elections

December 2007

Outstanding Loans

				Am en dm e	ent	
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 Numb	er	
COMMI	TTEE TO ELECT BOB BYRD			3. ml : Than 200,000, 100 s. a.			
3. Lender	Information	□ A	dd □ Re	move			
a. Full Nar	ne, Mailing Address & Phone	b.	Job Title/P		d. Commen	ts	
(include	city, state, & zip)	R	ETIRED	——————————————————————————————————————			
	TE BYRD						
	ARLOTTE LANE	<u></u>	- ,	(0 1.01 EN 3.1	e. Start Dat	e (mm/dd/yyyy)	
	GTON, NC 27215	 		Name/Specific Field	01	/21/2014	
(336) 584	1-7302	K	ETIRED		f. End Date	(mm/dd/yyyy)	
						(
g. Rate	h. Security Pledged		i. Origina	l Loan Amount	j. Remainin	g Loan Balance	
%	NONE		\$	1,000.00	\$	1,000.00	
k, Full Nan	ne of Lending Institution				l. Loan Num		
					I. LVan Man	ive1	
	Information	☐ Ad	ld 🔲 Re	nove			
	ne, Mailing Address & Phone	b	lob Title/Pr	ofession	d. Comments		
	city, state, & zip)	RI	ETIRED				
ROBERT					0		
	ARLOTTE LANE	C F	mnlovenie	Name/Specific Field	e. Start Date (mm/dd/yyyy) 03/28/2018		
	GTON, NC 27215			Name/Specific Field			
(336) 584	-7302	KE	ETIRED		f. End Date (mm/dd/yyyy)		
					10 2000 (, ud, y y y y	
g. Rate	h. Security Pledged		i. Original	Loan Amount	j. Remainin	g Loan Balance	
%	NONE		\$	1,500.00	\$	1,500.00	
k. Full Nam	ne of Lending Institution		<u></u>		I. Loan Number		
			-11-0				
3 I ander I	Information	□ Ad	d 🗖 Dar	nove			
	e, Mailing Address & Phone		ob Title/Pro		d. Comment	2	
	city, state, & zip)	-	TIRED		u. comment	-	
ROBERT	E BYRD		TIKED				
	ARLOTTE LANE				e. Start Date	(mm/dd/yyyy)	
	GTON, NC 27215	c. E	mployer's N	lame/Specific Field	12/	02/2019	
(336) 584-	7302	RE	TIRED				
					f. End Date (1	nm/dd/yyyy)	
g. Rate	h. Security Pledged	- <u> </u>	i. Original	Loan Amount	i. Remaining	Loan Balance	
%							
			\$	5,000.00	\$	5,000.00	
k. Full Name of Lending Institution						oe r	
4 Takal -				washing the second	Φ.		
	only this Page				\$	7,500.00	
 (a) (a) (b) (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	of ALL CRO-1430 Pages				\$	7,500.00	
(This line i	must be on line 21 of Detailed Summary Po	age CRO-110	10)		-	7,500.00	



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

his Statement is to be filed with the Election Board where the committee's reports are med.	
Name of committee to receive loan: Committee To ELECT BOB By	KD)
Person or committee to make loan: FOBECT E. BYRD	-
Date of loan to committee: 12/2/2019	_
Name of lending institution and account number (source):	
Amount of loan: #5,000.00	_
Description (if in-kind loan):	
Names of all parties responsible for payment of loan (guarantors):	
	_
Period of loan: OPEN - ENDED	_
Rate of interest of loan:	
● Security pledged for loan:	
I, <u>Robert E. Byred</u> , acknowledge that all of the information (Person lending money to committee) provided is complete, true, and accurate. I further understand I may not forgive a load	n an
that has an outstanding balance to any source.	
1-21-2020	}
Signature of Lender /, Date Signed	
(noto Suna 1-21-2020	
Signature of Treasurer of Committee Date Signed	

Loan Proceeds Statement