## **Disclosure Report Cover**

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information a. Full Name c. ID Number HAROLD OWEN FOR BURLINGTON CITY COUNCIL d. Date Filed b. Mailing Address (include City, State and Zip Code) RECEIVED 223 ENGLEMAN AVENUE 11/24/2025 BURLINGTON, NC 27215 NOV 2 4 2025 e. Phone Number ALAMANCE COUNTY 4. Period End Date (mm/ddyy) 5. Teasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) HAROLD OWEN 2025 10/20/2025 09/24/2025 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum ☐ Joint Fundraiser Organizational □ PAC Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly Pre-referendum (if applicable, check one) ☐ Final 7. Type of Fund Pre-primary First V ■ Supplemental Final "Booster Fund" Pre-election Second Third Annual Building Fund Pre-runoff Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Year End Other: Final 2025 SPECIAL Special ☐ Final 8. Number of Fundraisers this Report (09/24/2025 -☐ Special 10/20/2025) 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name ATLANTIC UNION BANK b. Purpose c. Account Code b. Purpose c. Account Code FOR CAMPAIGN 65532021 RELATED ACTIVITY d. Period Begin Balance d. Period Begin Balance \$ \$ CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds, I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 11/24/2025 wen Date Printed Name of Signer Signature of Appointed Treasurer FOR OFFICE USE ONLY Delivery Method Employee: Date Received: ☐ Normal Mail Registered Mail Date Postmarked: Employee: ☐ Hand Delivered ☐ Electronically Filed Employee: Date Scanned: ☐ Signer has not received Date Data Entered: Employee: mandatory training 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.

Amendment ☐ Yes X No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Re			IDN	lumber
HAROLD OWEN FOR BURLINGTON CITY	2025 Special	l			
Start of Election Cycle: January 1, 2024	<u>l</u>	r	otal this	T	Total this
Start of Brother Cyclet Galically 1,			rting Period	-	Election Cycle
4) Cash on Hand at Start		\$	44,887.35	\$	11,218.11
RECEIPTS				т.	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	_}	75.00
6) Contributions from Individuals	(CRO-1210)	\$	4,092.28	\$	46,792.28
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	2,000.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0.00	\$	0.00
0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	0.00	\$	0.00
1) Other Receipt Sources		:			
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	0.00	\$	0.00
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	;,11d and 11e)	\$	4,092.28	\$	48,867.28
<u>EXPENDITURES</u>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	29,817.24	\$	40,901.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	\$	22.00
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	\$	0.00
7) In-Kind Contributions	(CRO-1510)	\$	0.00	\$	0.00
<b>(8) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	29,817.24	\$	40,923.00
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	19,162.39	\$	19,162.39
ADDITIONAL INFORMATION				f	
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	<b>S</b>	0.00

## **Contributions from Individuals**

Pg 1 of 3 Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not	used
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1. Commi	ttee Full Name	(and Fund if applicabl	e)			2.	ID Number	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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							\$		
4. Total	only this Pa	ge				\$	1,	,242.28	
		O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	4,	,092.28	

## Amendment **Contributions from Individuals** 2 of3 ☐ Yes

X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number HAROLD OWEN FOR BURLINGTON CITY COUNCIL 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONCRETE COMPANY THOMAS CHANDLER JR c. Employer's Name/Specific Field 2516 PINEWAY DRIVE BURLINGTON, NC 27215 CHANDLER CONCRETE e. Dection Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 65532021 Check 10/06/2025 \$ 500.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT DAVID CHEEK c. Employer's Name/Specific Field 207 COLONIAL WAY MEBANE, NC 27302 **BOBBITT CONSTRUCTION** e. Election Sum to Date 250.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 65532021 10/06/2025 250.00 \$ \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **INSURANCE** ALAN CROUCH c. Employer's Name/Specific Field 2916 FORESTDALE DRIVE BURLINGTON, NC 27215 **HUB INTERNATIONA** e. Election Sum to Date 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 65532021 10/06/2025 500.00 \$ \$ \$ 1,250.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages

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

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1257 SOUTH C	HURCH STREET			c. Level Regis	tere					
BURLINGTON	, NC 27215			☐ Federal ☐ Codnty: ☐ State ☐ Municipality:				e. Election Sum to Date		
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5. Total only this	Page							\$	26,591.41	
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Dia	bursements	
DIS	<b>Dursements</b>	

				Am	endm	ent		
Pg	2	of	3		Yes	X	No	

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

1. Committee Ful	l Name (and Fund	if applicable)			٠.	1 1 1	4 1	2. ID Nu	nber
HAROLD OWE	N FOR BURLING	TON CITY COU	INCIL						
3. Type of Disbur	sement <i>(Please</i>	use separate CR	D-1310	forms for eac	h ty	pe of Disbu	rseme	nt.)	
X Operating Expe		ributions to Candida						ed Party Ex	penditures
4. Payee Informa	tion			Add 🔲	Re	move	944.		
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E - Salaries	F* - Equipm			litical Party			-	•	ffice Expenses
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A* - Media	B* - Printing			undraising	- 1945-29	<b>D</b> - To	Anotl	her Candid	ate

CRO-1310

O\* Other

E - Salaries

I - Postage

F\* - Equipment

J - Penalties

\* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

G - Political Party

K\* - Office Expenses

December 2009

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund