

Other Receipt Sources

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

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT BOB BYRD			
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)			
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input checked="" type="checkbox"/> Outside Sources of Income			
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments
NC DEMOCRATIC PARTY 220 Hillsborough Street RALEIGH, NC 27602 (919) 821-2777		c. Outside Source Explanation Votebuilder database access	e. Election Sum to Date
			\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)
1	In-Kind	VOTEBUILDER DATABASE ACCESS	10/01/2021
			j. Amount
			\$ 500.00
5. Total only this Page			\$ 500.00
6. Total of ALL CRO-1250 Pages			\$ 500.00
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)			

CRO-1250

NC State Board of Elections

December 2007

RECEIVED

MAR 02 2022

ALAMANCE COUNTY
BOARD OF ELECTIONS

Disclosure Report Cover

Amendment	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	
RECEIVED	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2826 CHARLOTTE LANE BURLINGTON, NC 27215	MAR 02 2022 03/02/2022
	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
2021	10/19/2021	12/31/2021	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	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> 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 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 checked="" 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
	\$ 7,746.14		\$

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

03/02/2022

 Printed Name of Signer

 Signature of Appointed Treasurer

 Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

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 checked="" type="checkbox"/> Yes	<input 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	2021 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2020</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7,746.14	\$ 3,036.32
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 20.00	\$ 2,325.00
6) Contributions from Individuals (CRO-1210)		\$ 1,661.35	\$ 10,114.26
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	\$ 10,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
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	\$ 500.00
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)		\$ 1,681.35	\$ 22,939.26
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 5,369.87	\$ 20,998.21
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)		\$ 113.65	\$ 405.49
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 161.35	\$ 161.35
17) In-Kind Contributions (CRO-1510)		\$ 161.35	\$ 789.26
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,806.22	\$ 22,354.31
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3,621.27	\$ 3,621.27
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00	
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)		\$ 10,000.00	\$ 10,000.00
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

Page 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	Electric Funds Tran		10/28/2021	\$ 20.00	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 20.00	
5. Total of ALL CRO-1205 Pages					\$ 20.00	
<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 checked="" type="checkbox"/> Yes <input 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	
NATALYA BARKER 1620 MOORES CHAPEL CEMETERY ROAD GRAHAM, NC 27253 (336) 212-8643			EDITOR			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED		e. Election Sum to Date	
					\$ 0.00	
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	LUNCH FOR POLL VOLUNTEERS FROM	11/03/2021	\$ 161.35	
<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	
ERIC HENRY 2053 WILLOW SPRING LANE BURLINGTON, NC 27215 (336) 675-6266			PRESIDENT			
			c. Employer's Name/Specific Field			
			TS DESIGNS		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	Electric Funds Tran		10/31/2021	\$ 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	
JESSE MCNIEL 2281 LAKEVIEW TERRACE BURLINGTON, NC 27215 (336) 584-9656			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
					\$ 650.00	
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		10/20/2021	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,661.35	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,661.35	

Disbursements

Amendment
 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)						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
AMAZON WEB SERVICES 410 TERY AVE NORTH SEATTLE, WA 98109						
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		
						\$ 109.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	AK	11/02/2021	\$ 23.04	WEB SERVICES	
1	Debit Card	AK	12/02/2021	\$ 20.53	WEB SERVICES	
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		
						\$ 3,235.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	AO	10/20/2021	\$ 681.39	PROMOTIONAL PENS	
				\$		
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) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date		
						\$ 915.31
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	BK	10/23/2021	\$ 263.59	LETTERS, LABELS, ENVELOPES	
				\$		
5. Total only this Page						\$ 988.55
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>						\$ 5,369.87
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

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 4,595.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	10/25/2021	\$ 2,000.00	DIGITAL ADS		
1	Debit Card	A	10/29/2021	\$ 229.00	ROBOCALLS		
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:						\$ 4,595.03	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	A	11/18/2021	\$ 1,380.00	CONSULTING - AD		
				\$	PLACEMENT		
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)						e. Election Sum to Date	
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:						\$ 672.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	A	11/03/2021	\$ 424.32	TEXTING CAMPAIGN		
				\$			
5. Total only this Page						\$ 4,033.32	
6. Total of ALL CRO-1310 Pages						\$ 5,369.87	
<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

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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
US POSTAL SERVICE 405 MAPLE AVE BURLINGTON, NC 27215 (800) 275-8777				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:		
						\$ 1,100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	I	10/22/2021	\$ 348.00		
				\$		
5. Total only this Page					\$ 348.00	
6. Total of ALL CRO-1310 Pages					\$ 5,369.87	
<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 checked="" type="checkbox"/> Yes	<input 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	CK	11/03/2021	\$ 25.43	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	10/29/2021	\$ 5.00	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	11/01/2021	\$ 5.00	BANK FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	11/30/2021	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	12/01/2021	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	K	12/31/2021	\$ 5.00	BANK FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	CK	11/09/2021	\$ 41.06	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	CK	12/09/2021	\$ 1.00	DONATION PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	10/29/2021	\$ 21.16	PLASTIC BOXES
4. Total only this Page					\$	113.65
5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	113.65
6. Purpose Codes (Use detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
H - Postage		J - Penalties		K* - Office Expenses		
O* - Other		Q* - Donations to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (g)						

Refunds/Reimbursements From the Committee Pg 1 of 1

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

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)			2. ID Number		
COMMITTEE TO ELECT BOB BYRD					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		
NATALYA BARKER 1620 MOORES CHAPEL CEMETERY ROAD GRAHAM, NC 27253 (336) 212-8643			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			g. Comments		
			h. Original Receipt Date		
			11/03/2021		
			i. Original Receipt Amount		
			\$ 161.35		
b. Job Title/Profession		c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date	
EDITOR		SELF EMPLOYED	P	\$ 0.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
1	Check	REIMBURSEMENT FOR LUNCH		11/03/2021	\$ 161.35
4. Total only this Page					\$ 161.35
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1320)					\$ 161.35
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit					
P* - Reimbursement of In-Kin O* Other					
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Pg 1 of 1

Amendment	
<input checked="" type="checkbox"/> Yes	<input 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	
NATALYA BARKER 1620 MOORES CHAPEL CEMETERY ROAD GRAHAM, NC 27253 (336) 212-8643		<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	
		\$ 0.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCH FOR POLL VOLUNTEERS FROM PANERA BREAD		11/03/2021	\$ 161.35
			\$
			\$
4. Total only this Page		\$ 161.35	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 161.35	

Forgiven Loans

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

Use this form to report any loan which has been forgiven by the lender.
 A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

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. Comments	
ROBERT E BYRD 2826 CHARLOTTE LANE BURLINGTON, NC 27215 (336) 584-7302			
		c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		08/12/2021	\$ 10,177.91
		d. Original Loan Amount	g. Date (mm/dd/yyyy)
\$ 10,000.00	12/31/2021		
e. Remaining Loan Balance	h. Forgiven Amount		
\$ 0.00	\$ 10,000.00		
4. Total only this Page		\$ 10,000.00	
5. Total of ALL CRO-1440 Pages <i>(This line must be on line 26 of Detailed Summary Page CRO-1100)</i>		\$ 10,000.00	
<i>The lender information should contain the same information as supplied on the original loan proceed statement.</i>			