

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 | | | c. ID Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMITTEE TO ELECT BOB BYRD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Mailing Address (include City, State and Zip Code) | | | d. Date Filed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2826 CHARLOTTE LANE BURLINGTON, NC 27215 | | | 02/24/2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | e. Phone Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | (336) 584-7302 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2020 | 01/01/2020 | 02/15/2020 | CAROLINE KING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund (if applicable, check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input checked="" type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </tbody> </table> | | | Municipal | State/County | Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Final | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | | | <input type="checkbox"/> Special | |
| Municipal | State/County | Referendum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Special | <input type="checkbox"/> Final | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Type of Fund (if applicable, check one) | | 10. Special Report Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Number of Fundraisers this Report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Account Information | | 3. Account Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAPITAL BANK, NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHECKING | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | d. Period Begin Balance | | d. Period Begin Balance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ 6,545.78 | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RECEIVED

FEB 23 2020

BY: _____

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board

Caroline King Printed Name of Signer Caroline King Signature of Appointed Treasurer 02/25/2020 Date

FOR OFFICE USE ONLY

Date Received: 2/25/2020 Employee: JG Delivery Method: Normal Mail

Date Postmarked: _____ Employee: _____ Registered Mail

Date Scanned: 3/13/2020 Employee: JG Hand Delivered

Date Data Entered: _____ Employee: _____ Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
 You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

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

| | | | | | |
|--|--|--------------------------|------------------------------------|---------------------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| COMMITTEE TO ELECT BOB BYRD | | 2020 First Quarter | | | |
| Start of Election Cycle: January 1, 2019 | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ 6,545.78 | | \$ 3,448.72 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | (CRO-1205) | \$ 1,722.00 | | \$ 2,911.99 |
| 6) Contributions from Individuals | | (CRO-1210) | \$ 12,559.04 | | \$ 20,214.04 |
| 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) | \$ 0.00 | | \$ 5,000.00 |
| 10) Refunds/Reimbursements to the Committee | | (CRO-1240) | \$ 0.00 | | \$ 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) | | | \$ 14,281.04 | | \$ 28,251.03 |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | (CRO-1310) | \$ 8,388.00 | | \$ 17,040.31 |
| 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) | \$ 149.84 | | \$ 590.46 |
| 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) | \$ 1,179.04 | | \$ 2,959.04 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | | \$ 9,716.88 | | \$ 20,589.81 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | | \$ 11,109.94 | | \$ 11,109.94 |
| ADDITIONAL INFORMATION | | | | | |
| 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 | | |
| 23) Debts and Obligations owed to the Committee | | (CRO-1620) | \$ 0.00 | | |
| 24) Account Transfers Within the Committee | | (CRO-1720) | \$ 0.00 | | |
| 25) Administrative Support | | (CRO-1710) | \$ 0.00 | | \$ 0.00 |
| 26) Forgiven Loans | | (CRO-1440) | \$ 0.00 | | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | | (CRO-2220) | \$ 0.00 | | \$ 0.00 |
| 28) Contributions to be Refunded | | (CRO-1215) | \$ 0.00 | | \$ 0.00 |

Aggregated Contributions from Individuals

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

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|--|-----------------|---------------------|------------------------|----------------------|------------|
| COMMITTEE TO ELECT BOB BYRD | | | | | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/01/2020 | \$ 30.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/10/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/07/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/07/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/30/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/17/2020 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/27/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/24/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/24/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/06/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/30/2020 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 01/13/2020 | \$ 49.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/03/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/23/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/10/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/15/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/30/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/27/2020 | \$ 15.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/11/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/11/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 01/26/2020 | \$ 49.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 01/26/2020 | \$ 49.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/15/2020 | \$ 50.00 |
| 4. Total only this Page | | | | \$ | \$1,042.00 |
| 5. Total of ALL CRO-1205 Pages | | | | \$ | \$1,722.00 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

Aggregated Contributions from Individuals

Amendment
 Yes No

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

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|---|-----------------|---------------------|------------------------|----------------------|-------------|
| COMMITTEE TO ELECT BOB BYRD | | | | | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 01/19/2020 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/20/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/20/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/31/2020 | \$ 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/22/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/22/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/16/2020 | \$ 30.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/05/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 02/05/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 01/02/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/04/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/04/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/24/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/01/2020 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 01/24/2020 | \$ 50.00 |
| 4. Total only this Page | | | | | \$ 680.00 |
| 5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 1,722.00 |

Contributions from Individuals

Pg 1 of 22

Amendment
 Yes 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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DAVID ANDES 4005 STONEY CREEK CHURCH ROAD ELON, NC 27244 (336) 584-4476 | | | | NOT EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field NOT EMPLOYED | | | |
| | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 01/18/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JEFFREY A ANDREWS 818 WARWICK COURT BURLINGTON, NC 27215 (336) 260-3590 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | e. Election Sum to Date | | \$ 350.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | | \$ 350.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| NETTIE BALDWIN 817 GOLF HOUSE ROAD WEST WHITSETT, NC 27377 (336) 447-4273 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field NONE | | | |
| | | | | e. Election Sum to Date | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/20/2020 | | \$ 250.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| WESLEY BALDWIN 817 GOLF HOUSE ROAD WEST WHITSETT, NC 27377 (336) 447-4273 | | | | RETIREED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NONE | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 250.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/20/2020 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| CHARLES BEARD 525 RIVERSIDE DRIVE BURLINGTON, NC 27217 (336) 684-4431 | | | | MUSICIAN | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | MUSIC & ARTS | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 162.04 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input checked="" type="checkbox"/> | 1 | Electric Funds Tran | | 12/03/2019 | \$ 20.00 | |
| <input type="checkbox"/> | 1 | In-Kind | FOOD AND BEVERAGE | 02/09/2020 | \$ 142.04 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| JANE BECK 1910 SHELLEY DRIVE BURLINGTON, NC 27215 (336) 584-7119 | | | | RETIREED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIREED | | |
| | | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 02/12/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 492.04 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| R KEITH BRADY 5914 A STONEY MOUNTAIN ROAD BURLINGTON, NC 27217 (336) 421-3144 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election Sum to Date | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/14/2020 | \$ 300.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOHN BROOKS PO BOX 1027 BURLINGTON, NC 27216 (336) 312-7279 | | | | SALES | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | BROOK ASSOCS QUALITY COMPONENTS, INC | | e. Election 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 | | |
| <input type="checkbox"/> | 1 | Check | | 01/28/2020 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ROBERT CHANDLER 3240 COVENTRY PLACE BURLINGTON, NC 27215 (336) 516-2666 | | | | READY MIX CONCRETE | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CHANDLER CONCRETE COMPANY | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/21/2020 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 650.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| THOMAS CHANDLER 5348 S NC 62 BURLINGTON, NC 27215 (336) 516-2652 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | \$ 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/21/2020 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| THOMAS CHANDLER JR 2516 PINEWAY DRIVE BURLINGTON, NC 27215 (336) 584-1160 | | | CONSTRUCTIONS | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CHANDLER CONCRETE CO INC | | e. Election Sum to Date | |
| | | | | \$ 250.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/28/2020 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DON CHAPLIN 2602 EDGEWOOD AVE BURLINGTON, NC 27215 (336) 584-4007 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 850.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ALAN CROUCH PO BOX 939 BURLINGTON, NC 27216 (336) 228-0541 | | | SALES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HUB | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JAMES B CROUCH JR 2529 PINEWAY DRIVE BURLINGTON, NC 27215 | | | INSURANCE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHN CURRIN 169 CRAPE MYRTLE COURT BURLINGTON, NC 27215 (336) 212-4125 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/21/2020 | \$ 125.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 475.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| SARAH CURRIN 169 CRAPE MYRTLE COURT BURLINGTON, NC 27215 (336) 212-4126 | | | | RETIRE | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRE | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/21/2020 | | \$ 125.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LINDA CYKERT 2602 SUMAC LANE BURLINGTON, NC 27215 (336) 570-1989 | | | | INSTRUCTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ELON UNIVERSITY | | e. Election Sum to Date | |
| | | | | | | \$ 170.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input checked="" type="checkbox"/> | 1 | Check | | 09/07/2019 | | \$ 50.00 | |
| <input type="checkbox"/> | 1 | In-Kind | FOOD AND BEVERAGES | 02/09/2020 | | \$ 120.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| CATHERINE DUSENBERRY 7487 DANFORD ROAD BURLINGTON, NC 27215 (336) 446-0236 | | | | RETIRE | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRE | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 02/03/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 345.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| MANDY EATON 712 TARELTON AVE BURLINGTON, NC 27215 (336) 260-5253 | | | | HEALTHCARE ADMINISTRATION | | | |
| | | | | c. Employer's Name/Specific Field CONE HEALTH | | | |
| | | | | e. Election Sum to Date | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 01/10/2020 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DAG EGEDE-NISSEN 1880 BROOKWOOD AVE APT 321 BURLINGTON, NC 27215 (336) 570-8613 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | e. Election Sum to Date | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 02/03/2020 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| CHARLES FLINNER 1513 JON HUS COURT BURLINGTON, NC 27215 (336) 584-6031 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | e. Election Sum to Date | | \$ 75.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 75.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 525.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| EDMUND GANT 1903 SUNNYBROOK DRIVE BURLINGTON, NC 27215 (336) 228-6506 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | |
| | | | | | | 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 |
| <input type="checkbox"/> | 1 | Check | | 01/15/2020 | | \$ 1,000.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| ROSE ANN GANT 2842 FORESTDALE DRIVE BURLINGTON, NC 27215 (336) 227-8323 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | |
| | | | | | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| RUSSEL GUY PO BOX 2225 BURLINGTON, NC 27216 (336) 213-0190 | | | | NOT EMPLOYED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NOT EMPLOYED | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 01/29/2020 | | \$ 200.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 1,300.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925 | | | ART DIRECTOR | | | |
| | | | c. Employer's Name/Specific Field JOURNALISTIC, INC | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,447.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | In-Kind | STOCK PHOTO FOR AD MATERIALS | 01/05/2020 | \$ 12.00 | |
| <input type="checkbox"/> | 1 | In-Kind | GRAPHIC DESIGN FOR ADS AND MAILERS | 01/31/2020 | \$ 905.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| BRENDA C HAMPTON 125 GEORGETOWN DRIVE ELON, NC 27244 (336) 584-5097 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/15/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHARLES HARRIS 651 N NC HWY 87 BURLINGTON, NC 27217 (336) 260-6053 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/14/2020 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,267.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 12,559.04 | |

Contributions from Individuals

Amendment
 Yes 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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| CLAY HEMERIC JR 163 CRAPE MYRTLE CT BURLINGTON, NC 27215 (336) 213-4938 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 200.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/15/2020 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| ED HOOKS 211 CYPRESS POINTE MEBANE, NC 27302 (919) 880-9146 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | |
| | | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| STEVEN HOUSE 2514 SADDLE CLUB ROAD BURLINGTON, NC 27244 (336) 570-4345 | | | | PROFESSOR | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | ELON UNIVERSITY | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 150.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/15/2020 | \$ 150.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 450.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| STEVE HUFFMAN 2932 MIDWAY CHURCH ROAD ELON, NC 27244 (336) 870-1138 | | | | EDUCATOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF EMPLOYED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/06/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LUCY KERNODLE 639 STILL RUN LANE GRAHAM, NC 27253 (336) 228-9693 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/29/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| HELEN S KIRCHEN 204 TRINITY DRIVE ELON, NC 27244 (336) 584-6789 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election Sum to Date | |
| | | | | | | \$ 205.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | | \$ 205.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 405.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| BARBARA MAYO 3865 WESLEY COURT BURLINGTON, NC 27215 (336) 213-0361 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 02/05/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| MEGAN MCCLURE 2160 WATERSIDE CIRCLE APT 202 GRAHAM, NC 27253 (336) 226-2481 | | | | DIRECTOR OF ADVANCEMENT | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | ELON UNIVERSITY | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 01/28/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| MICHAELYN MCCLURE 2122 LAKE POINT DRIVE GRAHAM, NC 27253 (336) 266-2512 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 01/23/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 300.00 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| GRIFFIN MCCLURE III 2160 WATERSIDE CIRCLE APT 202 GRAHAM, NC 27253 (336) 226-2481 | | | | OWNER | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | GREEN & MCCLURE FURNITURE | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 01/28/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| KAY MCMULLAN 818 RIVERS EDGE DRIVE GRAHAM, NC 27253 (336) 578-9158 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | e. Election 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 |
| <input type="checkbox"/> | 1 | Check | | 01/25/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| URIEL MENDEZ 2838 BEDFORD STREET BURLINGTON, NC 27215 (336) 260-7840 | | | | ARCHITECT | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | SELF | | e. Election 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 |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/10/2020 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 300.00 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 12,559.04 |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GREGORY MURRAY 2194 HOSKINS ROAD BURLINGTON, NC 27215 (336) 264-2308 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NONE | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LAURA MURRAY 3362 WILLIAM NEWLIN DRIVE GRAHAM, NC 27253 (336) 266-7045 | | | PHYSICIAN | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CONE HEALTH | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 02/09/2020 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| WANDA NEWLIN 713 ROXBORO STREET HAW RIVER, NC 27258 (336) 516-6756 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/21/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOHN OKEEFE 2224 MATHIS TRAIL BURLINGTON, NC 27217 (808) 430-8185 | | | | RECRUITER | | | |
| | | | | c. Employer's Name/Specific Field O'KEEFE SEARCH | | | |
| | | | | e. Election 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 | | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/11/2020 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOSEPH PARDUE PO BOX 939 BURLINGTON, NC 27216 (336) 494-2503 | | | | INSURANCE | | | |
| | | | | c. Employer's Name/Specific Field HUB INTERNATIONAL | | | |
| | | | | e. Election Sum to Date | | \$ 75.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/15/2020 | \$ 75.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JOHN A PETERSON JR 114 GEORGETOWNE DRIVE ELON, NC 27244 (336) 212-2193 | | | | INSURANCE AGENT | | | |
| | | | | c. Employer's Name/Specific Field JA PETERSON INC | | | |
| | | | | e. Election Sum to Date | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/22/2020 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 375.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANNE POWELL 1573 YORK PLACE BURLINGTON, NC 27215 (336) 214-1006 | | | COMMUNITY VOLUNTEER | | | |
| | | | c. Employer's Name/Specific Field N/A | | | |
| | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JUNE F REID 2912 S FAIRWAY DRIVE BURLINGTON, NC 27215 (336) 584-6668 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field RETIRED | | | |
| | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/10/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| FAIRFAX REYNOLDS 3008 FORRESTDALE DRIVE BURLINGTON, NC 27215 (336) 584-4133 | | | RETIRED | | | |
| | | | c. Employer's Name/Specific Field NONE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 700.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JAMES ROBERSON 2017 SHIRLEY DRIVE BURLINGTON, NC 27215 (336) 380-5665 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/07/2020 | | \$ 125.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KATHERINE ROBERSON 2017 SHIRLEY DRIVE BURLINGTON, NC 27215 (336) 380-5665 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/07/2020 | | \$ 125.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DIXIE ROGERS 1526 ROGERS ROAD GRAHAM, NC 27253 (336) 227-0232 | | | | HOMEMAKER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NONE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/24/2020 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 450.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| BETTY SAVAGE 772 STILL RUN LANE GRAHAM, NC 27253 (336) 213-0077 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/10/2020 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| PHILLIP SAVAGE 772 STILL RUN LANE GRAHAM, NC 27253 (336) 213-0077 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/10/2020 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| WILLIAM C SCOTT SR 840 PLANTATION DRIVE BURLINGTON, NC 27215 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/28/2020 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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) COMMITTEE TO ELECT BOB BYRD | | | | | | 2. ID Number |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| PRISCILLA STARLING 2507 ELDERWOOD LAND BURLINGTON, NC 27215 (336) 228-8202 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | RETIRED | | |
| | | | | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/17/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| DALE STEARNS 711 N GURNEY STREET BURLINGTON, NC 27215 (336) 213-3062 | | | | SALES | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | STEARNS FORD | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | d. Comments | |
| LEONORAH STOUT 2020 SULLIVAN PARK CIRCLE BURLINGTON, NC 27215 (336) 227-0362 | | | | RETIRED | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | NONE | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Check | | 02/05/2020 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| REX STREET 103 PIN OAK COURT ELON, NC 27244 (336) 260-0613 | | | RETIRED | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | RETIRED | | e. Election 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 | | |
| <input type="checkbox"/> | 1 | Check | | 01/22/2020 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| CAROLE TARRY 1815 WOODLAND AVE BURLINGTON, NC 27215 (336) 212-1823 | | | RETIRED | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | RETIRED | | e. Election Sum to Date | | |
| | | | | | \$ 75.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 75.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | | |
| CYNTHIA TOULOUPAS 1019 VALLEYDALE DRIVE BURLINGTON, NC 27215 (336) 584-5868 | | | DENTIST | | | | |
| | | | c. Employer's Name/Specific Field | | | | |
| | | | SELF | | e. Election 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 | | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 275.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| MICHAEL TOULOUPAS 1019 VALLEYDALE DRIVE BURLINGTON, NC 27215 (336) 584-5868 | | | | DENTIST | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | SELF EMPLOYED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/16/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| WILLIAM TRAYNOR 7 SOUTH SHORE DRIVE PELHAM, NH 03076 (617) 803-2095 | | | | SELF EMPLOYED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | NONE | | e. Election Sum to Date | |
| | | | | | | \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/02/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| CAROLE TROXLER 2748 AMICK ROAD ELON, NC 27244 (336) 584-9282 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/20/2020 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 12,559.04 | |

Contributions from Individuals

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 BOB BYRD | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| J. JEFFREY TUDOR 1312 BRANSON DRIVE GRAHAM, NC 27253 (336) 227-8885 | | | RETIREED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NONE | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/19/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DOROTHY YARBOROUGH 331 WOODHAVEN DRIVE BURLINGTON, NC 27215 (336) 350-3206 | | | RETIREED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | NONE | | e. Election 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 | |
| <input type="checkbox"/> | 1 | Check | | 01/08/2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 200.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 12,559.04 | |

Disbursements

Amendment

Pg 1 of 3 Yes No

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

| | | | | | | | |
|--|---------------------|-----------------|----------------------|--|-------------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT BOB BYRD | | | | | | 2. ID Number | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON WEB SERVICES 410 TERY AVE NORTH SEATTLE, WA 98109 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 255.01 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Electric Funds Tran | AK | 01/06/2020 | \$ 20.63 | WEBHOSTING | | |
| 1 | Electric Funds Tran | AK | 02/03/2020 | \$ 18.99 | DONATION PROCESSING FEE | | |

| | | | | | | | |
|---|--------------------|-----------------|----------------------|--|---------------------|-------------------------|--|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) DREAMHOST 707 WILSHIRE BLVD SUITE 5050 LOS ANGELES, CA 90017 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 11.95 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | AK | 01/03/2020 | \$ 11.95 | DOMAIN REGISTRATION | | |
| | | | | \$ | FEE | | |

| | | | | | | | |
|---|--------------------|-----------------|----------------------|--|----------------------|-------------------------|--|
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) GATEHOUSE MEDIA TIMES NEWS PO BOX 102542 ALTANTA, GA 30368 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 3,320.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | A | 01/16/2020 | \$ 1,420.00 | ADVERTISING | | |
| 1 | Debit Card | A | 01/31/2020 | \$ 600.00 | CAMPAIGN DIGITAL ADS | | |

| | | | | | | | |
|---|--|--|--|--|--|-------------|--|
| 5. Total only this Page | | | | | | \$ 2,071.57 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8,388.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |

| | | | | | | | |
|--|----------------|----------------------|-------------------------------------|--|--|--|--|
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | B* - Printing | C* - Fundraising | D - To Another Candidate | | | | |
| E - Salaries | F* - Equipment | G - Political Party | H* - Holding Public Office Expenses | | | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | | | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

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

| | | | | | | | |
|--|--------------------|-----------------|----------------------|--|-----------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT BOB BYRD | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| GATEHOUSE MEDIA TIMES NEWS PO BOX 102542 ALTANTA, GA 30368 | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 3,320.00 | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | A | 02/05/2020 | \$ 500.00 | DIGIATAL DISPLAY ADS | | |
| 1 | Debit Card | A | 02/13/2020 | \$ 800.00 | PRINT AND DIGITAL ADS | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| LAMAR OUTDOOR ADVERTISING PO BOX 96030 BATON ROUGE, LA 70896 | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 3,200.00 | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | A | 01/03/2020 | \$ 3,200.00 | 4 BILLBOARDS | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| MEBANE ENTERPRISE 106 N 4TH STREET MEBANE, NC 27302 (919) 563-3555 | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | \$ 684.43 | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | A | 02/07/2020 | \$ 30.00 | DIGITAL ADS | | |
| 1 | Debit Card | A | 02/07/2020 | \$ 654.43 | PRINT AND DIGITAL ADS | | |
| 5. Total only this Page | | | | | | \$ 5,184.43 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8,388.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Disbursements

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

| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|--|----------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| COMMITTEE TO ELECT BOB BYRD | | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> MEDA CORPORATION 65 TOWN MOUNTAIN ROAD ASHEVILLE, NC 28804 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 1,040.00 | |
| | | | | | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| I | Check | B | 01/31/2020 | \$ 1,040.00 | MAILERS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> US POSTAL SERVICE 405 MAPLE AVE BURLINGTON, NC 27215 (800) 275-8777 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 339.00 | |
| | | | | | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| I | Debit Card | K | 01/16/2020 | \$ 92.00 | PO BOX RENTAL | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 1,132.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 8,388.00 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses | |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund | |
| O* Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | | |

Aggregated Non-Media Expenditures

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

| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
|--|-----------------|---------------------|-----------------|--------------------------|---------------------|--------------------------------------|
| COMMITTEE TO ELECT BOB BYRD | | | | | | |
| 3. Payee Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | g. Required Remarks |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 01/08/2020 | \$ 20.56 | DONATION PROCESSING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 02/05/2020 | \$ 11.60 | DONATION PROCESSING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 01/02/2020 | \$ 5.00 | BANK FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 01/31/2020 | \$ 3.00 | BANK FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 02/03/2020 | \$ 5.00 | BANK FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 02/03/2020 | \$ 5.00 | BANK FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | K | 01/11/2020 | \$ 39.07 | LETTERS, FOLDING, LABELS |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 01/09/2020 | \$ 38.51 | DONATION PROCESSING FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | K | 02/11/2020 | \$ 22.10 | DONATION PROCESSING FEE |
| 4. Total only this Page | | | | | \$ | 149.84 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | 149.84 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| B* - Printing | | C* - Fundraising | | D - To Another Candidate | | |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donations to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |

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.

| | | | |
|---|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| COMMITTEE TO ELECT BOB BYRD | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| CHARLES BEARD 525 RIVERSIDE DRIVE BURLINGTON, NC 27217 (336) 684-4431 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 162.04 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FOOD AND BEVERAGE | | 02/09/2020 | \$ 142.04 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| LINDA CYKERT 2602 SUMAC LANE BURLINGTON, NC 27215 (336) 570-1989 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 170.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FOOD AND BEVERAGES | | 02/09/2020 | \$ 120.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| ROSIE HALLER 4306 FLINTLOCK LANE DURHAM, NC 27704 (919) 308-3925 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 1,447.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| STOCK PHOTO FOR AD MATERIALS | | 01/05/2020 | \$ 12.00 |
| GRAPHIC DESIGN FOR ADS AND MAILERS | | 01/31/2020 | \$ 905.00 |
| | | | \$ |
| 4. Total only this Page | | | \$ 1,179.04 |
| 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100) | | | \$ 1,179.04 |

Outstanding Loans

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

| | | | | | |
|---|----------------------------|--|---------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| COMMITTEE TO ELECT BOB BYRD | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302 | | RETIRED | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | RETIRED | | 01/21/2014 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | NONE | \$ 1,000.00 | | \$ 1,000.00 | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302 | | RETIRED | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | RETIRED | | 03/28/2018 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | NONE | \$ 1,500.00 | | \$ 1,500.00 | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302 | | RETIRED | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | RETIRED | | 12/02/2019 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | | j. Remaining Loan Balance | |
| % | | \$ 5,000.00 | | \$ 5,000.00 | |
| k. Full Name of Lending Institution | | | | l. Loan Number | |
| | | | | | |
| 4. Total only this Page | | | | \$ 7,500.00 | |
| 5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100) | | | | \$ 7,500.00 | |