Statement of Organization - Candidate Committee Use this form to create a new or update an existing candidate committee. This form must be accompanied by forms CRO-3100 and CRO-3500 (when

A J	Market State Committee of State Committee of the State Committee of
Amendment	100000000
✓ Yes	☐ No

This form must be accompanied by forms CRO-3100 and CF	(O-3500 (when ame	nding, or	ily re-submit if applicable).			
1. Committee Information						
a. Full Name	c. ID Number					
Friends for Robert Natha	n Huey		47-3156566			
b. Mailing Address (include City, State and Zip Code)	J		d. Date Organized			
112 W Sobastian Ct			02/25/2015			
Y .			e. Phone Number			
Mebane NC 27302			919-568-8100			
2. Candidate Information		Candid	ate's Primary Committee			
a. Full Name	e. Candidate ID Numb	er	f. Party Affiliation			
Robert Nathan Huey			Non-Partisa, (Indicate Non-partisan if applicable)			
b. Mailing Address (include City, State, and Zip Code)	g. Office Sought					
112 W Sebastion Ct Mabane NC 27303	Mayor					
c . Phone Number d. Email Address	h. Next Election Year		i. Jurisdiction			
919-568-8100 RNHvey@gmail.com) nie-	City of Mebane			
Email copy of notices						
3. Treasurer Information	4. Custodian of Bo	oks Info	rmation			
a. Full Name	a. Full Name					
Robert Northan Huey		¥	han Huex			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)					
112 N Sabastian Ct	112 W Sobastian Ct					
Mobane NC 27300	Mebane	NC.	27302			
c. Phone Number d. Email Address		d. Email				
919 5688100 RNHuey agmail.com	9195688100	RNH	luey@gmail.com			
I prefer to receive notices by email Yes No	Email copy o	f notice:	s			
5. Assistant Treasurer Information Add	6. Account Inform	SPACE STREET,	(incl. CRO-3500) Add			
a. Full Name Remove	a. Financial Institution	Full Nam	e Remove			
	PNC Ban	nk				
b. Mailing Address (include City, State, and Zip Code)	b. Purpose					
	Campaign	Acc	count			
c. Phone Number d. Email Address	c. Account Code	d. Type				
The state of the s	· ·)	1			
	i	Chi	e depoe			
☐ Email copy of notices		OFIC	7000			
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. Achorit Northern Hwb						

CRO-2100A

NC State Board of Elections

July 2011



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer for the committee. This form is required and must accompany the Candidate's Statement of Organization.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Candidate Name:	Robert Nathan Huey
Treasurer Name:	Robert Nothan Huex
Treasurer Address:	112 N Sebastian Ct
(include city, state, & zip)	Mebane NC27302
Treasurer Phone:	919-568-8100

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

Date Signed

Signature of Candidate

CRO-3100

Certification of Treasurer

July 2014

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								
1. Committee Infor	•							
a. Full Name	IIIanon			<u></u>	c. ID Number			
Friends for Robert	Nathan Huey				47-3156566			
b. Mailing Address (inc	lude City, State and Zip Code)				d. Date Filed			
112 W Sebastian C	t, Mebane NC 27302-2268				08/06/2015			
					e. Phone Number			
					919-568-8100			
2. Report Year	3. Period Start Date (mm/d	4. Period I (mm/dd/yy)	End Date	5. Treasurer Full				
2015	02/26/2015	06/3	0/2015	Robert No				
6. Type of Commit		9. Type of Report		nly one type of report				
Candidate Camp	-	Municipal	State/C		Referendum			
PAC Independent	Referendum	Organizational		Organizational	Organizational			
Expenditure Legal Expense F	Joint Fundraiser	Thirty-five day		Quarterly	Pre-referendum			
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final			
Booster Fund"		Pre-election		Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual Mid Year		Fourth Semi-annual	Special			
Other:		Mid Year Year End		Mid Year	10. Special Report Name			
Oner.		Final	IH	Year End	To. Special Report Fame			
8. Number of Fund	Iraisers this Report	Special		Final				
				Special				
11. Account Inform	nation		11. Account	Information				
a. Financial Institution	Full Name			titution Full Name				
PNC Bank								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Campaign Account	0	l						
	d. Period Begin Balanc	e			d. Period Begin Balance			
	\$ 0				\$			
CERTIFICATION	I							
I certify that the Conthe NC General State	mmittee or Fund is in compl	ommingled with proh	ibited or other	non-disclosed funds	, & 22D-22M of Chapter 163 of . I further certify that this report			
	+ Nathan Hus	trumou by the real	my	Elections.	8/6/2015			
	Printed Name of Signer	Si	ignature of Appoir	nted Treasurer	Date			
FOR OFFICE USE	ONLY	_		-				
Date Received:	816/2013	Employee:	<u>_</u>	16	Delivery Method Normal Mail			
Date Postmarke	ed:	Employee:			Registered Mail Hand Delivered			
Date Scanned:	8/6/2015	Employee:		16	☐ Electronically Filed ☐ Signer has not received			
Date Data Ente	red:	Employee:			mandatory training			
Please Note: Th					ress, treasurer, assistant treasurer,			
	custodi You must amend the State	an of books informat			tée chānges VD			
	Tou must amend the state	mont of Organization	1 (CINO-2100A	L) william commit	ree stimiles A D			

08-06-15 16:45 RCVD

Amendment

Detailed Summary

Amendment ☐ Yes No 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 Nathan 47-3156566 Forends bor Robert nid-Yoar Total this **Total this** Start of Election Cycle: 2011 January 1, **Reporting Period Election Cycle** 4) Cash on Hand at Start 1 \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 26-6) Contributions from Individuals (CRO-1210) \$ 200-\$ 7) Contributions from Political Party Committees (CRO-1220) \$ 8) Contributions from Other Political Committees \$ (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250)\$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270)\$ \$ 11e) Exempt Purchase Price Sales (CRO-1265)\$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 326 326-\$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 17,17 7.17 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1315) 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 220-020-\$ 17) In-Kind Contributions (CRO-1510)6-\$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 243,1-\$ 243,17 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 82.83 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620)24) Account Transfers Within the Committee (CRO-1720)\$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 28) Contributions to be Refunded 200-(CRO-1215) \$ 220-

CRO-1100

NC State Board of Elections

August 2008

Aggregated Contributions from Individuals

Page

1 of <u>1</u> Amendment Yes 🖂

No

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

. Committee Full Name (and Fund if applicable)						2. ID Number		
Friends for Robert Nathan Huey						47-3156566		
Con	tributor Infor	mation						
mei		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount		
	Add Remove	01	CC Online		03/09/2015	\$ 50		
	Add	01	CC Online		03/10/2015	\$ 20		
	Remove Add					Ф 25		
	Remove Add	01	CC Online		03/14/2015	\$ 25		
	Remove	01	CC Online		05/12/2015	\$ 25		
	Add			61.	malachan	5 \$ 6		
	Remove		Cash	Filing Fee	07/06/201	5 \$ 6		
	Add			0		\$		
	Remove					Ψ		
	Add					\$		
	Remove					Ψ		
	Add					\$		
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	Add					\$		
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	Remove					\$		
	Add					0		
	Remove					\$		
	Add					Φ.		
	Remove					\$		
То	tal only this	Page			3	126-		
To	tal of ALL (CRO-1205 F			9	126-		
his	une must be on lir	ie 5 of Detailed Si	ımmary Page CRO-1100)	ate Board of Elections				

		n Individuals	¢£0	P		1 0 1205 is no	Yes N	0
		vidual contributions of and Fund if application	Contract Con	or contributions un	der \$50 II form CR	2. ID Nun	September 1 and September 1 and Assessment Septe	
	or Robert Nathan		uic)			2. 1D Nun	47-3156566	
3 Contri	butor Informatio	n		Add Re	emove			
**************************************	ne, Mailing Address &			b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Telecommunicato	or			
	athan Huey			E 1 N 16	N : : : : : : : : : : : : : : : : :			
	ebastian Ct NC 27302-2268			c. Employer's Name/S State of NC	specific Field			
141COMIC 11C 27502-2200						e. Election S	Sum to Date	
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	01	CC Online			04/30/2	015	\$ 100)
							\$	
							\$	
3. Contri	ibutor Informatio)n		<u> </u>	emove	_		
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
Fred John	city, state, & zip)							
419 Derb				c. Employer's Name/S	Specific Field			
Mebane 1	NC 27302-9452			Clinical Laborato	ry			
						e. Election S		
						\$	100	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	01	CC Online			05/09/2	015	\$ 100)
							\$	
							\$	
	ibutor Informatio				emove	T		
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts	
(include	city, state, & zip)							
				c. Employer's Name/S	Specific Field			
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
							\$	
							\$	
							\$	
4. Tota	l only this Pag	e				\$	200-	
5. Tota	l of ALL CRO	0-1210 Pages				0	000	

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Amendment

Contributions	40	ha	Daimhungad
Contributions	to	De	Keimbursea

			Amendment		
Pg	of	1	☐ Yes	X	No

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320)

1. Committee Full Name	emiburse	ements Form (Cr		2. ID Number	
Friends for Robert Nathan				47-3156	566
3. Contributor Information		Add Rer	nove		
Full Name & Mailing Address of the Payee		Full Name & N	Mailing Address	of the Reimbu	rsee
(the original vendor)		(the person to	whom the campa	ign check is w	ritten)
FaceBook-com 1 Hacker Wax Menlo Park, CA 94025		Robert Ne 112 W Se Mebane	Athan Husbastian C NC 273	74 102	
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
Advertising	5/8	20/2015	Y	\$ 110	-1,500
3. Contributor Information		Add Rer	nove		
Full Name & Mailing Address of the Payee		Full Name & N	Aailing Address	of the Reimbur	rsee
(the original vendor)		(the person to	whom the campa	ign check is w	ritten)
FaceBook, Eom 1 Hacker Way Menlo Park, CA 94025		2	44		
a. Contribution Description	b. Date	/(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
Advertising	5/6	20/2015	Y	\$110-	
3. Contributor Information		Add Rer	nove		
Full Name & Mailing Address of the Payee			Mailing Address		
(the original vendor)		(the person to	whom the campa	ign check is w	ritten)
a. Contribution Description	b. Date	(mm/dd yyyy)	c. Credit Card Y/N	d. Amount	
				\$	
3. Contributor Information			nove		
Full Name & Mailing Address of the Payee			Mailing Address		
(the original vendor)		(the person to	whom the campa	ign check is w	ritten)
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount	
				\$	
4. Total only this Page				\$ 220-	7
5. Total of ALL CRO-1215 Pages (This line goes in line 38 of Detailed Summary Page CRO 11)	20)			\$ 220-	_
(This line goes in line 28 of Detailed Summary Page CRO-116	JU)			0	

CRO-1215

NC State Board of Elections

August 2008

Disburseme	ents		Pg	/ of	Amendment Yes No	
		from the committe	ee for; operating expenses,	contributions to	candidate/political	
	coordinated party ex	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.				
	ull Name (and Fun				2. ID Number	
	or Robert /	NAMES OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.	DO 1210 C C L	-CD:-L	47-315-6566	
3. Type of Disbu			RO-1310 forms for each tyndidates/Political Committees		ordinated Party Expenditures	
4. Payee Inform		Contributions to Car	Add	Remove	ordinated Laty Experiations	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments	
(include city, state,					CC Merchant Gee	
- Kaling and Andrews and Andre					CC Merchant Fee Prior to Deposit	
MUISE 1100	non-y-com		c. Level Registered (Specify)		Prior to Deposit	
			Federal	County:	V	
			State	Municipality:	e. Election Sum to Date	
					\$ 3,93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
NA	NA	0	3/9/2015	\$ 20,00	Fee	
NA	NA	0	3/10/2015	\$ 1.23	Foe	
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,	& zip)				C Merchant For	
RaiseThe	Joney, com		7 17 1 16 16		Comprehent For Prior to Doposit	
Monsey			c. Level Registered (Specify)	County:		
			State Municipality:		e. Election Sum to Date	
				Triamorpanty.		
					\$ 10,55	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
NA	NA	0	3/14/2015	\$1,47	Fee	
NA	NA	0.	4/30/15	\$5,15	17	
4. Payee Inform	ation		Add	Remove		
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,					CC Merchant FOR	
RaiseThel	noney, com				CC Merchant FOR Prior To Doposit	
010.13	/		c. Level Registered (Specify) Federal	County:	12,00-10 Degosil	
			State	Municipality:	e. Election Sum to Date	
					\$ 17,17	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
N/A,	NA	0	5/9/15	\$ 5,15	Fee	
NA	MA	0	5/12/15	\$ 1,47	1 1	
5. Total only th	is Page				\$ 17,17	
	CRO-1310 Pages	n				
-			0 if Operating Expenses)	eal Comm)	\$ /7,17	
	•		0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu			
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fund	lraising	D - To Anoth		
E - Salaries	F* - Equipment	G - Politic	cal Party		g Public Office Expenses	
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	on to Legal Expense Fund	
	e detailed explanat	ion in required re	emarks field (k)			

Use this form to report refunds/reimbursements, including contributions returned to the contributor.						
1. Committee Full Nam	e (and Fund if applicable)	,			D Number	
Friends for	Robert Northan H	vey		4	7-3156566	
3. Payee Information	L	Add 🔲 Rei	move			
a. Full Name, Mailing Addre	ss & Phone	d. Type of Commi	ittee	h. O	riginal Receipt Date	
(include city, state, & zip)		Candidate	PAC		s/alana	
(include city, state, & zip) Robert Nati 112 W Sobast Medane Mc	lan Huey	Referendum e. Level Registere	Party	i Or	riginal Receipt Amount	
112 11 Sahast	SanCf	Federal	County:	1. 01	iginai Keceipi Amount	
112 W SENOTE	272.62	State	Municipality:	\$		
Mahane Mc	2/302	f. Purpose Code	Wumerpanty.	i El	ection Sum to Date	
1.1000.01		n. 1 th post cout			cetton built to bate	
		.0		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code	
	r State of NC	Reimbursem	ert		/	
I. Form of Payment m. R	Required Remarks		n. Date/(mm/dd/yy	yy)	o. Amount	
Check			5/21/201:	5	\$ 110	
3. Payee Information		Add 🔲 Rei	move			
a. Full Name, Mailing Addre	ss & Phone	d. Type of Commi	ittee	h. O	riginal Receipt Date	
(include city, state, & zip)		Candidate	PAC			
01 1 11	11 4/21/	Referendum	Party			
Robert Ma	than May	e. Level Registere	d	i. Or	riginal Receipt Amount	
Robert Na 112 W Soba Mebane NC	stion of	Federal State	County: Municipality:	\$		
11000	2-222	f. Purpose Code	- Mamerpaney.	j. El	ection Sum to Date	
Mebane M	77500	0		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code	
Telecommunicator	State of NC	Reimbusse	ement			
	Required Remarks		n. Date (mm/dd/yy)	yy)	o. Amount	
Check			5/21/2015	-	\$ 110	
3. Payee Information		Add Rei	nove			
a. Full Name, Mailing Addre	ess & Phone	d. Type of Committee			riginal Receipt Date	
(include city, state, & zip)		Candidate	PAC			
1		Referendum	Party			
		e. Level Registere	d	i. Original Receipt Amount		
		Federal	County:	\$		
		State	Municipality:	Ψ		
		f. Purpose Code		j. El	ection Sum to Date	
				\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code	
I. Form of Payment m. R	l Required Remarks		n. Date (mm/dd/yy	yy)	o. Amount	
	•				\$	
4. Total only this Page				\$	220-	
5. Total of ALL CRO-1	320 Pages			\$		
	6 of Detailed Summary Page CRO-1100)			Ψ	930-	
6. Purpose Codes (List of	detailed disbursement code in (f) about	ove)				
L - Returned to Contrib		r Service	N - Excee	eded	Contribution Limit	
P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)						

Refunds/Reimbursements From the Committee Pg ______ of _____

In-Kind Contributions	Pg	of/	Amendment Yes No
Use this form to report non-monetary contributions, donations, good Use CRO. 1215 if In. Kind Contributions were or will be refused.	ds or services prov	rided to the committ	
Use CRO-1215 if In-Kind Contributions were or will be refunded. Committee Full Name (and Fund if applicable)	nded within / day		2. ID Number
Friends for Robert Nathan Hue	1./		47-3156566
	THE RESERVE OF THE PARTY OF THE		4 1-3130300
3. Contributor Information a. Full Name, Mailing Address & Phone		move	~ .
	b. Type of Contrib	outor	c. Comments
Rebert Northan Huey 112WSebastiam Ct. Mebane NC 27302	Candidate Party		Filing Foe
112WSebastiam 4:	PAC Referendum		d. Election Sum to Date
Mebane NC 27302	Other Receipt		\$ 6
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount
Filing Fee		7/6/201	5 \$6
		7 '	\$
			\$
3. Contributor Information a. Full Name, Mailing Address & Phone	AND THE RESIDENCE OF THE PARTY	nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor	c. Comments
(mondo oil), saite, et ale)	Candidate Party PAC		
	Referendum Other Receipt		d. Election Sum to Date
e. Description		f. Date (mm/dd/yyyy	y) g. Fair Market Amount
			\$
			\$
		I	\$
3. Contributor Information	Add Rem	nove	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	utor	c. Comments
(include city, state, & zip)	Individual Candidate Party PAC		
	Referendum	120	d. Election Sum to Date
	Other Receipt S	Source	\$
e. Description		f. Date (mm/dd/yyyy	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 6-
5. Total of ALL CRO-1510 Pages			\$ 6-

CRO-1510

NC State Board of Elections

December 2007