

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 COMMITTEE TO ELECT MEREDITH EDWARDS	c. ID Number
b. Mailing Address (include City, State and Zip Code) 123 BAUMAN COURT GRAHAM, NC 27253	d. Date Filed 07/15/2022
	e. Phone Number (919) 428-6779

RECEIVED
 JUL 15 2022
 ALAMANCE COUNTY
 BOARD OF ELECTIONS

2. Report Year 2021	3. Period Start Date (mm/dd/yy) 07/01/2021	4. Period End Date (mm/dd/yy) 12/31/2021	5. Treasurer Full Name JOSEPH BRIAN GLAZE
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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	<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
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		

3. Account Information		3. Account Information	
a. Financial Institution Full Name CAPITAL BANK		a. Financial Institution Full Name	
b. Purpose COMMITTEE USE	c. Account Code J2911	b. Purpose	c. Account Code
	d. Period Begin Balance \$		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

J. Brian Glaze
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

07/15/2022
 Date

FOR OFFICE USE ONLY

Date Received: 7-15-22 Employee: Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Signer has not received mandatory training

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 MEREDITH EDWARDS	2021 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2019</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,212.74	\$ 1,003.53
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 815.83	\$ 815.83
6) Contributions from Individuals	(CRO-1210)	\$ 4,276.39	\$ 10,301.39
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)	\$ 300.00	\$ 540.00
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)		\$ 5,392.22	\$ 11,657.22
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 2,274.40	\$ 3,215.19
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	\$ 315.00
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)	\$ 572.82	\$ 1,372.82
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,847.22	\$ 4,903.01
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,757.74	\$ 7,757.74
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

Aggregated Contributions from Individuals

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 MEREDITH EDWARDS					
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 <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		11/26/2021	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	In-Kind	PARADE DECORATIONS	12/03/2021	\$ 42.83
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/06/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		09/26/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		09/30/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/13/2021	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		11/26/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		11/26/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		11/26/2021	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		07/05/2021	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/13/2021	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Check		07/21/2021	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Cash		11/26/2021	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	J2911	Credit Card		11/26/2021	\$ 31.20
4. Total only this Page				\$	\$784.63
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>				\$	\$815.83

Aggregated Contributions from Individuals

Page 2 of 2

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 MEREDITH EDWARDS						
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	J2911	Credit Card		11/26/2021	\$ 31.20	
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 31.20	
5. Total of ALL CRO-1205 Pages					\$ 815.83	
<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 MEREDITH EDWARDS							
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	
DALE AARON 1013 EDITH ST 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"/>	J2911	Check		08/06/2021	\$ 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	
RUSTY COX 604 GREYROCK RD WHITSETT, NC 27377				OWNER			
				c. Employer's Name/Specific Field			
				COX TOYOTA			
						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"/>	J2911	Check		11/26/2021	\$ 100.00		
<input type="checkbox"/>	J2911	Check		12/15/2021	\$ 100.00		
<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	
DEAN CULLER 118 HOSKINS CIR BURLINGTON, NC 27215				LEO			
				c. Employer's Name/Specific Field			
				ACSO			
						e. Election Sum to Date	
						\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 404.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,276.39	

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 MEREDITH EDWARDS							
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	
DARREN DAVIS 1056 SCENIC DR GRAHAM, NC 27253				LEO			
				c. Employer's Name/Specific Field			
				ACSO			
						e. Election Sum to Date	
						\$ 529.99	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	In-Kind	FN503 9MM FOR RAFFLE	11/26/2021	\$ 529.99		
<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	
CHRISTIE DOSS 1230 WALNUT COVE LN SNOW CAMP, NC 27349				SELF-EMPLOYED			
				c. Employer's Name/Specific Field			
				SELF			
						e. Election Sum to Date	
						\$ 103.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 103.00		
<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	
JUDY EULISS 113 W GILBREATH ST GRAHAM, NC 27253				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"/>	J2911	Check		07/12/2021	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 732.99	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,276.39	

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 MEREDITH EDWARDS						
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	
CHRIS FAUCETTE 2900 RAMBLEWOOD DR MEBANE, NC 27302			ELECTRICIAN			
			c. Employer's Name/Specific Field			
			CHRIS FAUCETTE ELECTRIC			
					e. Election Sum to Date	
					\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<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	
DENNIS FIELDS 3183 SUNDANCE DR BURLINGTON, NC 27217			CONSTRUCTION			
			c. Employer's Name/Specific Field			
			TALON MEDICAL CONSTRUCTION SERVICES			
					e. Election Sum to Date	
					\$ 103.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 103.00	
<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	
MARK GREENE 117 GEORGETOWNE DR ELON, NC 27244			SVP			
			c. Employer's Name/Specific Field			
			NCSECU			
					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 type="checkbox"/>	J2911	Check		08/03/2021	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 282.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,276.39	

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 MEREDITH EDWARDS							
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	
JONATHAN HARRISON 3129 BROOKSTONE DR BURLINGTON, NC 27215				CARS			
				c. Employer's Name/Specific Field			
				COX TOYOTA			
						e. Election Sum to Date	
						\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 104.00	
<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	
TRACEY HOLLAN 3048 ROGERS ROAD GRAHAM, NC 27253				FARMING			
				c. Employer's Name/Specific Field			
				NEXT CHAPTER FARM			
						e. Election Sum to Date	
						\$ 135.20	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 135.20	
<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	
ROB JENNINGS 503 BUNKER CT MEBANE, NC 27302				ATTORNEY			
				c. Employer's Name/Specific Field			
				DAVIS, HUMBERT & JENNINGS			
						e. Election Sum to Date	
						\$ 51.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 51.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 290.20	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)						\$ 4,276.39	

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 MEREDITH EDWARDS							
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	
RICKEY LEE 2979 S 119 MEBANE, NC 27302				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 204.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 104.00	
<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 LOVETT 7584 WALKING STICK LN LIBERTY, NC 27298				CEO			
				c. Employer's Name/Specific Field			
				ELON			
						e. Election Sum to Date	
						\$ 62.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 62.40	
<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 LUNSFORD 1155 SANDY CROSS RD BURLINGTON, NC 27217				LEO			
				c. Employer's Name/Specific Field			
				NCSHP			
						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"/>	J2911	Check		09/23/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 266.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,276.39	

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 MEREDITH EDWARDS						
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	
JOHNNY MASSEY 1435 BOONE RD BURLINGTON, NC 27215			FARMER			
			c. Employer's Name/Specific Field			
			SELF			
					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"/>	J2911	Cash		09/02/2021	\$ 50.00	
<input type="checkbox"/>	J2911	Cash		10/01/2021	\$ 50.00	
<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	
DAVID MAY 4254 POND RD BURLINGTON, NC 27215			SELF			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 206.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 206.00	
<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	
JAMES MEEKS 819 GIBSON ROAD MEBANE, NC 27302			DIRECTOR OF FRANCHISE OPERATIONS			
			c. Employer's Name/Specific Field			
			FIVE GUYS			
					e. Election Sum to Date	
					\$ 103.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 103.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 409.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,276.39	

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 MEREDITH EDWARDS						
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	
DANNY OAKLEY PO BOX 984 MEBANE, NC 27302			SELF			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF		\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<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	
RICHARD PLUNKETT 6002 WINDSOR CIR ELON, NC 27244			ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			HUNT & WHITE		\$ 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"/>	J2911	Check		08/09/2021	\$ 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	
JAMES RICH 211 NORTH MELVILLE ST GRAHAM, NC 27253			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 408.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,276.39	

Contributions from Individuals

Pg 8 of 11

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 MEREDITH EDWARDS						
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	
DENNIS RILEY 210 BEAUREGARD LANE MEBANE, NC 27302			OWNER			
			c. Employer's Name/Specific Field			
			TICKETS ON DECK		e. Election Sum to Date	
					\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<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	
RENN ROBERTSON 1857 LITTLE JOHN LN W BURLINGTON, NC 27217			MANAGER			
			c. Employer's Name/Specific Field			
			FOOD LION		e. Election Sum to Date	
					\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<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	
NOAH SAKIN 207 HAYWARDS LANE MEBANE, NC 27302			POLICE OFFICER			
			c. Employer's Name/Specific Field			
			CITY OF GRAHAM		e. Election Sum to Date	
					\$ 55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	J2911	Check		05/25/2021	\$ 25.00	
<input type="checkbox"/>	J2911	Cash		11/26/2021	\$ 30.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 238.00	
5. Total of ALL CRO-1210 Pages (This line must be on the 6 of Detailed Summary Page CRO-1100)					\$ 4,276.39	

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 MEREDITH EDWARDS						
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	
PHIL SEAY PO BOX 1106 ALAMANCE, NC 27253			PASTOR			
			c. Employer's Name/Specific Field			
			THE LAMBS CHAPEL			
					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"/>	J2911	Check		09/30/2021	\$ 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	
BRIAN SMITH 55 PERGERSON POND RD FRANKLINTON, NC 27525			CHEMICAL ANALYSIST INSTRUCTOR			
			c. Employer's Name/Specific Field			
			NC FTA BRANCH DHHS			
					e. Election Sum to Date	
					\$ 62.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 62.40	
<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	
JIMMY SMITH 3372 ALMA LN BURLINGTON, NC 27215			SELF			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 104.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 666.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,276.39	

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 MEREDITH EDWARDS							
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	
RITA SPIVEY 2077 BELL ROAD GIBSONVILLE, NC 27249				OWNER			
				c. Employer's Name/Specific Field			
				INDIVIDUAL			
						e. Election Sum to Date	
						\$ 104.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 104.00	
<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	
CINDY STEPHENSON 1870 ANGELL RD MOCKSVILLE, NC 27028				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 153.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	J2911	Check		07/05/2021		\$ 50.00	
<input type="checkbox"/>	J2911	Credit Card		11/26/2021		\$ 103.00	
<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	
RAYMOND STEWART 518 WHITT AVE BURLINGTON, NC 27215				MANAGER			
				c. Employer's Name/Specific Field			
				DIVERSIFIED TESTING LABS			
						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"/>	J2911	Check		07/01/2021		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 357.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,276.39	

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 MEREDITH EDWARDS							
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	
KAREN STRAWTHER 1237 PEBBLE DR GRAHAM, NC 27253				ACCOUNT EXECUTIVE			
				c. Employer's Name/Specific Field			
				Management of Companies and Enterprises			
						e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input checked="" type="checkbox"/>	J2911	Check		06/18/2021	\$ 50.00		
<input type="checkbox"/>	J2911	Check		11/26/2021	\$ 30.00		
<input type="checkbox"/>	J2911	Check		12/17/2021	\$ 30.00		
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	
ROBIN THOMAS 326 JUDGE SHARPE RD GRAHAM, NC 27253				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"/>	J2911	Check		07/01/2021	\$ 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	
PATRICK TURNER 720 DICK ST GIBSONVILLE, NC 27249				BIOMEDICAL FIELD ENGINEER			
				c. Employer's Name/Specific Field			
				Hospitals			
						e. Election Sum to Date	
						\$ 62.40	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	J2911	Credit Card		11/26/2021	\$ 62.40		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 222.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,276.39	

Refunds/Reimbursements To the Committee

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

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT MEREDITH EDWARDS					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
BEE MARKET BALDWIN PARK CA UNKNOWN UNKNOWN BALDWIN PARK, CA 91706			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/14/2021
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND OF FRAUD	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
J2911	Electric Funds Tran			08/05/2021	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
BEE MARKET BALDWIN PARK CA UNKNOWN UNKNOWN BALDWIN PARK, CA 91706			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/14/2021
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND OF FRAUD	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
J2911	Electric Funds Tran			08/05/2021	\$ 100.00
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
BEE MARKET BALDWIN PARK CA UNKNOWN UNKNOWN BALDWIN PARK, CA 91706			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Expenditure Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		06/14/2021
					i. Original Expenditure Amt
					\$ 100.00
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose	
				REFUND OF FRAUD	
				j. Election Sum to Date	
				\$ 0.00	
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
J2911	Electric Funds Tran			08/05/2021	\$ 100.00
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 300.00

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 MEREDITH EDWARDS						
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
ALAMANCE COUNTY BOARD OF ELECTIONS 115 S MAPLE ST GRAHAM, NC 27253 (336) 570-6755						
				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:		
						\$ 1,208.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	O	12/06/2021	\$ 1,208.00	CLERK FILING FEE	
				\$		
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 NEWS 114 W ELM ST GRAHAM, NC 27253 (336) 228-7851						
				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:		
						\$ 309.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	A	12/21/2021	\$ 309.80	CHRISTMAS AD	
				\$		
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
CITY OF BURLINGTON 33 OVERBROOK RD BURLINGTON, NC 27216 (336) 222-5030						
				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:		
						\$ 225.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Debit Card	O	11/11/2021	\$ 225.00	PARADE FEES	
				\$		
5. Total only this Page						\$ 1,742.80
6. Total of ALL CRO-1310 Pages						\$ 2,274.40
<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 MEREDITH EDWARDS						
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	
GRAHAM BUSINESS ASSOCIATION 20 NE COURT SQUARE GRAHAM, NC 27253 (336) 229-4225						
			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:		\$ 75.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	O	11/11/2021	\$ 75.00	GRAHAM PARADE FEES	
				\$		
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	
INTERNATIONAL MINUTE PRESS 236 RIVERBEND ROAD GRAHAM, NC 27253						
			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:		\$ 299.78	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Check	B	11/24/2021	\$ 128.44	BANNER & RAFFLE TICKETS	
				\$		
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	
SQUARE 1455 MARKET ST SUITE 600 SAN FRANCISCO, NC 94103 (855) 700-6000						
			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:		\$ 78.16	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
J2911	Electric Funds Tran	O	12/13/2021	\$ 78.16	ALL SQ FEES FOR GUN RAFFLE	
				\$		
5. Total only this Page						\$ 281.60
6. Total of ALL CRO-1310 Pages						\$ 2,274.40
(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)						

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 MEREDITH EDWARDS			
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
WESTERN HIGH SCHOOL ATHLETIC BOOSTERS 1731 N NC HWY 87 ELON, NC 27244			
		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
			\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)
J2911	Check	O	08/10/2021
			\$ 250.00
			\$
5. Total only this Page			\$ 250.00
6. Total of ALL CRO-1310 Pages			\$ 2,274.40
<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)			

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 MEREDITH EDWARDS		
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	c. Comments
Aggregated Individual Contribution	<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	
		d. Election Sum to Date
		\$ 42.83
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PARADE DECORATIONS	12/03/2021	\$ 42.83
		\$
		\$
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	c. Comments
DARREN DAVIS 1056 SCENIC DR GRAHAM, NC 27253	<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	
		d. Election Sum to Date
		\$ 529.99
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FN503 9MM FOR RAFFLE	11/26/2021	\$ 529.99
		\$
		\$
4. Total only this Page		\$ 572.82
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 572.82