Other Rec	eipt Sources		Pg	1	of1		X Yes	□ No
Use this form to	report income not re	ported on another fo	rm, i.e. interest	income	, not for	profi	t contribu	tions etc.
	oll Name (and Fund i		# W				D Numbe	
	TO ELECT BOB B							
3. Type of Recei		use separate CRO-1 ributions from Not-for-						建 基。:
4. Contributor l			Add Rei					- E-1
	ailing Address & Pho	ne in	b. Not-for-Prof	it Feder	al ID#	d, C	Comments	Programme Company
(include city,	state, & zi p)	The state of the s						
NC DEMOCRA	ATIC PARTY					4		
220 Hillsborough Street c. Outside Source Exp						4		
RALEIGH, NC	Votebuilder database				im to Date			
(919) 821-2777	7		access			e. 1	Accreon 31	in to Date
						\$		500.00
f. Account Code	g. Form of Payment	h. In-Kind Descrip	otion	i. Date	(mm/dd/y	ууу)	j. Amoun	Problem (A)
1	In-Kind	VOTEBUILDER I ACCESS	DATABASE	TABASE 10/01/2021			\$	500.00
							\$	
5. Total only	this Page		灌集			\$		500.00
6. Total of A	LL CRO-1250 P	ages	英墨					
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)								500.00
(This line goes)	In line 11b of Detailed S	ummary Page CRO-11.	00 if Not for Proj	fit Contri	bution)			
	in line 11c of Detailed S			rces of Ir	come)			0005
CRO-1250		NC State Bo	ard of Elections				Ι	December 2007

RECEIVED

MAR 02 2022

ALAMANCE COUNTY BOARD OF ELECTIONS

Disclosure Report Cove	re Report Cove	Report	closure	Disc
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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.

la Committee In	formation .	基代张	7	畫 畫	4		指数数数	麗 主 墨
a. Full Name 🚁	A STATE OF THE STA			No. of the second		70 2007 71 100 100 100 100 100 100 100 100 100 1		e. D. Number 1 and the second state of the sec
COMMITTEE	TO ELECT BO	OB BYRD			RE(CEIV	ED	
b. Mailing Addre	ess (include Cit	y, State and Zij	Code)	A T V Mar and ST			രമ	d. Date Filed
2826 CHARLO				MAR UZ LUM			03/02/2022	
BURLINGTON	N, NC 2/213			ALAMANCE COUNTY			e. Phone Number	
				BOARD OF ELECTIONS			(336) 584-7302	
2. Report Year	3. Period Star	Daite (m.m/dd/	/ y)	4. Period	and Dat	e (mm/dd/		urer Full Name
2021	10	/19/2021			12/31/2			INE KING
6. Type of Com				177121 777214				eport jiom one category)
X Candidate Car		•	Munic		/ 51 /Will common co.	State/Cou	and the second section of the second	Referendum
Joint Fundrais	-		-	Organizatio		_	zational	Organizational Pre-referendum
Referendum		al Expense Fund	,	Thirty-five Pre-primary	- 1	Quarte Fi	rst	Final
7. Type of Fund "Booster Fund	- <u>(ii) appucaoi</u> 1"	e, check(one) =		Pre-election			cond	Supplemental Final
Building Fund			H	Pre-runoff	•		hird	Annual
-	lection Year Can	didates Fund	"	Semi-annual	ı	Fc	urth	Special
	mpaign Financing			Mid Ye	ar	Semi-a	nnual	
_				Year Ei	nd		id Year	10. Special Report Name
Other:] 🗇	Final		_	ear End	
8. Number of Fi	undraisers this	Report .		Special		Final		
	0					□ Specia	1	
3. Account Info	rmation	· · · · · · · · · · · · · · · · · · ·	tie.	#	3. Acc	ount Infor	mation =	· 《 · · · · · · · · · · · · · · · · · ·
a. Financial Institution Full Name a. Financial Institution Full Name								
CAPITAL BA	NK, NA							<u></u>
b. Purpose		c. Account Cou	le		b. Purp	ose		c. Account Code
CHECKING			1					
<u> </u>		d. Period Begi	n Balan	Ce				d.Period Begin Balance
		\$		7,746.14				\$
CERTIFICATION	ON THE			Free Port Carron	1.2.2.20			The second secon
I certify that t	the Committee o	or Fund is in co	molian	ce with all a	pplicab	le provisi	ions of Articl	e 22A, 22B & 22D-22M of
Chapter 163 c	of the NC Gener	al Statutes and	that n	o funds are	commi	ıgled witl	ı prohibited o	or other non-disclosed
funds. I furth	ner certify that t	his report is co	mplete	, true and c	orrect a	nd that I	have been tra	nined by the NC State Board
								03/02/2022
P	rinted Name of S	igner	-	Sign	ature of	Appointed	Treasurer	Date
FOR OFFICE U	SEONLY	11.50		The state of the s	W LOVE A CONTROL OF THE CONTROL OF T	Table Towns		Particular of the Control of the Con
Date Receiv	/ed:	ATT I ARE TO SERVICE AND A SER	45 - 2.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Emplo	yee:			Delivery <u>Method</u> ☐ Normal Mail
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Date Postm	arked; <u>-</u>			Emplo	yee: _			☐ Hand Delivered
Date Scann	ed:	Section 1 - Sectio		Emplo	yee:			☐ Electronically Filed
Date Data I	intered:			Emplo	yee:	The state of the s		☐ Signer has not received mandatory training
Please No	te: This form c	annot be used nt treasurer, cu	to ame	nd committ	ee infor	mation su	ich as the co	mmittee address, treasurer,
	assista: You must amen							

Amendment X Yes No

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

- (K)	2. Type of Re	port	3.3	D Numl	ær 💮
COMMITTEE TO ELECT BOB BYRD	2021 Year E	nd Semi-Aı	nnual		
Start of Election Cycle: January 1, 2020		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	7,746.14	\$	3,036.32
RECEIPIS		TO A STATE OF THE			The state of the s
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
(0) 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	e,11d and 11e)	\$	1,681.35	\$	22,939.26
<u>EXPENDITURES</u>	The state of the s				1
(3) Disbursements	<u> ئىرىن ئىرىن دىرىن ئىرىن ئىرىن</u>			Eggever	The second secon
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
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	113.65	\$	405.49
(5) 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
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	5,806.22	\$	22,354.31
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	3,621.27	\$	3,621.27
ADDITIONAL INFORMATION	2000 (CT)		0.00		A STANLEY OF THE STAN
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)		\$	0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		To the Administration of the Control
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		1
24) Account Transfers Within the Committee	(CRO-1720)	\$	0.00		1122 X
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 August 200

Aggregat	ed Contr	ibutions from Individuals Pag	ge <u>1</u> of <u>1</u>	Amendm X Yes	ent No
Optional form	used to rep	ort NC Contributions From Individuals of	\$50 or less		
1. Committee !	Full Name (an	d Fund if applicable)	2.11) Number	
COMMITTER	E TO ELECT	BOB BYRD			
3. Confributor					
a. Amend b	Account Code	c. Form of Payment d.In-Kind Description	e. Date (mm/dd/yyy	y) f. Amour	it
Add Remove	1	Electric Funds Tran	10/28/2021	\$	20.00
4. Total only	y this Page		\$		\$20.00
5. Total of A (This line mus	LL CRO- t be on line 5 0)	205 Pages Detailed Summary Page CRO-1100)	\$		\$20.00
CRO-1205		NC State Board of Elections			April 2007

		om Individuals dividual contributions		Pg		. [Amendme Yes	□ No
	•	and Fund if applicab			idel \$30 il form CRO) Number	
	AITTEE TO ELEC		· <i>Y</i>					
	E o Ne. vegter			A 7298	SAN DE LA CONTRACTION DE LA CO		200	CHARLE
	ributor Informatio Names Mailing Ado			Add Re		ld. C	omments	en e
	ide city, state, & z	" VE - No. Drawn and American Special and Australia Co.	Street and the street of the s	EDITOR		PROT	Norway or or or or or	7-7
1 1965 - CAL	LYA BARKER					↓		
		L CEMETERY ROA	VD		Name/Specific Field	1		
	AM, NC 27253 212-8643			SELF EMPL	OYED	e. E	ection Sur	n to Date
(330) 2	.12-00+3					\$		0.00
rob	a was and const	h. Form of Payment	i. In-Kind Des	crintian 200	j. Date (mm/dd/yyyy)	l Sept	k. Amount	A Company And
	g. Account Code.	In-Kind	LUNCH FOR		11/03/2021		\$	161.35
	1		VOLUNTEER		11/03/2021		3	101.55
							\$	
							\$	
	ributor Informati			Add: Re			基	
and the second second	Name, Mailing Ado	A STATE OF THE STA	A STATE OF THE STA	b. Job Title/Pr	ofession	d, C	omments	
THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	ide city, state, & z	12)	STATE OF THE STATE	PRESIDENT				
	ERIC HENRY 2053 WILLOW SPRING LANE			c. Employer's	Name/Specific Field			
BURL	INGTON, NC 27			TS DESIGN:	S	o Fl	ection Su	n to Date
(336) 6	575-6266							12. (3
						\$		1,000.00
f. Prior		h. Form of Payment	i. In-Kind Des	eription	j, Date (mm/dd/yyyy))	k. Amouni	
	1	Electric Funds Tran			10/31/2021		\$	1,000.00
							\$	_ · · · · ·
							\$	
3. Cont	ributor Informati	on E. E		Add 🔲 Re			2000	
CHEPA. WILLIAM	Name, Mailing Ado	30884 A		b. Job Title/Pr	ofession	d, C	omments	- Port Control
	de city, state, & z	(p)		RETIRED				
	MCNIEL AKEVIEW TER	RACE		c. Employer's Name/Specific Field				
	INGTON, NC 27			RETIRED				D-2
(336) 584-9656							lection Su	W
					\$		650.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Des	cription	j. Date (mm/dd/yyyy))(<u>vi</u> ž. 1	k. Amount	A Company of the comp
	1	Check			10/20/2021		\$	500.00
							\$	
							\$	

4. Total only this Page

1,661.35

					Amendme	nt
Disbursements	Pg	_1_	of	3	X Yes	

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

	committees and	coordinated	i party	expenditures
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	cooldinated party		100 March 100 Ma	P		2. ID Num	chora .
	dl Name (and Fund		The States		E	Z. 117 Mun	1061
COMMITTEE	TO ELECT BOB	BIKD					
3. Type of Disbu	rsement (Pléus	r üse şeparate CRC). 13H) forms for euc	h type of Disbu	rsemer	nt.) 👼	
X Operating Exp	enses Cor	tributions to Candidat	es/Political Committee	s Co	ordinate	d Party Ex	penditures
4. Payee Inform		· \$	#□ Add □ #			400	
a. Full Name, Ma	illing Address & P	hone	b. Coordinate	d Committee N	ame	d. Comme	nts
(include city, sta	te, & zip)		To be a second s				
AMAZON WEI			o Lavel Pogi	stered (Specify)	Marie Carlo de Carlo		
410 TERY AVE			Federal	County			
SEATLE, WA	98109		☐ State	— · · · · · · · · · · · · · · · · · ·			Sum to Date
				-		\$	109.69
f. Account Code	g. Form of Paymen	t. h. Purpose Code	i. Date (mm/dd/yyyy	/ J	- 17 w C A. L. A. S. S.	quired Ren	
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1	Debit Card	AK	12/02/2021	\$ 20.53	WEB	SERVIC	ES _
4 Payee Inform	ation 4.4	一 《靈夢》	Add .	Remove			
	iling Address & P	hone	b. Coordinate	ed Committee N	ame	d. Comme	nts
(include city, sta	te; & zip)	Wild C. T. and S. Harris M. Schmidt P. Stommer van der Stommer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
MARKELL PRI	INTING AND PR	OMOTION PROD	UCTS		Efac-vite		
CO INC			c. Level Regi	stered (Specify) County			
PO BOX 668	. NO 08017		State	☐ Munici		e. Election	Sum to Date
BURLINGTON	, NC 27216						
(336) 226-7148						\$	3,235.19
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Red	quire d Rêr	narks -
1	Debit Card	AO	10/20/2021	\$ 681.39	PRO	MOTION	AL PENS
				\$		-	
4. Payee Inform	4		Addi	Remove		342	
	iling Address & P	hone -		ed Committee N	ame	d, Comme	nts
(include city, sta	The state of the s		And the second s	and the same of th		7	
OFFICE DEPO		22.00					
1825 S CHURC			THE ATTEMPT OF THE PERSON OF T	stered (Specify)			
BURLINGTON	I, NC 27215		Federal State	☐ County ☐ Munici		e Flection	Sum to Date
(336) 226-6122			state		patity.		
						\$	915.31
f. Account Code	g. Form of Paymen	t h. Rurpose Code	i. Date (mm/dd/yyyy) j. Amount	k, Re	quired Rer	ngrks
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	······································			\$	ENV	ELOPES	
		W Strate massic				d)	000 55
5. Total only thi				A CONTRACTOR OF THE PERSON OF		\$	988.55
	CRO-1310 Pages	177					
(This line goes i	n line 13a of Detailed	l Summary Page CRO	-1100 if Operating Exp	enses)	Commu	\$	5,369.87
(This line goes i	n line 13b of Detailed	t Summary Page CRO I Summary Page CRO	-1100 if Contrib to Can -1100 if Coordinated P	arty Expenditures))		
7. Purpose Codes (List detailed expenditure code in (h,) above) 4							
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 - Penal		K* - Office Expens	were a property of the commence of the			Expense Fund
O* Other			Control National Control of the Cont	a Charles to the Control College			
* Codes requir	e detailed explana	ion in required ren	narks field (k)			Estit 15	

No

Dis	hii	re	em	en	ife
. ,					

				Amendment					
Pg	2_	of	3	X Yes	□ No				

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

committees and c	coordinated party	expenditures					
	ll:Name (and Fund		. Pyd	1		2.1	ID Number
COMMITTEE	ro elect bob i	3 Y K D					
		ause separate CRO					
X Operating Exp		tributions to Candidat				ordinated P	arty Expenditures
4. Payee Informs	ition iling Address & P		international control of the control] # Re	move ommittee N	ama ld (Comments.
a, rull Name, Ma (include city, stat	CANAGE TA. (2010/00/00/00/00/00/00/00/00/00/00/00/00/	10115	Proposed Section 1997 Control 1	manda		anc ju.	Mary Control of State Control of the
	ΓATE ASSOCIAT	ES					•
5629 MOUNT H	IARMONY CHU		TATAL MARK TANAS	IIII TEAAN TO THE TANK TO THE	ed (Specify)		
ROUGEMONT,	NC 27572		Fede		County:		Dection Sum to Date
	e e					\$	4,595.03
				Para sa Ti			·
	g. Form of Paymen	· i ·				V V V V V V V V V V V V V V V V V V V	red Remarks
1	Debit Card	Α	10/25/202		2,000.00	DIGITA	
1	Debit Card	A	10/29/202		229.00	ROBOC	CALLS
4. Payee Informa			Add 📆		move	Second Lyer	Comments
	iling Address & Pl	ione	b, Coor	nnated C	ominittee N	ame a. t	omments
(include city, stat	rate associat	FS	MANAGE COMM				
	IARMONY CHUI				ed (Specify)	1.	
ROUGEMONT,	NC 27572		Fede		County: Municip		Dection Sum to Date
			State		1. Municip		The state of the s
						\$	4,595.03
f. Account Code	g. Form of Paymen	h, Purpose Code					red Remarks
1	Check	A	11/18/202		1,380.00		LTING - AD
				\$		PLACE	WENI
4. Payee Informa	tion 🛎		□ Add [O(t) (move 🌞		
THE PARTY OF THE P	iling Address & Pl	none: Market Courts	b. Coor	linated C	ommittee N	amé d. C	Comments
(include city, stat		A Committee of the Comm	Control of the Contro				
TOSKR, INC DI	BA GET THRU AY 3RD FLOOR		c. Level	Register	ed (Specify)	- - -	
OAKLAND, CA			☐ Fede		County		
(415) 903-0031			State	<u> </u>	Municip	ality: e. F	Dection Sum to Date
						\$	672.00
f. Account Code	g. Form of Paymen	h Purpose Code	i. Date (mm/dd)	yyyy) j.	Ámount	k. Requir	red Remarks
1	Debit Card	A	11/03/202	1 \$	424.32	TEXTIN	NG CAMPAIGN
				\$			
5. Total only this	Page	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 种态量 2.2			\$	4,033.32
	RO 1310 Pages	· · · · · · · · · · · · · · · · · · ·	\$ 1				
		Summary Page CRO	-1100 if Operatin	g Expense:	5)	\$	5,369.87
(This line goes in	line 13b of Detailed	Summary Page CRO	-1100 if Contrib t	o Candida	tes/Political C	omm)	5,507.07
2 22 22 22		Summary Page CRO		ted Party	Expenditures)	ans Jitayan.	V
7. Purpose Co		l expenditure code		LONE IN MEDICAL		A m = 41	Candidata
A* Media E - Salaries	B* - Printi F* - Equip	Marketing and the Company of the Com	C* - Fundrais G - Political Pa		C		Candidate blic Office Expenses
E - Salaries I - Postage	J - Equipi J - Penalti		K* - Office Ex				Legal Expense Fund
O* Other	7- Dr. 457-2589-8-5		Surrich Company (Co.	*	DS:/4b	e durant	
* Codes require	detailed explanati	on in required ren	narks field (k)	11.70			福产业47年 万集

committees and	report expenditures coordinated party ex	xpenditures	e for o	perating exper	-	3 of	ons to	candi		No No Olitical
	ull Name (and Fund i			港				2. <u>-</u> ID	Numbe	r
COMMITTEE	TO ELECT BOB B	YKD								
3. Type of Disbu	The second control of the second	use separate CRC					************		4.1	建
X Operating Exp	oenses Contr	ributions to Candidat	es/Politi	ical Committees		Coc	rdinat	ed Party	y Expen	ditures
4. Payee Inform	ation	474		Add 🛄	Renic	vel 🖖			: 雄	翻译
a. Full Name, Ma	ailing Address & Pho	one .		b. Coordinate	d Com	mittee Na	ıme.	d, Cor	n m e n ts	4
(include city, sta	te, & zip)									
US POSTAL SE 405 MAPLE A	VE			c. Level Regis	tered (Specify) County:	7			
BURLINGTON	·			State	Ē	Municip		e. Dec	tion Su	m to Date
(800) 275-8777								\$	<u>i </u>	1,100.00
f. Account Code	g. Form of Payment	h-Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired	Remar	ks Santagan
1	Debit Card	I	10	0/22/2021	\$	348.00				
					\$					
5 Total only this	s Page		. 1 1					\$		348.00
	CRO-1310 Pages and ine 13a of Detailed S	Summary Page CRO-	-1100 if	Operating Expe	nses)	, i i i i i		\$		5,369.87

* Codes require detailed explanation in required remarks field (k)

CRO-1310

NC State Board of Elections

December 2009

G - Political Party

C*-Rundraising

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

(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)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

A*-Media

E - Salaries

I - Postage

O* Other

_		
A	Niam Madia	Expenditures
AUUTPUHIPN	Non-Mema	-r.xnenmmres

Page 1 of 1 Amendment No

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

		ort NC Non-Media		i \$50 or less.				
1. Committee	Hull Name (an	illahind (gapalicable)				2. ID N	umli vid	
COMMITTE	E TO ELECT	BOB BYRD			i			
		**************************************	-a			2		* **
3. Payee Infor		# 2 F		A 1. 2		er de		
	224 6.4	c. Form of Payment		e. Date (mm/qu/y)	YY)5 1	-Amoi	unt	
Add Remove	1	Electric Funds Tran	CK	11/03/2021		\$	25.43	DONATION PROCESSING FEE
Add Remove	1	Draft	K	10/29/2021		\$	5.00	BANK FEES
Add Remove	1	Draft	K	11/01/2021		\$	5.00	BANK FEES
Add Remove	1	Draft	К	11/30/2021		\$ 5.00		BANK FEE
Add Remove	1	Draft	K	12/01/2021	021 \$		5.00	BANK FEE
Add Remove	1	Draft	K	12/31/2021		\$	5.00	BANK FEE
Add Remove	1	Electric Funds Tran	CK	11/09/2021		\$	41.06	DONATION PROCESSING FEE
Add Remove	1	Electric Funds Tran	СК	12/09/2021		\$	1.00	DONATION PROCESSING FEE
Add Remove	1	Debit Card	К	10/29/2021		\$	21.16	PLASTIC BOXES
4.Totāl on	y this Page				攀	\$		113.65
5. Total of	ALL CRO-1	315 Pages Defatted Summary Ed	pe CRO-1100)		_1. _2* 1,	\$		113.65
		letailed expenditu		oove)	. Š. J.			
6 4		- Printing	G* - Fondi	aising- 🔻 🔣			ther Car	
E - Salarie	s (jī)	-Equipment 18	G - Political					ha Office Expenses
I Postage	J -	Penalties	K* Office	Expenses (2* - 1	Donat	ions to	Legal Expense Fund
O* - Othe	er 🗀	**************************************						
* Codes r	require detai	led explanation i	n required ren	arks field (g)				
CRO-1315			te Board of Election					December 2009

CRO-1315

NC State Board of Elections

December 2009

								Amendm	ent	
Refunds/R	eimbu	rsements	From the Co	mmittee Pg	<u> </u>	f 1		X Yes	1 🔲	٧o
Use this form to	report re:	funds/reimburs	ements, including co	ntributions retu	rned to the	contrib	utor			
1. Committee Fi	ili Name	and Fund if ap	olicable) 蛭尾症	建设		<u> </u>	2. 11) Number	•	
COMMITTEE '	TO ELEC	CT BOB BYRE)							
- No.	11. k		******	Add 🗐 🗀 Re	·movia	(ir 1596				
3. Påyee Informa a. Full Name, Ma		race & Phone		d. Type of Com			Б. С	om ments		FIGURE 1
(include city, s	- Calverin	THE RESERVE OF THE PARTY OF THE		Candidate	PAC	V4			EAT STEEN BOOK	TISSEE STATE
NATALYA BA		Ezasa minera Mise	100 Non 11 St 20 11 S	Referendum	Party					
1620 MOORES		L CEMETERY	ROAD	e. Level Registe	red (Specil	y)	h. Original Receipt Date)ate
GRAHAM, NC		E CENTETENT	1101111	Federal	Count	-		11/03	3/2021	
(336) 212-8643				State	☐ Munic	ipality:	2000			· · · · · · · · · · · · · · · · · ·
<u> </u>							19 13 Taylor, 200	rigioal Re		
							\$			161.35
b. Job Title/Profe	ssion	c. Employer's D	ame/Specific Field	f. Purpose Code	And an and IVA		j, E	ection Su	m to Da	te
EDITOR		SELF EMPLOYE	ED	P			\$			0.00
k. Account Code	l. Form	of Payment	m. Required Remar	ks	n. Date (1	nm/dd/yy	ууу)	o. Amour	t	
1	Check		REIMBURSMENT FO	R LUNCH	11/0	3/2021		\$		161.35
4. Total only thi	s Page			福 基			\$			161.35
5#Total of ALL	CRO-132	O Pages	mmary Page CRO-110	· 養養	27 / · · · · · · · · · · · · · · · · · ·		\$			161.35
1447							<u> </u>	ij.	10	
			sement code in (f) a		NI.	Evceed	ed C	óntibutio	n I imit	456.4
		utor M - f In-Kinc O* (Overpayment for Se	I V ICC	1.N.	INCCCU	VU.C	Officiony	11 LANIII	T. C. SWITE
			n required remarks	field (m)	五十	ene Populari				
CRO-1320	a compatible	<u></u>	NC State Boa	rd of Elections					j	uly 2007
0110 1020						•				

						Amendme	nt	
In-Kind Contributions		· ·	1		1	X Yes	□ No	
Use this form to report non-monetary contributions, donatio Use CRO-1215 if In-Kind Contributions were or will be a					the com	mittee or fu	nd.	
1. Committee Full Name (and Fund Happlicable)		2.	- 15 · 14		2, ID N	umber	雅 善者	
COMMITTEE TO ELECT BOB BYRD								
3. Contributor Information	Add	Ren	iove	分響	Ž.		新楼	
a, Full Name, Mailing Address & Phone		pe of Cont	ributo		e. Com	ments		
(include city, state, & zip)		ndividual						
NATALYA BARKER	·	andidate						
1620 MOORES CHAPEL CEMETERY ROAD		arty AC						
GRAHAM, NC 27253		eferendum	n		d. Election Sum to Date			
(336) 212-8643			ipt Source				0.00	
					\$		0.00	
e. Description	1977 1984	TOTAL PROPERTY OF THE PROPERTY	f. Date	(mm/dd	/уууу) 🖆	g. Fair Ma	rket Amount	
LUNCH FOR POLL VOLUNTEERS FROM PANERA BREAD			1	1/03/20	21	\$	161.35	
						\$		
						\$		
4. Total only this Page					\$		161.35	
5. Total of AIL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	0-1100	D.			\$		161.35	
CRO-1510 NC State B							December 2007	

Forgiven Loans	Pg		of _	1	Amendm X Yes	ent □ No
Use this form to report any loan which has been forgiv A Forgiven loan statement (CRO-6200) must accompan						
L. Committee Full Name (and Fund if applicable)	选择	- 196			2. ID Numbe	r
COMMITTEE TO ELECT BOB BYRD						
3-Lender Information	Add 🔲 Re	moye			100	
a. Full Name, Mailing Address & Phone	b. Comments		X:272.522.		A Committee of the Comm	The second of th
(include city, state, & zip) ROBERT E BYRD	<u>d</u>					
2826 CHARLOTTE LANE	c. Original Lo	an Date	ууу)	f. Bection Sum to Date		
BURLINGTON, NC 27215 (336) 584-7302	0.	8/12/20		\$	10,177.91	
(330) 364-7302	d. Original Lo	an Amo	unt	VVPP.	g, Date (mm/	dd/yyyy)
	\$		10,000	.00	12/31	/2021
	e. Remaining	Loan B	ilance	1000 - 1 1000 - 1 1000 - 1 1000 - 1	h, Forgiven A	mount
	\$		0	.00	\$	10,000.00
4. Total only this Page	基型				\$	10,000.00
5. Total of AIL CRO-1440 Pages (This line must be on line 26 of Detailed Summary Page CR					\$	10,000.00
The lender information should contain the same information	n as supplied on i	lie origin	al loan pro	ceed s	tatement	

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CRO-1440

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