

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)		<div style="border: 1px solid black; padding: 5px;"> <p>RECEIVED</p> <p>OCT 27 2020</p> <p>BY: _____</p> </div>	d. Date Filed
2826 CHARLOTTE LANE BURLINGTON, NC 27215			10/27/2020
			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	07/01/2020	10/17/2020	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"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

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
	\$ 13,974.09		\$

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 10/27/2020 Date

FOR OFFICE USE ONLY

Date Received: 10/27/20 Employee: JG Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 12/07/20 Employee: JG Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ 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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Third Quarter		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 13,974.09	\$ 3,448.72
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 870.00	\$ 4,071.99
6) Contributions from Individuals (CRO-1210)		\$ 5,145.00	\$ 29,944.04
7) Contributions from Political Party Committees (CRO-1220)		\$ 1,400.00	\$ 1,550.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 825.00	\$ 825.00
9) Loan Proceeds (CRO-1410)		\$ 6,500.00	\$ 11,500.00
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)		\$ 14,740.00	\$ 48,016.03
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 22,628.53	\$ 40,871.33
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)		\$ 247.02	\$ 995.84
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)		\$ 315.00	\$ 4,074.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 23,190.55	\$ 45,941.21
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5,523.54	\$ 5,523.54
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 14,000.00	
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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		07/25/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		07/02/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/12/2020	\$	15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		10/14/2020	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/30/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/07/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/27/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/10/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/24/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/05/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/05/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/27/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/07/2020	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/01/2020	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/20/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/06/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		09/25/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		08/02/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/31/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		07/24/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran		08/15/2020	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/01/2020	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		07/01/2020	\$	50.00
4. Total only this Page					\$	\$700.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$870.00

Aggregated Contributions from Individuals

Page 2 of 2

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	1	Check		07/01/2020	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Electric Funds Tran		07/23/2020	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		07/27/2020	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Electric Funds Tran		09/15/2020	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 170.00
5. Total of ALL CRO-1205 Pages					\$ 870.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
SUSAN ABERNETHY 423 W DAVIS DRIVE BURLINGTON, NC 27215 (336) 228-0042			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		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 checked="" type="checkbox"/>	1	Electric Funds Tran		12/03/2019	\$ 50.00	
<input type="checkbox"/>	1	Check		07/19/2020	\$ 200.00	
<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	
GAYLE ALEXANDER 1880 BROOKWOOD AVE APT 102 BURLINGTON, NC 27215 (336) 570-8520			RETIRED			
			c. Employer's Name/Specific Field			
			NONE		e. Election Sum to Date	
					\$ 60.00	
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		02/01/2020	\$ 30.00	
<input type="checkbox"/>	1	Check		09/08/2020	\$ 30.00	
<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	
CAROLINE ANSBACHER 1132 WEST DAVIS STREET BURLINGTON, NC 27215 (336) 226-8124			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	Electric Funds Tran		09/03/2020	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 480.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,145.00	

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	
FRANCES BLACKBURN 5768 CHURCH ROAD GRAHAM, NC 27253 (301) 717-1800				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED		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		08/24/2020		\$ 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	
EUGENE BROOKS 533 PARKVIEW DRIVE BURLINGTON, NC 27215				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		08/25/2020		\$ 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	
JOHNA BRUNTON 2506 LACY HOLT ROAD GRAHAM, NC 27253 (919) 606-4044				CONSULTANT			
				c. Employer's Name/Specific Field			
				BRUNTON CONSULTING, 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		07/22/2020		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,145.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
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			
				\$		750.00	
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		10/05/2020	\$ 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	
BARBARA CLAWSON 1500 VON BORA CT BURLINGTON, NC 27215 (336) 512-4537				RETIRED			
				c. Employer's Name/Specific Field			
				NONE			
				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 checked="" type="checkbox"/>	1	Check		09/04/2019	\$ 50.00		
<input type="checkbox"/>	1	Electric Funds Tran		08/13/2020	\$ 25.00		
<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	
HARRY COHEN 1244 JAMESTOWNE DRIVE ELON, NC 27244 (366) 758-582				PASTOR			
				c. Employer's Name/Specific Field			
				NEW COVENANT HOLY CHURCH			
				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		07/17/2020	\$ 200.00		
<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>						\$ 5,145.00	

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	
RONALD D COLEMAN 2839 ROGERS ROAD GRAHAM, NC 27253 (336) 226-6865				RETIRED			
				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	Check		08/04/2020		\$ 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	
KATHY COLVILLE PO BOX 509 EFLAND, NC 27243				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		07/10/2020		\$ 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	
DONALD COURTNEY 2521 ROGERS ROAD GRAHAM, NC 27253 (336) 229-7148				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED		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 checked="" type="checkbox"/>	1	Check		12/09/2019		\$ 50.00	
<input type="checkbox"/>	1	Electric Funds Tran		07/31/2020		\$ 100.00	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 550.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,145.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
STEVEN G DETTER 5126 MINERAL SPRINGS ROAD GRAHAM, NC 27253 (336) 263-1602			PHARMACIST			
			c. Employer's Name/Specific Field			
			TOTAL CARE PHARMACY		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		07/09/2020	\$ 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	
LYNNE DILLARD PO BOX 856 GRAHAM, NC 27253 (336) 229-7826			BOOKEEPER			
			c. Employer's Name/Specific Field			
			DAVE C DILLARD PA		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		07/27/2020	\$ 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	
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	
					\$ 1,200.00	
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		08/14/2020	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,400.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,145.00	

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	
SEAN EWING 304 STRATFORD DRIVE MEBANE, NC 27302 (614) 378-8464			ENGINEER			
			c. Employer's Name/Specific Field			
			VOLVO GROUP TRUCKS			
					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	Electric Funds Tran		07/29/2020	\$ 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	
ANTHONY FORIEST 2211 QUAIL DRIVE GRAHAM, NC 27253 (336) 227-3011			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		08/16/2020	\$ 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	
BRAIN FREELEY 113 BELL TOWER COURT ELON, NC 27244 (703) 655-3101			SENIOR DIRECTOR			
			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	Electric Funds Tran		08/12/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 475.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,145.00	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	
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	
					\$ 1,762.00	
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	GRAPHIC DESIGN WORK	10/01/2020	\$ 315.00	
<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	
CLAY HEMRIC JR 163 CRAPE MYRTLE CT BURLINGTON, NC 27215 (336) 213-4938			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		07/23/2020	\$ 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	
JEFF HITCHCOCK 709 STILL RUN LANE GRAHAM, NC 27253 (908) 398-0997			EXECUTIVE DIRECTOR			
			c. Employer's Name/Specific Field			
			CENTER FOR THE STUDY OF WHITE AMERICAN CULTURE		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		09/22/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 515.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 5,145.00	

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	
PAUL KOONTS 304 TRAVIS LANE GIBSONVILLE, NC 27249 (336) 213-3293			ATTORNEY			
			c. Employer's Name/Specific Field			
			OEREL KOONT'S & OERTEL			
					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		07/11/2020	\$ 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	
LEO LAMBERT 2803 MOORGALE COURT BURLINGTON, NC 27215 (336) 675-7789			PROFESSOR			
			c. Employer's Name/Specific Field			
			ELON UNIVERSITY			
					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		07/20/2020	\$ 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	
MARY LONGHILL 8719 LINDLEY MILL ROAD SNOW CAMP, NC 27349 (336) 376-1218			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		08/19/2020	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,145.00	

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
JESSE MCNIEL 2281 LAKEVIEW TERRACE BURLINGTON, NC 27215 (336) 584-9656				RETIRE		
				c. Employer's Name/Specific Field		
				RETIRE		
						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		07/23/2020	\$ 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
GREGORY MURRAY 2194 HOSKINS ROAD BURLINGTON, NC 27215 (336) 264-2308				RETIRE		
				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		09/25/2020	\$ 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
AMY NAKHLE 106 OAKVIEW DRIVE ELON, NC 27244 (336) 263-5506				SELF EMPLOYED		
				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		07/02/2020	\$ 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>						\$ 5,145.00

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	
LOUISE SHULACK 409 DORAL COURT MEBANE, NC 27302			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
					\$ 90.00	
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	Electric Funds Tran		12/03/2019	\$ 50.00	
<input type="checkbox"/>	1	Electric Funds Tran		09/01/2020	\$ 40.00	
<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	
CAROLE TARRY 1815 WOODLAND AVE BURLINGTON, NC 27215 (336) 212-1823			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		08/14/2020	\$ 50.00	
<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	
ANN VAUGHAN 117 CORNWALLIS CT MEBANE, NC 27302 (919) 563-3359			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 checked="" type="checkbox"/>	1	Check		01/24/2020	\$ 50.00	
<input type="checkbox"/>	1	Check		07/10/2020	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 140.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5,145.00	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 R WILLIAMS 1406 VICTORIA CT ELON, NC 24244 (336) 260-3733				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		175.00	
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		07/17/2020	\$ 15.00		
<input type="checkbox"/>	1	Electric Funds Tran		08/17/2020	\$ 15.00		
<input type="checkbox"/>	1	Electric Funds Tran		09/17/2020	\$ 15.00		
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 R WILLIAMS 1406 VICTORIA CT ELON, NC 24244 (336) 260-3733				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
				e. Election Sum to Date			
				\$		175.00	
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		10/17/2020	\$ 15.00		
<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	
ANN WOOTEN 533 PARKVIEW DRIVE BURLINGTON, NC 27215 (336) 229-1784				NOT EMPLOYED			
				c. Employer's Name/Specific Field			
				NOT EMPLOYED			
				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 checked="" type="checkbox"/>	1	Electric Funds Tran		06/17/2020	\$ 25.00		
<input checked="" type="checkbox"/>	1	Electric Funds Tran		06/23/2020	\$ 25.00		
<input type="checkbox"/>	1	Electric Funds Tran		08/24/2020	\$ 25.00		
4. Total only this Page						\$ 85.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 5,145.00	

Contributions from Political Party Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

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. Comments	
DEMOCRATIC PARTY OF ALAMANCE COUNTY PO BOX 1607 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		09/23/2020	\$ 400.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
DEMOCRATIC WOMEN OF ALAMANCE CO PO BOX 1815 BURLINGTON, NC 27216					
				c. Election Sum to Date	
				\$ 1,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	Check		08/13/2020	\$ 1,000.00	
				\$	
				\$	
4. Total only this Page				\$ 1,400.00	
5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i>				\$ 1,400.00	

Contributions from Other Political Committees Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report contributions from other candidate, referendum or PAC committees

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 Committee		d. Comments
COMMITTEE TO ELECT RICKY HURATADO PO BOX 593 MEBANE, NC 27302 (336) 539-1930			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		10/07/2020	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
NCAE-PAC 700 S SALSBUARY STREET RALEIGH, NC 27601 (800) 662-7924			<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
					\$ 325.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Check		09/30/2020	\$ 325.00	
				\$	
				\$	
4. Total only this Page				\$ 825.00	
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 825.00	

Loan Proceeds

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

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		09/17/2020	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment		k. Amount
%		1	Check		\$ 6,500.00
l. Full Name of Lending Institution					m. Loan Number
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>					\$ 6,500.00

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 (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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)				b. Coordinated Committee Name		d. Comments
FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 (888) 275-2174						
				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
						\$ 224.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	08/31/2020	\$ 80.00	BOOSTING POSTS	
1	Debit Card	A	09/30/2020	\$ 50.61	FACEBOOK ADS	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
GATEHOUSE MEDIA TIMES NEWS PO BOX 102542 ALTANTA, GA 30368						
				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
						\$ 4,256.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	A	10/09/2020	\$ 936.84	PRINT ADS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
LAMAR OUTDOOR ADVERTISING PO BOX 96030 BATON ROUGE, LA 70896						
				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
						\$ 5,600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/02/2020	\$ 2,400.00	BILLBOARDS	
				\$		
5. Total only this Page						\$ 3,467.45
6. Total of ALL CRO-1310 Pages <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>						\$ 22,628.53
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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
MARKELL PRINTING AND PROMOTION PRODUCTS CO INC PO BOX 668 BURLINGTON, NC 27216 (336) 226-7148						
				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
						\$ 9,269.30
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Draft	B	09/01/2020	\$ 217.28	PALM CARDS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
MEBANE ENTERPRISE 106 N 4TH STREET MEBANE, NC 27302 (919) 563-3555						
				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
						\$ 3,269.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	10/02/2020	\$ 1,606.16	PRINT ADS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
MEDA CORPORATION 65 TOWN MOUNTAIN ROAD ASHEVILLE, NC 28804						
				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
						\$ 6,090.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/13/2020	\$ 5,050.00	MAILERS	
				\$		
5. Total only this Page						\$ 6,873.44
6. Total of ALL CRO-1310 Pages <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>						\$ 22,628.53
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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)						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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 1825 S CHURCH STREET BURLINGTON, NC 27215 (336) 226-6122							
				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:			
						\$ 1,260.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	K	07/10/2020	\$ 302.16	PRINTING, FOLDING,		
1	Debit Card	K	09/20/2020	\$ 101.36	ENVELOPES MAILING LABELS		

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 1825 S CHURCH STREET BURLINGTON, NC 27215 (336) 226-6122							
				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:			
						\$ 1,260.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	B	09/21/2020	\$ 435.59	PRINTING AND FOLDING		
				\$			

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
OLE NORTH STATE ASSOCIATES 5629 MOUNT HARMONY CHURCH RD ROUGEMONT, NC 27572							
				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:			
						\$ 7,841.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	07/14/2020	\$ 300.00	DIGITAL CONSULTING		
1	Check	A	08/08/2020	\$ 672.16	FEE VIDEO SHOOT		

5. Total only this Page						\$ 1,811.27	
6. Total of ALL CRO-1310 Pages							
<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>						\$ 22,628.53	

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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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)						2. ID Number
COMMITTEE TO ELECT BOB BYRD						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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)				b. Coordinated Committee Name		d. Comments
OLE NORTH STATE ASSOCIATES 5629 MOUNT HARMONY CHURCH RD ROUGEMONT, NC 27572						
				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
						\$ 7,841.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	08/10/2020	\$ 300.00	DIGITAL CONSULTING	
1	Check	A	09/09/2020	\$ 300.00	FEE AUGUST CONSULTING	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
OLE NORTH STATE ASSOCIATES 5629 MOUNT HARMONY CHURCH RD ROUGEMONT, NC 27572						
				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
						\$ 7,841.05
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/16/2020	\$ 5,968.89	DIGITAL AD CAMPAIGN	
1	Check	A	10/17/2020	\$ 300.00	DIGITAL CONSULTING	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
THE ALAMANCE NEWS 114 W ELM STREET GRAHAM, NC 27253 (336) 228-7851						
				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
						\$ 1,197.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	10/10/2020	\$ 1,197.00	PRINT ADS	
				\$		
5. Total only this Page						\$ 8,065.89
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 22,628.53
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 (Please use separate CRO-1310 forms for each type of Disbursement.)						
<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)				b. Coordinated Committee Name		d. Comments
THE KB CENTER LLC 204 E MCADEN ST GRAHAM, NC 27253 (919) 358-7537						
				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
						\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Check	A	09/20/2020	\$ 400.00	PRODUCTION STUDIO	
1	Check	A	09/28/2020	\$ 100.00	PRODUCTION STUDIO	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
TOSKR, INC DBA GET THRU 1330 BROADWAY 3RD FLOOR OAKLAND, CA 94612 (415) 903-0031						
				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
						\$ 736.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	07/06/2020	\$ 107.52	TEXTING	
1	Debit Card	O	08/08/2020	\$ 181.92	TEXTING	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
TOSKR, INC DBA GET THRU 1330 BROADWAY 3RD FLOOR OAKLAND, CA 94612 (415) 903-0031						
				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
						\$ 736.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/06/2020	\$ 347.04	TEXTING	
				\$		
5. Total only this Page						\$ 1,136.48
6. Total of ALL CRO-1310 Pages						\$ 22,628.53
<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 (Please use separate CRO-1310 forms for each type of Disbursement)						
<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)				b. Coordinated Committee Name		d. Comments
US POSTAL SERVICE 405 MAPLE AVE BURLINGTON, NC 27215 (800) 275-8777				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
						\$ 1,613.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	I	07/10/2020	\$ 242.00		
1	Debit Card	I	07/15/2020	\$ 77.00		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
US POSTAL SERVICE 405 MAPLE AVE BURLINGTON, NC 27215 (800) 275-8777				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
						\$ 1,613.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	I	07/27/2020	\$ 350.00		
1	Debit Card	I	09/20/2020	\$ 605.00		
5. Total only this Page						\$ 1,274.00
6. Total of ALL CRO-1310 Pages						\$ 22,628.53
<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

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	07/03/2020	\$ 3.40	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	08/05/2020	\$ 14.19	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	09/02/2020	\$ 11.59	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	10/05/2020	\$ 9.02	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	07/03/2020	\$ 18.41	WEB HOSTING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	08/03/2020	\$ 19.24	WEB HOSITNG SERVICES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/02/2020	\$ 21.12	WEB HOSTING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/03/2020	\$ 19.07	WEB HOSTING SERVICES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	07/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	07/31/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	08/03/2020	\$ 5.00	BANK SERVICE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	08/31/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	09/01/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	09/30/2020	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	10/01/2020	\$ 5.00	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/25/2020	\$ 27.46	ENVELOPES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	07/09/2020	\$ 8.84	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	08/11/2020	\$ 12.03	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	09/09/2020	\$ 26.49	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	10/09/2020	\$ 21.16	DONATION PROCESSING FEE
4. Total only this Page					\$	247.02
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	247.02
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		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

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	
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	
		c. Comments	
		d. Election Sum to Date	
		\$ 1,762.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
GRAPHIC DESIGN WORK		10/01/2020	\$ 315.00
			\$
			\$
4. Total only this Page		\$ 315.00	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 315.00	

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

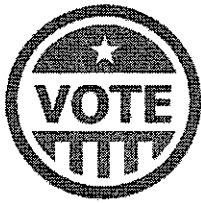
1. Committee Full Name (and Fund if applicable)			2. ID Number	
COMMITTEE TO ELECT BOB BYRD				
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments	
ROBERT E BYRD 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			\$ 14,000.00	
<i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				

Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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	09/17/2020
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 6,500.00	\$ 6,500.00
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 6,500.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 14,000.00



NORTH CAROLINA STATE BOARD OF ELECTIONS

Loan Proceeds Statement

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

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

- Name of committee to receive loan: Committee To Elect Bob Byrd
- Person or committee to make loan: Robert E. Byrd
- Date of loan to committee: September 17, 2020
- Name of lending institution and account number (source): _____
- Amount of loan: \$6,500.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors): _____
- Period of loan: Open-ended
- Rate of interest of loan: 0%
- Security pledged for loan: None

I, Robert E. Byrd, (Person lending money to committee) acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Robert E. Byrd 10-19-2020
 Signature of Lender Date Signed

Carolyn Young 10-19-2020
 Signature of Treasurer of Committee Date Signed