

RECEIVED

Aggregated Contributions from Individuals

Page 1 of 2

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

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) REXFORD COUNTY BOARD OF ELECTIONS				2. ID Number	
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 type="checkbox"/> Yes	<input checked="" 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	
4. Total only this Page					\$ 31.20	
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 815.83	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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	
					\$ 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		11/26/2021	\$ 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	
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					\$ 304.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 4,146.39	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" 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)					\$ 4,146.39	

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	
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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,146.39

Contributions from Individuals

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 line 6 of Detailed Summary Page CRO-1100)						\$ 4,146.39

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" 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)					\$ 4,146.39	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" 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)						\$ 4,146.39

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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			
			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"/>					\$	
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			
			HUNT & WHITE			
					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		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			
			RETIRED			
					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					\$ 408.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,146.39	

Contributions from Individuals

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 line 6 of Detailed Summary Page CRO-1100)						\$ 4,146.39	

Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" 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 <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 4,146.39

Contributions from Individuals

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)						\$ 4,146.39	

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" 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	
					\$ 80.00	
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"/>					\$	
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					\$ 192.40	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,146.39	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
<input type="checkbox"/> Yes <input checked="" 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