

# 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.

<b>1. Committee Information</b>	
<b>a. Full Name</b>	<b>c. ID Number</b>
COMMITTEE TO ELECT BETH KENNETT	
<b>b. Mailing Address (include City, State and Zip Code)</b>	<b>d. Date Filed</b>
324 W WILLOWBROOK DR BURLINGTON, NC 27215	10/01/2023
	<b>e. Phone Number</b>

RECEIVED  
 OCT 02 2023  
 ALAMANCE COUNTY  
 BOARD OF ELECTIONS

<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
2023	07/25/2023	09/26/2023	KATHERINE S. LANDES

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<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 checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<b>7. Type of Fund (if applicable, check one)</b>		<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	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
1			<input type="checkbox"/> Special	

<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b>		<b>a. Financial Institution Full Name</b>	
TRUIST			
<b>b. Purpose</b>	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
FOR RECEIPTS AND EXPENSES	1		
	<b>d. Period Begin Balance</b>		<b>d. Period Begin Balance</b>
	\$ 180.00		\$

**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

Katherine S. Landes      Katherine S. Landes      10/01/2023  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: 10-2-23      Employee: TS      Delivery Method  
 Normal Mail  
 Registered Mail  
 Hand Delivered  
 Electronically Filed

Date Postmarked: \_\_\_\_\_      Employee: \_\_\_\_\_  
 Date Scanned: 10/26/23      Employee: TS  
 Signer has not received mandatory training

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT		2023 Thirty-five-day			
<b>Start of Election Cycle: January 1, 2023</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 180.00		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,306.29		\$ 1,306.29	
6) Contributions from Individuals (CRO-1210)		\$ 8,034.45		\$ 8,322.45	
7) Contributions from Political Party Committees (CRO-1220)		\$ 525.00		\$ 525.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 4,100.00		\$ 4,100.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 13,965.74		\$ 14,253.74	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5,507.69		\$ 5,507.69	
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)		\$ 115.25		\$ 135.25	
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)		\$ 2,057.75		\$ 2,145.75	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7,680.69		\$ 7,788.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,465.05		\$ 6,465.05	
<b>ADDITIONAL INFORMATION</b>					
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b>						
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	1	Credit Card		09/16/2023	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 5.90	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		09/16/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/10/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/02/2023	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/30/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/28/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/28/2023	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/28/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 25.90	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/02/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/01/2023	\$ 50.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 5.90	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 5.90	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 20.00	
<b>4. Total only this Page</b>					\$ 593.60	
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,306.29	

# Aggregated Contributions from Individuals

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>
COMMITTEE TO ELECT BETH KENNETT					
<b>3. Contributor Information</b>					
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	1	Credit Card		07/29/2023	\$ 10.59
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/14/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/12/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/12/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 49.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$ 15.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/27/2023	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		09/09/2023	\$ 30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/29/2023	\$ 50.00
<b>4. Total only this Page</b>					\$ 554.09
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 1,306.29

# Aggregated Contributions from Individuals

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

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (m/m/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/30/2023	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$	5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/18/2023	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/18/2023	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/25/2023	\$	5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		08/25/2023	\$	5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/25/2023	\$	5.90
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		09/16/2023	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Credit Card		07/26/2023	\$	20.00
<b>4. Total only this Page</b>					\$	\$158.60
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$1,306.29

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NATALIE AHO 5208 Longwood Dr DURHAM, NC 27713				Development Director			
				<b>c. Employer's Name/Specific Field</b>			
				AWAB			
				<b>e. Election Sum to Date</b>			
				\$		100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		09/22/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOSE L. ALEGRIA 3991 S NC Highway 49 BURLINGTON, NC 27215				MANAGEMENT			
				<b>c. Employer's Name/Specific Field</b>			
				SWIPEJOBS			
				<b>e. Election Sum to Date</b>			
				\$		59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		08/01/2023	\$ 59.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CAROLINE ANSBACHER 1132 W DAVIS STREET BURLINGTON, NC 27215 (336) 226-8124				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
				<b>e. Election Sum to Date</b>			
				\$		250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		09/16/2023	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 409.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRANCES BLACKBURN 8605 CEDAR STREET SILVER SPRING, MD 20910				CONSULTANT			
				<b>c. Employer's Name/Specific Field</b>			
				TRUSTED SPACE PARTNERS			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JAN BOLICK PO BOX 912 GRAHAM, NC 27253				CONSULTANT/AUTHOR			
				<b>c. Employer's Name/Specific Field</b>			
				BUSINESS CLASS LLC			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		08/23/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANNE E. BROWN 2967 BISCAYNE DRIVE MEBANE, NC 27302				BUSINESS SYSTEMS ANALYST			
				<b>c. Employer's Name/Specific Field</b>			
				UNC SYSTEM OFFICE			
						<b>e. Election Sum to Date</b>	
						\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		08/05/2023		\$ 100.00	
<input type="checkbox"/>	1	Credit Card		09/16/2023		\$ 50.00	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JILL CALDWELL 2613 Branston Way APEX, NC 27539				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 100.00	
<input type="checkbox"/>	1	Debit Card		09/12/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DON C. CHAPLIN 2602 EDGEWOOD AVENUE BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		08/27/2023		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DEBORAH CHILTON 468 Simmons Rd PILOT MOUNTAIN, NC 27041				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 459.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,034.45	



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KATHY COLLIER 7408 Danford Road BURLINGTON, NC 27215				ADMINISTRATIVE ASSISTANT			
				<b>c. Employer's Name/Specific Field</b> UNC SCHOOL OF MEDICINE			
				<b>e. Election Sum to Date</b>			
				\$		59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/28/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BRENT DENISAR-GREEN 1416 Las Palmas Ave BILLINGS, MT 59105				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
				<b>e. Election Sum to Date</b>			
				\$		200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/28/2023		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
GRACE DURFEE 2602 E ERIE AVE LORAIN, OH 44052				SELF EMPLOYED			
				<b>c. Employer's Name/Specific Field</b> GRACE DURFEE			
				<b>e. Election Sum to Date</b>			
				\$		59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 318.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,034.45	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOY GAMBILL 3120 Shannon Drive WINSTON SALEM, NC 27106			LIBRARIAN			
			<b>c. Employer's Name/Specific Field</b>			
			WAKE FOREST UNIVERSITY			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MAGGIE GASSERT 4209 Ridge Top Rd Apt 436 FAIRFAX, VA 22030-1121			SOCIAL WORKER			
			<b>c. Employer's Name/Specific Field</b>			
			ARLINGTON COUNTY GOVERNMENT			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARLEY GONZALEZ 2121 Longshadow drive GRAHAM, NC 27253			PROJECT MANAGER			
			<b>c. Employer's Name/Specific Field</b>			
			FRITZ EWINS INC			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 318.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DEBORAH RUTH GREEN 405 Glenwood Ave BURLINGTON, NC 27215			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 400.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		09/02/2023	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LAUREN GUILMETTE 308 E 5th St BURLINGTON, NC 27215			PROFESSOR			
			<b>c. Employer's Name/Specific Field</b>			
			ELON UNIVERSITY		<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARY HANCHEY 4606 Marena Place DURHAM, NC 27707			PASTOR			
			<b>c. Employer's Name/Specific Field</b>			
			UNITED CHURCH OF CHAPEL HILL		<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 518.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DEENA HAYES-GREENE 454 Gorrell Street GREENSBORO, NC 27406				CONSULTANT			
				<b>c. Employer's Name/Specific Field</b>			
				Racial Equity Institute			
						<b>e. Election Sum to Date</b>	
						\$ 400.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		08/08/2023	\$ 300.00		
<input type="checkbox"/>	1	Credit Card		09/12/2023	\$ 100.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DIANE HEATH 3027 MAPLE AVENUE, E1 BURLINGTON, NC 27215				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT UNEMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 309.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00		
<input type="checkbox"/>	1	Credit Card		08/03/2023	\$ 50.00		
<input type="checkbox"/>	1	Credit Card		09/15/2023	\$ 200.00		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ERIC HENRY 7125 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349 (336) 675-6266				BUSINESS OWNER			
				<b>c. Employer's Name/Specific Field</b>			
				T S DESIGN			
						<b>e. Election Sum to Date</b>	
						\$ 533.75	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	In-Kind	T-SHIRTS	09/21/2023	\$ 533.75		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 1,242.75	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRANCES HILL 505 Vine Court MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARK HOLT 1413 Ruffin St DURHAM, NC 27701			OWNER			
			<b>c. Employer's Name/Specific Field</b> Altered Images Hair Designers			
					<b>e. Election Sum to Date</b>	
					\$ 300.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		07/27/2023	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ANTHONY HOSHAW 334 Whispering Wind Drive CHAPEL HILL, NC 27516			PASTOR			
			<b>c. Employer's Name/Specific Field</b> FCUCC			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/29/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 418.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LYNN HUBER 419 E. Willowbrook Drive BURLINTON, NC 27215-5053				PROFESSOR			
				<b>c. Employer's Name/Specific Field</b>			
				ELON UNIVERSITY			
						<b>e. Election Sum to Date</b>	
						\$ 65.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 25.00		
<input type="checkbox"/>	1	Cash		09/16/2023	\$ 40.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KATHY JONES 1300 Heatherbrook Ct. Fredericksburg, VA 22407				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b>			
				NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KIRBY JONES 2100 GROVE AVE 8 RICHMOND, VA 23220				PROPERTY MANAGER			
				<b>c. Employer's Name/Specific Field</b>			
				ATRIUM MANAGEMENT			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 183.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ELIZABETH KENNETT 324 W WILLOWBROOK DR BURLINGTON, NC 27215				PROJECT MANAGER II			
				<b>c. Employer's Name/Specific Field</b>			
				ATRIUM HEALTH - WAKE FOREST BAPTIST			
						<b>e. Election Sum to Date</b>	
						\$ 888.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	PRINT MEDIA	08/01/2023		\$ 600.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TAMARA KERSEY 2102 TENNYSON DR GREENSBORO, NC 27410				MANAGER			
				<b>c. Employer's Name/Specific Field</b>			
				BLUE CROSS			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LARRY KIRCHHOFF 300 N Jenison Ave LANSING, MI 48915				HVAC			
				<b>c. Employer's Name/Specific Field</b>			
				KIRCHHOFF			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/28/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 718.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ELLIOTT LYNCH 3110 KESWICK DRIVE BURLINGTON, NC 27215-8119			MANAGER			
			<b>c. Employer's Name/Specific Field</b>			
			VALUSYSTEMS		<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
EMILY LYONS 1927 Shirley Drive BURLINGTON, NC 27215			COORDINATOR OF PARENT ENGAGEMENT			
			<b>c. Employer's Name/Specific Field</b>			
			ELON UNIVERSITY		<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
J TAYLOR MARTIEZ PO BOX 425 BURLINGTON, NC 27216			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED		<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		09/25/2023	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 368.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 8,034.45	



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KRISTA MCGUIRE 17541 TUSCANY LANE CORNELIUS, NC 28031			RECEPTIONIST			
			<b>c. Employer's Name/Specific Field</b>			
			MECKLENBURG COUNTY PARK AND REC		<b>e. Election Sum to Date</b>	
					\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		08/27/2023	\$ 100.00	
<input type="checkbox"/>	1	Credit Card		09/16/2023	\$ 50.00	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
IAN MCPHERSON 506 FINLEY STREET DURHAM, NC 27705			PASTOR			
			<b>c. Employer's Name/Specific Field</b>			
			PULLEN MEMORIAL BAPTIST CHURCH		<b>e. Election Sum to Date</b>	
					\$ 590.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 590.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ALEXANDER MISKELL 1139 AUBURN AVE CLEVELAND, OH 44113			PILOT			
			<b>c. Employer's Name/Specific Field</b>			
			SKY QUEST		<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 799.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BECKY H. MOCK 5563 THOM ROAD MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KELLY MORALES 2616 Stratford Dr GREENSBORO, NC 27408			NON-PROFIT			
			<b>c. Employer's Name/Specific Field</b>			
			SIEMBRA NC			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RANDALL ORWIG 11 WHITE OAK STREET ELON, NC 27244			PASTOR			
			<b>c. Employer's Name/Specific Field</b>			
			ELON COMMUNITY CHURCH			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 218.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
ELIZABETH OSBORNE 2585 NEALWOOD AVE GRAHAM, NC 27253				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 79.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023		\$ 59.00	
<input type="checkbox"/>	1	Credit Card		09/16/2023		\$ 20.00	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARGOT PICKETT 4620 LUCCA DR LONGMONT, CO 80503				NO JOB TITLE OR PROFESSION			
				<b>c. Employer's Name/Specific Field</b> NOT EMPLOYED			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SUSAN POMFRET 405 Glenwood Ave BURLINGTON, NC 27215				MESSAGE THERAPIST			
				<b>c. Employer's Name/Specific Field</b> POMFRET			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Check		09/02/2023		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 279.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOHN PRINCE 9808 Leslie Drive CHAPEL HILL, NC 27516			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LAURA ROSELLE 7135 Ludgate Rd GIBSONVILLE, NC 27249			PART TIME TRAVEL DESIGNER			
			<b>c. Employer's Name/Specific Field</b>			
			LIFE BEYOND THE ROOM			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/29/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NIDHL SACHDEVA 132 VINTAGE DR CHAPEL HILL, NC 27516			PUBLIC HEALTH			
			<b>c. Employer's Name/Specific Field</b>			
			NC ASSOC OF COUNTY COMMISSIONERS			
					<b>e. Election Sum to Date</b>	
					\$ 259.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 259.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 377.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# 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 BETH KENNETT						
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	
LOUISE SHULACK 409 DORAL COURT MEBANE, NC 27302			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 99.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>	1	Credit Card		09/16/2023	\$ 40.00	
<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	
DEBBIE SMITH 434 WILLIAMSON STREET BURLINGTON, NC 27215 (336) 437-0003			NO JOB TITLE OR PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 57.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 17.70	
<input type="checkbox"/>	1	Credit Card		09/16/2023	\$ 40.00	
<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	
STEPHANIE STROBLE 1504 West Front Street BURLINGTON, NC 27215			SOFTWARE PLANNING MANAGER			
			c. Employer's Name/Specific Field			
			VARLAN MEDICAL SYSTEMS			
					e. Election Sum to Date	
					\$ 59.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 215.70	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
WILLIAM TRAYNOR 7 SOUTH SHORE DRIVE PELHAM, NH 03076 (617) 803-2095			NO JOB TITLE OR PROFESSION			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/25/2023	\$ 50.00	
<input type="checkbox"/>	1	Credit Card		09/16/2023	\$ 100.00	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JENNIFER VRIEZE 2415 OLD OAK PLACE HILLSBOROUGH, NC 27278			EDUCATER			
			<b>c. Employer's Name/Specific Field</b>			
			EDUCATION			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
DOTTIE WALLACE 6211 Wrightsville Ave #108 WILMINGTON, NC 28403			No Job Title or Profession			
			<b>c. Employer's Name/Specific Field</b>			
			NOT EMPLOYED			
					<b>e. Election Sum to Date</b>	
					\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/26/2023	\$ 59.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 268.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RYAN WATTS 2013 CARRBRIDGE WAY RALEIGH, NC 27615				PARTNER			
				<b>c. Employer's Name/Specific Field</b> IBM CONSULTING			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SARA WILCOX 52 Craig Circle ASHEVILLE, NC 28805				PASTOR			
				<b>c. Employer's Name/Specific Field</b> LOS UCC			
						<b>e. Election Sum to Date</b>	
						\$ 59.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	Credit Card		07/27/2023		\$ 59.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
CRAIG YORK 805 WOODARD DR WHITSETT, NC 27377				PROFESSIONAL PHOTOGRAPHER			
				<b>c. Employer's Name/Specific Field</b> YORK,S PHOTO STUDIO			
						<b>e. Election Sum to Date</b>	
						\$ 399.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	PHOTOS	08/12/2023		\$ 399.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 517.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 8,034.45	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
TODD ZIMMER 2617 Springwood Dr. GREENSBORO, NC 27409			NON PROFIT		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			WE ARE DOWN HOME		
					\$ 59.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Credit Card		07/27/2023	\$ 59.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 59.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 8,034.45



# Contributions from Political Party Committees Pg 1 of 1

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

Use this form to report contributions from a political party

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT				
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Comments</b>	
NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603 (919) 821-2777 ext.202				
			<b>c. Election Sum to Date</b>	
			\$ 525.00	
<b>d. Account Code</b>	<b>e. Form of Payment</b>	<b>f. In-Kind Description</b>	<b>g. Date (mm/dd/yyyy)</b>	<b>h. Amount</b>
1	In-Kind	VOTEBUILDER SOFTWARE	07/25/2023	\$ 525.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 525.00
<b>5. Total of ALL CRO-1220 Pages</b> (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 525.00

**Contributions from Other Political Committees** Pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Type of Committee</b>		<b>d. Comments</b>
BALTUTIS FOR BURLINGTON 702 W DAVIS STREET BURLINGTON, NC 27215			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			Burlington		\$ 4,000.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	Check		09/16/2023	\$ 4,000.00	
				\$	
				\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Type of Committee</b>		<b>d. Comments</b>
FRIENDS OF QUINN RAY 402 WESTGATE DRIVE ELON, NC 27244			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		<b>e. Election Sum to Date</b>
			<input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:		
			Elon		\$ 100.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	Check		08/19/2023	\$ 100.00	
				\$	
				\$	
<b>4. Total only this Page</b>				\$ 4,100.00	
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 4,100.00	

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
4IMPRINT, INC 25303 NETWORK PLACE CHICAGO, IL 60673-1253							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 308.95	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	08/10/2023	\$ 308.95	PRINT MEDIA		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ACTBLUE DONATE PO BOX 441146 SOMERVILLE, MA 02144-0031 (617) 517-7600							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 103.22	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Electric Funds Tran	O	08/02/2023	\$ 60.47	PAYMENT PROCESSING		
				\$	FEE		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALAMANCE NAACP BRANCH #5368 PO BOX 1557 BURLINGTON, NC 27216 (336) 365-8536							
				<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	09/20/2023	\$ 100.00	PRINT MEDIA		
				\$			
<b>5. Total only this Page</b>						\$ 469.42	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 5,507.69	
<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>							
<b>7. Purpose Codes</b> (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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT							
<b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)</b>							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
AMAZON 1200 12TH AVE. SOUTH SEATTLE, WA 98144							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 74.56	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	09/12/2023	\$ 74.56	EVENT SUPPLIES		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
CLAY STREET PRINTING & SIGNS 124 W CLAY STREET MEBANE, NC 27302 (919) 563-5034							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 728.04	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	08/28/2023	\$ 121.70	PRINT MEDIA		
1	Debit Card	O	09/15/2023	\$ 606.34	PRINT MEDIA		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
GO BURRITO 268 E FRONT ST BURLINGTON, NC 27215							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 74.05	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	09/16/2023	\$ 74.05	EVENT FOOD & BEVERAGES		
				\$			
<b>5. Total only this Page</b>						\$ 876.65	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 5,507.69	
(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)							
<b>7. Purpose Codes</b> (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

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name	d. Comments	
OFFICE DEPOT 1825 SOUTH CHURCH STREET BURLINGTON, NC 27215 (336) 226-6122						
				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:		
					\$ 177.65	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/26/2023	\$ 50.67	OFFICE SUPPLIES	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name	d. Comments	
OISHII JAPANESE GRILL 268 E FRONT STREET BURLINGTON, NC 27215						
				c. Level Registered (Specify)	e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					\$ 118.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Debit Card	O	09/16/2023	\$ 118.48	EVENT FOOD & BEVERAGES	
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i>				b. Coordinated Committee Name	d. Comments	
STRIPE 354 OYSTER POINT BLVD SOUTH SAN FRANCISCO, CA 94080						
				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:		
					\$ 177.04	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	Electric Funds Tran	O	08/02/2023	\$ 104.54	PAYMENT PROCESSING	
				\$	FEE	
<b>5. Total only this Page</b>					\$ 273.69	
<b>6. Total of ALL CRO-1310 Pages</b> <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>					\$ 5,507.69	
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)						

# Disbursements

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT BETH KENNETT	<b>2. ID Number</b>
---	---------------------

**3. Type of Disbursement** *(Please use separate CRO-1310 forms for each type of Disbursement.)*  
 Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) USPS 405 MAPLE AVE BURLILNGTON, NC 27215	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 117.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	09/11/2023	\$ 117.00	POSTAGE
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) VISTAPRINT 275 WYMAN ST WALTHAM, MA 02451	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 3,199.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	09/23/2023	\$ 3,199.82	PRINT MEDIA
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MICAH WHITE 132 STEAMBOAT LANE GREEN LEVEL, NC 27217	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	<b>e. Election Sum to Date</b> \$ 90.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	09/25/2023	\$ 90.00	GOTV-DOOR TO DOOR
				\$	

**5. Total only this Page**    \$ 3,406.82

**6. Total of ALL CRO-1310 Pages**  
*(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)*  
 \$ 5,507.69

**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)





# Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/03/2023	\$ 1.64	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/04/2023	\$ 0.90	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/07/2023	\$ 0.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/09/2023	\$ 1.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/10/2023	\$ 4.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/14/2023	\$ 0.75	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/16/2023	\$ 0.76	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/22/2023	\$ 0.68	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/25/2023	\$ 1.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/29/2023	\$ 0.09	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/30/2023	\$ 4.50	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/14/2023	\$ 3.38	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/19/2023	\$ 3.00	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/20/2023	\$ 13.46	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/26/2023	\$ 5.34	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/03/2023	\$ 2.86	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/04/2023	\$ 1.78	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/07/2023	\$ 1.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/09/2023	\$ 2.43	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	08/10/2023	\$ 6.83	PAYMENT PROCESSING FEE
<b>4. Total only this Page</b>					\$	57.98
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	115.25
<b>6. Purpose Codes (list detailed expenditure code in (d) above)</b>						
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# Aggregated Non-Media Expenditures

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/14/2023	\$ 1.33	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/16/2023	\$ 1.56	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/22/2023	\$ 1.45	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/25/2023	\$ 2.43	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/29/2023	\$ 0.36	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	08/30/2023	\$ 7.06	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/14/2023	\$ 5.64	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/19/2023	\$ 4.63	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/20/2023	\$ 24.29	PAYMENT PROCESSING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	O	09/26/2023	\$ 8.52	PAYMENT PROCESSING FEE
<b>4. Total only this Page</b>					\$	57.27
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	115.25
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>		
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>H* - Holding Public Office Expenses</b>		
<b>I - Postage</b>		<b>J - Penalties</b>		<b>K* - Office Expenses</b>		
<b>O* - Other</b>		<b>Q* - Donations to Legal Expense Fund</b>				
<b>* Codes require detailed explanation in required remarks field (g)</b>						

# In-Kind Contributions

Amendment  
 Yes  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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
ERIC HENRY 7125 BASS MOUNTAIN ROAD SNOW CAMP, NC 27349 (336) 675-6266		<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	
			<b>d. Election Sum to Date</b>
			\$ 533.75
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
T-SHIRTS		09/21/2023	\$ 533.75
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
ELIZABETH KENNETT 324 W WILLOWBROOK DR BURLINGTON, NC 27215		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 888.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
PRINT MEDIA		08/01/2023	\$ 600.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
NORTH CAROLINA DEMOCRATIC PARTY 220 HILLSBOROUGH STREET RALEIGH, NC 27603 (919) 821-2777 ext.202		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 525.00
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
VOTEBUGLER SOFTWARE		07/25/2023	\$ 525.00
			\$
			\$
<b>4. Total only this Page</b>			\$ 1,658.75
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 2,057.75

# In-Kind Contributions

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

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<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT BETH KENNETT			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
CRAIG YORK 805 WOODARD DR WHITSETT, NC 27377		<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	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 399.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
PHOTOS		08/12/2023	\$ 399.00
			\$
			\$
<b>4. Total only this Page</b>			\$ 399.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			\$ 2,057.75