

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 HAROLD OWEN FOR BURLINGTON CITY COUNCIL	c. ID Number
b. Mailing Address (include City, State and Zip Code) 223 ENGLEMAN AVENUE BURLINGTON, NC 27215	d. Date Filed 10/20/2021
	e. Phone Number 336-516-6600

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 09/21/2021	4. Period End Date (mm/dd/yy) 10/18/2021	5. Treasurer Full Name HAROLD OWEN
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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 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 0		10. Special Report Name OCTOBER MONTHLY REPORT		

3. Account Information		4. Account Information	
a. Financial Institution Full Name AMERICAN NATIONAL BANK		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 65532021	b. Purpose RECEIVED	c. Account Code
	d. Period Begin Balance \$	d. Period Begin Balance OCT 21 2021	d. Period Begin Balance \$

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

Harold Owen Printed Name of Signer [Signature] Signature of Appointed Treasurer 10/21/2021 Date

FOR OFFICE USE ONLY

Date Received: Nov 10/21/21 Employee: [Signature] **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ 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
 Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL		2021 Special			
Start of Election Cycle: January 1, <u>2019</u>			Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 31,986.20	\$ 1,401.12	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 0.00		
6) Contributions from Individuals (CRO-1210)		\$ 2,965.78	\$ 2,965.78		
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	\$ 0.00		
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	\$ 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)		\$ 2,965.78	\$ 2,965.78		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 12,763.10	\$ 12,763.10		
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)		\$ 0.00	\$ 0.00		
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)		\$ 565.78	\$ 565.78		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 13,328.88	\$ 13,328.88		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 21,623.10	\$ (8,961.98)		
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)		\$ 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		

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
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM BAKER 810 COLONIAL DRIVE BURLINGTON, NC 27215			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"/>	65532021	Check		10/15/2021	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT CHANDLER 3240 COVENTRY PLACE BURLINGTON, NC 27215			CONCRETE COMPANY			
			c. Employer's Name/Specific Field CHANDLER CONCRETE			
					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"/>	65532021	Check		10/04/2021	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS CHANDLER JR 2516 PINEWAY DRIVE BURLINGTON, NC 27215			CONCRETE COMPANY			
			c. Employer's Name/Specific Field CHANDLER CONCRETE			
					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"/>	65532021	Check		10/04/2021	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,965.78	

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	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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	
TERRY D CRENSHAW PO BOX 910 BURLINGTON, NC 27216				CAR DEALERSHIP			
				c. Employer's Name/Specific Field			
				CRENSHAW AUTOMOTIVE			
						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"/>	65532021	Check		10/15/2021	\$ 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	
HAROLD OWEN 223 ENGLEMAN AVENUE BURLINGTON, NC 27215				CONSULTANT			
				c. Employer's Name/Specific Field			
				O&L ASSOCIATES, LLC			
						e. Election Sum to Date	
						\$ 565.78	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	65532021	In-Kind	PRINTING COST FOR MAILERS	10/13/2021	\$ 565.78		
<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	
WELLSLEY ROBINSON 718 ENGLEMAN AVENUE BURLINGTON, NC 27215				COMMERCIAL REAL ESTATE			
				c. Employer's Name/Specific Field			
				CORE PROPERTIES			
						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"/>	65532021	Check		09/27/2021	\$ 300.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,865.78	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 2,965.78	

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	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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	
ALAMANCE MEDIA PARTNERS 422 HUFFMAN MILL RD SUITE 208 BURLINGTON, NC 27215							
				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:		\$ 594.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/13/2021	\$ 594.00	RADIO ADVERTISEMENT		
				\$			
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	
BULLSEYE SIGNS AND GRAPHICS CO 232 NORTH MAIN STREET BURLINGTON, NC 27217							
				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:		\$ 5,281.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/01/2021	\$ 605.27	YARD SIGNS		
				\$			
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	
ITI, LLC 1531 EAST MAIN STREET MEBANE, NC 27302							
				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:		\$ 522.01	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/01/2021	\$ 522.01	PRINTED SHIRTS		
				\$			
5. Total only this Page						\$ 1,721.28	
6. Total of ALL CRO-1310 Pages						\$ 12,763.10	
<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 <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
 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	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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	
NEXUS STRATEGIES, INC 434 FAYETTEVILLE STREET SUITE 2020 RALEIGH, NC 27601							
				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:		\$ 6,190.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	B	09/28/2021	\$ 6,190.00	MAIL PIECES		
				\$			
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 SOUTH CHURCH STREET BURLINGTON, NC 27215							
				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:		\$ 468.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	K	09/26/2021	\$ 114.79	OFFICE SUPPLIES		
65532021	Check	K	10/01/2021	\$ 75.75	OFFICE SUPPLIES		
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 SOUTH CHURCH STREET BURLINGTON, NC 27215							
				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:		\$ 274.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	K	10/09/2021	\$ 78.53	OFFICE SUPPLIES		
65532021	Check	K	10/13/2021	\$ 196.37	OFFICE SUPPLIES		
5. Total only this Page						\$ 6,655.44	
6. Total of ALL CRO-1310 Pages						\$ 12,763.10	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable) HAROLD OWEN FOR BURLINGTON CITY COUNCIL						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) PROFESSIONAL SOLUTIONS 2355 W HANFORD ROAD BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 510.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	09/30/2021	\$ 399.66	EMERY BOARD MEDIA		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE ALAMANCE NEWS PO BOX 431 GRAHAM, NC 27253				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,809.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/12/2021	\$ 1,010.00	ADVERTISEMENT		
65532021	Check	A	10/18/2021	\$ 799.00	PRINT ADVERTISEMENT		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE TIMES NEWS 707 SOUTH MAIN STREET BURLINGTON, NC 27215				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date	
						\$ 1,303.72	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/13/2021	\$ 1,303.72	PRINT ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 3,512.38	
6. Total of ALL CRO-1310 Pages						\$ 12,763.10	
<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 <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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	
UNITED STATES POSTAL SERVICE 405 MAPLE AVENUE BURLINGTON, NC 27215							
				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:		\$ 580.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	I	10/13/2021	\$ 580.00			
				\$			
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	
WBAG RADIO STATION 1745 BURCH BRIDGE ROAD BURLINGTON, NC 27217							
				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:		\$ 294.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	10/13/2021	\$ 294.00	RADIO ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 874.00	
6. Total of ALL CRO-1310 Pages						\$ 12,763.10	
(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)							
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)							

In-Kind Contributions

Pg 1 of 1

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	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL			
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	
HAROLD OWEN 223 ENGLEMAN AVENUE BURLINGTON, NC 27215		<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	
		\$ 565.78	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING COST FOR MAILERS		10/13/2021	\$ 565.78
			\$
			\$
4. Total only this Page			\$ 565.78
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 565.78