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Disclosure Re	eport Cover			Amendment Ves No
	neral report and committee information to update information.	on, must be signed and sub	mitted along with otl	ner detailed forms.
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a. Fuil Name				c. ID Number
Electbarber				
b. Mailing Address (inc	lude City, State and Zip Code)	of President Printer (1994) (1994) Valgo filozofia (1994) (1994)		d. Date Filed
1486 N NC Hwy 8'	7	RECEIVE	D	
Elon, NC 27244				
		JUL 02-2020		e. Phone Number
		BY:		336-260-6690
	3. Period Stary Date (minddern	isternational cities in a community of the community of t	5. Treasurer Full	Name
2020	02/15/20	06/20/20	Elizabeth Byars	

2020	02/15/20	06/30	/20		
Candidate Camp PAC Independent Expenditure Legal Expense F "Booster Fund" Building Fund	tee (Check Official) aign Party Referendum Joint Fundraiser	Oo/30 Silvae of Report Municipal Organizational Thirty-five day Pre-primary Pre-election Pre-runoff Semi-annual		Referendum Organizational Pre-referendum Final Supplemental Final Annual Special	
Other:	1	Mid Year Year End Final Special	Semi-annual Mid Year En Semi-annual Sear En Special Special	ar HA Spec at Report Vum	
a. Financial Institution	Fulf Name	MESON CONTRACTOR OF THE PROPERTY OF THE PROPER	Financial Institution Full N	and the second s	
First Horizon b. Purpose	c Account Code	6.	Purpose	c. Account Code	
campaign	DB d. Period Begin Balance \$ 1390.93		renama a summa	d. Period Begin Balance	
the NC General State	nmittee or Fund is in complia utes and that no funds are cor I correct and that I have been yars Printed Name of Signer	nmingled with prohibiting trained by the NC State	ted or other non-disclos	2A, 22B, & 22D-22M of Chapter 16: ed funds. I further certify that this rep 7-2-2020 Date	3 of port

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.

Date Received:

Date Scanned:

Date Postmarked:

Date Data Entered:

Employee:

Employee:

Employee:

Employee:

<u>Delivery Method</u>

Normal Mail Registered Mail

Hand Delivered Electronically Filed

Signer has not received mandatory training

Ameno	lment		
	Yes	Ø	No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. To			1D Number —
Elect Barber 2nd	Quarter		
Start of Election Cycle: January 1,		Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 1390.93	S ()
		renderations and the con-	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1500	\$ 8500
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 1.15	\$ 3.60
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d)	and 11e)	\$ 1501.15	\$ 8503.60
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13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1000	\$ 6611.52
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 626.17	\$ 626.17
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$ 1626.17	\$ 7237.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 1265.91	\$ 1265.91
	Gundaria d	ender bid in den den de	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$.	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

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Elect Bar	rber								
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	city, state, & zip)								
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Amendment

Otner Rec	eipt Sources		Pg		_ of	<u></u>		Yes	\boxtimes	No
Use this form to	o report income not repor	ted on another form. i.e. in	terest inc	ome,	not for prof	it contril	outions	etc.		
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Interest		Contributions from No		Organ	W. C. S.	X	Outside	Sources of I	ncome	
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Amendment

					Amer	dment		
Disbursements	Pg	1	of	1		Yes	\boxtimes	No
Use this form to report expenditures from the committee for: operating exp	enses	contribution	one to	candid	ate/nolit	ical		

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

Elect Barber	ull Name (and Fun	(i i i a (projesto) (c)	artier to any the			2.10 Number 9
3. Type of Dishi Operating Experience Services 1. 1	rsement (Plea					
4. Pavoe Inform a: Full Name, Malli finclude city, state,	ation	Contributions to Canc	Add b. Coordinated		Remove	al-Comments
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	ine 13b of Detailed Sum ine 13c of Detailed Sum					\$ 6,611.52
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E - Salaries I - Postage	F*-Equipment J - Penalties	G - Political K* - Office	Party			Public Office Expenses
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· ·	nts From the Committee	_	Pg	1	of <u>1</u>	mendn	nent Yes 🛭 No
L: Committee Full Name (and Fillett Barber	imbursements, including contributio und if applicable)	ns retu	rned to the cor	ntrib	utor.	2.	ID Number
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a. Full Name, Mailing Address & Phone (include city, state, & zip).		d. Ty	pe of Committee Candidate		Harrison multiples PAC	h. (Driginal Receipt Date 1
David Barber 1486 N NC 87 Elon, NC 27244		e, Lev	Referendum el Registered (Si Fèderal	Decify	Party County:	į o	riginal Receipt Amount
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b. Job Ettle/Profession	c. Employer's Name/Specific Field	g. Co	nments			k. A	ccount Code
Attorney	David Barber, Atty	ļ					
L Form of Payment m. Required check reimbursement	Remarks t of Visa payment for Facebook Ad				n, Date (mm/dd/ <u>)</u> 04/23/2020	ууу)	\$ 626.17
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include city, state, & zip)		a. ryi	e of Committee Candidate Referendum		PAC	n. c	Priginal Receipt Date
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Typ	e of Committee Candidate	П	PAC	h, C	riginal Receipt Date
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5 Louis of Alst CRO 1370 Page	This line must be on line of of Detailed M - Overpayment for Service	Sanonar			ontribution Limit	1	626.17
P* - Reimbursement of In-Kind * Codes require detailed explanation in a	O* Other				AND THE PARTY OF T		

Amendment