

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	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
223 ENGLEMAN AVENUE BURLINGTON, NC 27215	09/28/2025
	e. Phone Number

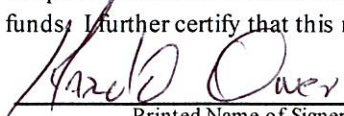
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2025	07/01/2025	09/23/2025	HAROLD OWEN

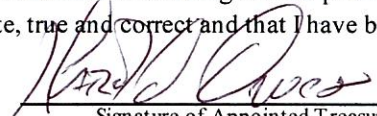
6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC	<input 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
7. Type of Fund (if applicable, check one)	<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	10. Special Report Name
	<input type="checkbox"/> Final	<input type="checkbox"/> Year End	2025 35 DAY REPORT
	<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	
8. Number of Fundraisers this Report			
0			

3. Account Information		3. Account Information			
a. Financial Institution Full Name	a. Financial Institution Full Name	<div>RECEIVED</div> <div>SEP 29 2025</div> <div>ALAMANCE COUNTY BOARD OF ELECTIONS</div>			
ATLANTIC UNION BANK					
b. Purpose	c. Account Code			b. Purpose	c. Account Code
FOR CAMPAIGN RELATED ACTIVITY	65532021				
	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


Printed Name of Signer



Signature of Appointed Treasurer

09/28/2025
Date

FOR OFFICE USE ONLY

Date Received: 9/29/25 Employee:  Delivery Method ☐ Normal Mail

Date Postmarked: _____ Employee: _____ ☐ Registered Mail

Date Scanned: 9/29/25 Employee:  ☒ Hand Delivered

Date Data Entered: _____ Employee: _____ ☐ Electronically Filed

☐ Signer has not received 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.

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL		2025 Special			
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 11,221.11		\$ 11,218.11	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 50.00		\$ 75.00	
6) Contributions from Individuals (CRO-1210)		\$ 42,700.00		\$ 42,700.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 2,000.00		\$ 2,000.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
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)		\$ 44,750.00		\$ 44,775.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 11,083.76		\$ 11,083.76	
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	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,083.76		\$ 11,105.76	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 44,887.35		\$ 44,887.35	
ADDITIONAL INFORMATION					
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 IndividualsPage 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	65532021	Check		09/03/2025	\$ 50.00
<input type="checkbox"/> Remove					
4. Total only this Page				\$	\$50.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)				\$	\$50.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
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	
LAWSON BROWN PO BOX 2958 BURLINGTON, NC 27216			ATTORNEY			
			c. Employer's Name/Specific Field			
			VERNON VERNON WOOTEN BROWN ANDWRES & GARRETT PA			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/03/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
WILLIAM COBLE 224 EASTWOOD CT BURLINGTON, NC 27215			CHEMICAL DISTRIBUTION			
			c. Employer's Name/Specific Field			
			ALLISON GROUP INC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Electric Funds Tran		09/22/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JAMES CROUCH 2529 PINEWAY DR BURLINGTON, NC 27215			INSURANCE			
			c. Employer's Name/Specific Field			
			HARRIS CROUCH INC			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		08/27/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00	

Contributions from Individuals

Pg 2 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
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	
SHAWN CUMMINGS 1844 BUXTON WAY BURLINGTON, NC 27215			DEVELOPER			
			c. Employer's Name/Specific Field			
			VENNTERRA LAD DEVELOPMENT LLC			
					e. Election Sum to Date	
					\$ 6,800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/08/2025	\$ 6,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CRAIG DURHAM 1923 DELAINE DR BURLINGTON, NC 27215-8602			CPA			
			c. Employer's Name/Specific Field			
			R CRAIG DURHAM CPA PLLC			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		08/29/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICHARD GUNN PO BOX 308 BURLINGTON, NC 27216			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/03/2025	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 8,000.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00	

Contributions from Individuals

Pg 3 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT HARKRADER 116 RED TAIL SMT UNIT CJ3 BOONE, NC 28607			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/17/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
F D HORNADAY III P.O. BOX 790 BURLINGTON, NC 27216			MANUFACTURER			
			c. Employer's Name/Specific Field			
			KNIT-WEAR FABRICS INC		e. Election Sum to Date	
				\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/09/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SAM HUNT 161 VIA PALMA PALM BEACH, FL 33480			LIGHTING AND ELECTRICAL SUPPLIES			
			c. Employer's Name/Specific Field			
			HUNT ELECTRIC		e. Election Sum to Date	
				\$ 6,800.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		08/01/2025	\$ 6,800.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 8,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00	

Contributions from Individuals

Pg 4 of 8 Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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		
VICTORIA HUNT 161 VIA PALMA PALM BEACH, FL 33480-4921			NOT EMPLOYED				
			c. Employer's Name/Specific Field				
			NOT EMPLOYED				
					e. Election Sum to Date		
					\$ 6,800.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check			08/01/2025	\$ 6,800.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
SAM HUNT IV 3021 N. FAIRWAY DRIVE BURLINGTON, NC 27215			LIGHTING AND ELECTRICAL SUPPLIES				
			c. Employer's Name/Specific Field				
			HUNT ELECTRIC				
					e. Election Sum to Date		
					\$ 6,800.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check			08/01/2025	\$ 6,800.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments		
JAMES KIRKPATRICK 530 COUNTRY CLUB DRIVE BURLINGTON, NC 27215			OPERATIONS MANAGER				
			c. Employer's Name/Specific Field				
			KIRKPATRICK CONCERT				
					e. Election Sum to Date		
					\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check			09/17/2025	\$ 500.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 14,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 42,700.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
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	
ERNEST KOURY JR PO BOX 850 BURLINGTON, NC 27216			TEXTILES			
			c. Employer's Name/Specific Field			
			CAROLINA HOSIERY			
					e. Election Sum to Date	
					\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/12/2025	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CONSTANCE MCCALL 129 PEMBROKE STREET #4 BOSTON, MA 02118			CPA			
			c. Employer's Name/Specific Field			
			ROOPES AND GRAY LLP			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		08/31/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHAPMAN MCQUEEN 1002 E WILLOWBROOK DRIVE BURLINGTON, NC 27215			DOCTOR			
			c. Employer's Name/Specific Field			
			ALAMANCE EAR NOSE & THOART			
					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	
<input type="checkbox"/>	65532021	Check		09/04/2025	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
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	
LISA NICHOLS 509 TRUITT DRIVE ELON, NC 27244				CAR DEALERSHIP			
				c. Employer's Name/Specific Field			
				NICHOLS AUTOMOTIVE			
						e. Election Sum to Date	
						\$ 6,400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check			08/27/2025	\$ 6,400.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CORBIN SAPP 2906 AMHERST AVENUE BURLINGTON, NC 27215				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
				IVARS INC			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check			09/02/2025	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD H SHIRLEY JR 2208 W. FRONT STREET BURLINGTON, NC 27215				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						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	
<input type="checkbox"/>	65532021	Check			09/16/2025	\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 6,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 42,700.00	

Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DALE A STEARNS 100 TURNBURY PL ELON, NC 27244			CAR DEALERSHIP			
			c. Employer's Name/Specific Field			
			STEARNS AUTOMATIVE			
					e. Election Sum to Date	
					\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		08/12/2025	\$ 1,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
THOMAS STEELE 3024 AMHERST AVENUE BURLINGTON, NC 27215			ATTORNEY			
			c. Employer's Name/Specific Field			
			PITTMAN & STEELE LAW			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		09/02/2025	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AVERY THOMAS PO BOX 1959 BURLINGTON, NC 27216			CPA			
			c. Employer's Name/Specific Field			
			THOMAS CHANDLER THOMAS & HINSHAW			
					e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	65532021	Check		07/27/2025	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00	

Contributions from Individuals

Pg 8 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL					
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	
HUGH WILSON 3126 SUTTON PLACE BURLINGTON, NC 27215		CEO			
		c. Employer's Name/Specific Field			
		MACHINERY INSTALLATION COMPANY INC		e. Election Sum to Date	
				\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	65532021	Check		09/04/2025	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,000.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 42,700.00

CRO-1210

NC State Board of Elections

April 2007

Contributions from Political Party Committees

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL					
3. Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
COMMITTEE TO ELECT JIM BUTLER 520 MEADOWOOD DR BURLINGTON, NC 27215					
				c. Election Sum to Date	
				\$ 2,000.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
65532021	Check		09/17/2025	\$ 2,000.00	
				\$	
				\$	
4. Total only this Page				\$ 2,000.00	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 2,000.00	

CRO-1220

NC State Board of Elections

April 2007

Disbursements

Amendment

Pg 1 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HAROLD OWEN FOR BURLINGTON CITY COUNCIL	

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BULLSEYE SIGNS AND GRAPHICS CO 232 NORTH MAIN STREET BURLINGTON, NC 27217		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 2,094.97

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
65532021	Check	A	08/30/2025	\$ 2,094.97	YARD SIGNS
				\$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CRONE & CO LLC 2009 FAIRVIEW RD # 6025 RALEIGH, NC 27628		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 5,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
65532021	Draft	A	09/18/2025	\$ 5,000.00	DIGITAL ADS AND
				\$	FACEBOOK

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
HOME DEPOT 2741 KIRKWOOD DRVIE BURLINGTON, NC 27215		
	c. Level Registered (Specify)	
	<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date
		\$ 85.19

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
65532021	Check	O	09/19/2025	\$ 85.19	POLES FOR POLITICAL
				\$	BANNERS

5. Total only this Page	\$ 7,180.16
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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)	\$ 11,083.76
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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)

Disbursements

Amendment
Pg 2 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL							
3. Type of Disbursement <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							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAMAR COMPANIES PO BOX 746966 ATLANTA, GA 30374				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 1,800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	08/22/2025	\$ 1,800.00	BILLBOARD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GREGORY OWEN 8042 NC HWY 96 OXFORD,, NC 27565				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 288.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	A	08/14/2025	\$ 288.00	PROFESSIONAL PHOTOS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TAKE CHARGE MEDIA 2408 HYDE STREET BURLINGTON, NC 27216				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 1,200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Draft	A	08/05/2025	\$ 600.00	WEBSITE DEVELOPMENT		
65532021	Draft	A	09/10/2025	\$ 600.00	WEBSITE DESIGN		
5. Total only this Page						\$ 3,288.00	
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)							
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)							

Disbursements

Amendment
Pg 3 of 3 ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAROLD OWEN FOR BURLINGTON CITY COUNCIL						
3. Type of Disbursement <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						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) UNITED STATES POSTAL SERVICE 405 MAPLE AVENUE BURLINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 15.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
65532021	Check	I	08/27/2025	\$ 15.60		
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ADAM WAN 2318 CHURHILL DRIVE BURLINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
65532021	Check	A	09/10/2025	\$ 600.00	PHOTOGRAPHER	
				\$		
5. Total only this Page					\$ 615.60	
6. Total of ALL CRO-1310 Pages						
<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>					\$ 11,083.76	
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)						