Amendment

Disclosure Report Cover

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.

A. Full Name HAROLD OWEN FOR BURLINGTON CITY COUNCIL b. Mailing Address (include City, State and Zip Code) 223 ENGLEMAN AVENUE BURLINGTON, NC 27215 C. Phone Number 08/19/2025 c. Phone Number 08/19/2025 c. Phone Number 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 06/30/2025 HAROLD OWEN 6. Type of Committee (Check One) C. Check One) D. Type of Report (check only one type of report from one category) C. Candidate Campaign Party D. Joint Fundraiser PAC Referendum D. Legal Expense Fund Referendum D. Legal Expense Fund D. Hirty-five day D. Quarterly D. First D. Final D. Pre-election D. Pre-primary D. First D. Final D. Pre-sidential Election Year Candidates Fund D. NC Public Campaign Financing Fund D. NC Public Campaign Financing Fund D. NC Public Campaign Financing Fund D. Special Name ATLANTIC UNION BANK	1. Committee In	formation							
b. Mailing Address (include City, State and Zip Code) 223 ENGLEMAN AVENUE BURLINGTON, NC 27215 2. Report Year 3. Period Start Date (mm/dd/yy) 2. Candidate Campaign Party Municipal State/County Referendum Campair State (County Campair Stat							c. ID Number		
22. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.25 12/31/2024 06/30/2025 12/31/2024 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.25 12/31/2024 06/30/2025 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.25 12/31/2024 06/30/2025 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.26 14. Period Start Date (mm/dd/yy) 5. Treasurer Full Name 20.27 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.28 14. Period End Check Only 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.29 14. Period End Check Only 14. Period End Date (mm/dd/yy) 5. Treasurer Full Name 20.20 14. Period End Check Only 14. Period End Check Only Organizational 07. Period End Check Only Organizational 07. Period End Check Only 07. Period End Check	HAROLD OWE	EN FOR BUR	LINGTON CIT	Y CO	UNCIL				
BURLINGTON, NC 27215 Continued and the committee (Check One) Check Only one type of report from one category)	b. Mailing Address (include City, State and Zip Code)						d. Date Filed		
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2025 12/31/2024 06/30/2025 HAROLD OWEN 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) S. Candidate Campaign Party Municipal State/County Referendum Joint Fundraiser PAC Organizational Organizational Organizational Organizational Pre-referendum Pre-primary Pre-primary Pre-primary Pre-primary Pre-primary Pre-primary Pre-primary Pre-primary Pre-monoff Second Supplemental Final Pre-annoff Second Second Supplemental Final Pre-annoff Semi-annual Semi-annua									08/19/2025
Candidate Campaign	BOREINGTON, NC 27213								e. Phone Number
Candidate Campaign									
State Committee Check One 9. Type of Report Check only one type of report from one category	2. Report Year	3. Period Star	t Date (mm/dd/y	(y)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
Candidate Campaign	2025	12	2/31/2024			06/30/2	2025	HAROLD	OWEN
Grganizational Grga			One)	9. Typ	e of Report	t (c		type of rep	ort from one category)
Referendum	X Candidate Cam	npaign 🔲 Par	ty	Munic					
7. Type of Fund (#applicable, check one)	Joint Fundraise	er PA	C		Organizatio	nal	Organizatio	onal	(a) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
Booster Fund* Pre-election Second Supplemental Final Pre-unoff Third Annual Special Spec					Thirty-five	day	Quarterly		Pre-referendum
Building Fund	7. Type of Fund	(if applicabl	le, check one)		Pre-primary	у	First		Final
Presidential Election Year Candidates Fund NC Public Campaign Financing Fund Mid Year Semi-annual Year End Semi-annual Mid Year Year End Semi-annual Year End Semi-annual Mid Year Year End Semi-annual Semi-annual Year End Semi-annual Nid Year Year End Semi-annual Nid Year Year End Nid Year Year End Semi-annual Nid Year Year End Nid Year Year End Nid Year Year End Name Name	"Booster Fund"	"			Pre-election	n	☐ Second		Supplemental Final
NC Public Campaign Financing Fund	Building Fund				Pre-runoff		Third		☐ Annual
Other:					Semi-annua	1	Fourth		☐ Special
Other: Final Special Final Special Special Special Special	☐ NC Public Cam	npaign Financing	g Fund		Mid Ye	ar	Semi-annua	ıl	
Special Spec					Year E	nd	☐ Mid Ye	ear	10. Special Report Name
3. Account Information a. Financial Institution Full Name ATLANTIC UNION BANK b. Purpose FOR CAMPAIGN RELATED ACTIVITY d. Period Begin Balance S ALAMANCE COUNTY 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 AND 19/2025 Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Postmarked: Date Data Entered: Employee: Date County Account Code D. Purpose Account Code D. Purpose Account Code D. Purpose ALAMANCE COUNTY BOARD OF ELECTIONS I AMANCE COUNTY BOARD OF ELECTIONS I AMANCE COUNTY BOARD OF ELECTIONS 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 AND 19/2025 Printed Name of Signer Date Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Date Data Entered: Employee: Date Data Entered: Employee: Signer has not received mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Other:				Final		Year E	nd	
3. Account Information a. Financial Institution Full Name ATLANTIC UNION BANK b. Purpose	8. Number of Fu	ndraisers this	Report		Special		Final		
a. Financial Institution Full Name ATLANTIC UNION BANK b. Purpose		0					Special		
a. Financial Institution Full Name ATLANTIC UNION BANK b. Purpose	3. Account Infor	mation				3. Acc	ount Informat	ion	
Delivery Method Date Postmarked: Employee: Date Date Entered: Employee: Date Date Entered: Employee: Date Postmarked: Employee: Date Date Entered: Employee: Date Postmarked: Date Postmark			me					THE RESERVE THE PARTY OF THE PA	e
FOR CAMPAIGN RELATED ACTIVITY d. Period Begin Balance \$ ALL AMANCE COUNTY BOARD OF ELECTIONS 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	ATLANTIC UN	NION BANK							
RELATED ACTIVITY d. Period Begin Balance S AI AMANCE COUNTY 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 AUG 19 2025 Separation 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 O8/19/2025 Printed Name of Signer Signature of Appointed Treasurer Date Date Postmarked:	b. Purpose		c. Account Cod	e		b. Pur	posq-OF	11/15	Account Code
AUG 19 2025 ALAMANCE COUNTY BOARD OF ELECTIONS 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			655	32021			RECE	IVE	J
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			d. Period Begin	Balan	ce		AUG 1	9 2025	d. Period Begin Balance
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			s						ys
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	CERTIFICATIO	N				B	OARD OF E	LECTIO	NS
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			or Fund is in co	mplian	ce with all a				
funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 120									
Printed Name of Signer Signature of Appointed Treasurer Date									
Printed Name of Signer Signature of Appointed Treasurer Date	4/	1// (/	/	1		///	11/10		
Printed Name of Signer Signature of Appointed Treasurer Date	11/20/	V N	WET		/	AN	VV C	1120	08/19/2025
Date Received: Date Postmarked: Employee: Delivery Method Normal Mail Registered Mail Hand Delivered Employee: Employee: Employee: Signer has not received Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Pr	rinted Name of S		•	Sign	ature of	Appointed Trea	surer	Date
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Date Data Entered: Date Data Entered: Employee: Signer has not received mandatory training	Date Postma	rked:		_	Emplo	yee:		- <u>u</u>	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,	Date Scanne	ed:	8/26/25		Emplo	yee:	A	_	Electronically Filed
	Date Data Er	ntered:			Emplo	yee:		_ 0	
	Please Not								

Amendment

Detailed Summary
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 Re		3. II	D Number
HAROLD OWEN FOR BURLINGTON CITY		ear Semi-Annual		- 1,443,604
COUNCIL		Total this	<u> </u>	Total this
Start of Election Cycle: January 1, 2024	Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 11,208	.11	\$ 11,218.11
RECEIPTS			·····	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.	.00	\$ 0.00
6) Contributions from Individuals	(CRO-1210)	\$ 0.	.00	\$ 0.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 25.	00	\$ 25.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00	\$ 0.00
1) 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)	\$ 25.	00	\$ 25.00
<u>EXPENDITURES</u>				
13) Disbursements	•			
13a) Operating Expenditures	(CRO-1310)	\$ 0.	00	\$ 0.00
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)	\$ 12.	00	\$ 22,00
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)	\$ 0.	00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 12.	00	\$ 22.00
(9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 11,221.	11	\$ 11,221.11
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		00	
22) Debts and Obligations owed by the Committee	(CRO-1610)		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

Contributi	ons from Othe	r Political (Committees	Pg <u>1</u> of	1	Amendment Yes No
Use this form to	report contributions	from other candid	ate, referendum or l	PAC committees		
1. Committee Fr	all Name (and Fund if	applicable)			2. I	D Number
HAROLD OW	EN FOR BURLINGT	ON CITY COUN	NCIL			
3. Contributor I	nformation		Add 🔲 📑	Remove		
a. Full Name, Ma	iling Address & Phon	e	b. Type of Comm	ittee	d. C	omments
(include city, s	state, & zip)		X Candidate	☐ PAC		
HAROLD OW	EN FOR BURLINGT	ON CITY	☐ Referendum		1	
COUNCIL			c. Level Register	ed (Specify)]	
223 ENGLEMAN AVENUE BURLINGTON, NC 27215			☐ Federal	County:	L	
			☐ State	☐ Municipality:	e. E	lection Sum to Date
			Alamance		\$	25.00
f. Account Code	g. Form of Payment	h. In-Kind Desci	ription	i. Date (mm/dd/y	ууу)	j. Amount
65532021	Check			06/24/2025		\$ 25.00
						\$
						\$
4. Total only thi	s Page		All Committee of the Co		\$	\$25.00
医大胆囊性 医二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	CRO-1230 Pages be on line 8 of Detailed S	Summary Page CRO	-1100)		\$	\$25.00
CRO-1230		NC Sta	te Board of Elections		•	April 2007

CRO-1230

Aggregated	Non-Media	Expenditures
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Amendment
Page 1 of 1 Yes No

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

Amend	rmation	e Form of Payment	d Purpose Code	e. Date (mm/dd/yyyy)	f. Amoun		
Add Remove	65532021	Draft Draft	O O	01/31/2025	\$	2.00	g. Required Remarks BANK FEE
Add Remove	65532021	Draft	0	02/28/2025	\$	2.00	BANK FEE
Add Remove	65532021	Draft	0	03/31/2025	\$	2.00	BANK FEE
Add Remove	65532021	Draft	0	04/30/2025	\$	2.00	BANK FEE
Add Remove	65532021	Draft	0	05/30/2025	\$	2.00	BANK FEE
Add Remove	65532021	Draft	0	06/30/2025	\$	2.00	BANK FEE
Total or	ly this Page	建筑是图记录的			\$		12.0
	ALL CRO-1. ust be on line 14 of	315 Pages Detailed Summary Pa	ge CRO-1100)		\$		12.0
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<u>Palanga</u>		- Printing	表现 C 表现基础 图 1 1 1 1 1 1 1 1	0.13 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			