Amendment

December 2007

Disclosure Report Cover

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

1. Committee In	nformation								
a. Full Name	A. Walton and a second						200,00000000000000000000000000000000000		c. ID Number
HAROLD OW	EN FOR BU	RLINGTON CIT	Y CO	UNCIL					
b. Mailing Addre	ess (include C	ity, State and Zij	Code)			A Charles			d. Date Filed
223 ENGLEMA BURLINGTON			A						09/28/2025
BOREMOTO	1, 110 2/213								e. Phone Number
2. Report Year	3. Period Sta	art Date (mm/dd/	(y)	4. Period	End Da	te (mm/dd	/yy) 5. Ti	reasur	er Full Name
2025 07/01/2025					09/23/2	2025	НА	ROLD	OWEN
6. Type of Comr				e of Repor	t (c			ofrep	ort from one category)
X Candidate Can		arty	Munic		DES.	State/Cou			Referendum
☐ Joint Fundrais		AC		Organizatio		1 march 1980	izational		☐ Organizational
☐ Referendum		egal Expense Fund		Thirty-five	1000	Quarte	erly		☐ Pre-referendum
7. Type of Fund	SELECTION OF STATE OF SECURITY	ble, check one)		Pre-primar			rst		Final
☐ "Booster Fund				Pre-election	n		cond		Supplemental Final
Building Fund		11. P. 1		Pre-runoff			hird		Annual
	lection Year Ca		_	Semi-annua			ourth ,		☐ Special
☐ NC Public Can	npaign Financii	ng Fund		Mid Ye		Semi-a			
Other:				Year E	na		id Year		10. Special Report Name
		• >		Final		Acceptance of	ear End	1	2025 35 DAY REPORT
8. Number of Fu	indraisers th 0	is Report		Special		Final Specia	1		
3. Account Info	rmation				3 Acc	ount Infor	mation		
a. Financial Inst	The state of the s	ame				ncial Insti		II Nam	e
ATLANTIC UN	NION BANK					RE	CEI	VE	ED
b. Purpose		c. Account Cod	e		b. Purj				c. Account Code
FOR CAMPAIC		655	32021				EP 29		
100011100110		d. Period Begin	Balan	ce		AI AN	MANCE	COU	d Period Begin Balance
		\$				BOAR	D OF E	LEC1	N Périod Begin Balance
CERTIFICATIO	N				Territ				
I certify that the Chapter 163 o	he Committee f the NC Gene	eral Statutes and	that no	funds are	commi	ngled with	prohibite	ed or o	2A, 22B & 22D-22M of ther non-disclosed ed by the NC State Board
Mar V	O(C)	₩y	присте,	Ilma		///	اعتاد مودا	cramic	09/28/2025
Pi	rinted Name of		/	Sign	ature of	Appointed	Treasurer		Date
FOR OFFICE U	SEONLY								
Date Receive	ed: _	9/29/25	_	Emplo	yee:				ivery Method Normal Mail
Date Postma	arked:		_	Emplo	yee: _				Registered Mail Hand Delivered
Date Scanne	ed: _	9/29/25		Emplo	yee> _	94			Electronically Filed
Date Data Er	ntered: _		_	Emplo	yee: _				Signer has not received mandatory training
Please Not		cannot be used t							ittee address, treasurer, on.
χ.		nd the Statement							

Amendment ☐ Yes 🛛 No

Detailed Summary

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

	2. Type of Re	port		D Numbe	r
HAROLD OWEN FOR BURLINGTON CITY COUNCIL	2025 Special				
Start of Election Cycle: January 1, 2024		Total Reporting		1	tal this ion Cycle
4) Cash on Hand at Start		\$ 1	1,221.11	\$	11,218.11
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	50.00	\$	75.00
6) Contributions from Individuals	(CRO-1210)	\$ 42	2,700.00	\$	42,700.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 2	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	4,750.00	\$	44,775.00
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 1	1,083.76	\$	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)	\$ 1	1,083.76	\$	11,105.76
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 44	4,887.35	\$	44,887.35
ADDITIONAL INFORMATION		r			e e see
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 ORO-1100 NC State Board	(CRO-1215)	\$	0.00	\$	0.00 August 2008

Aggrega	ited Contrik	outions from I	ndividuals Page	1of	1	Amendme Yes	nt X No
Optional for	rm used to repor	t NC Contributions	From Individuals of \$5	0 or less			
1. Committe	e Full Name (and	Fund if applicable)			2. ID 1	Number	
HAROLD C	WEN FOR BUR	LINGTON CITY CO	DUNCIL				ı
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/уууу)	f. Amount	
☐ Add ☐ Remove	65532021	Check		09/03/2025		\$	50.00
4. Total or	nly this Page				\$		\$50.00
	ALL CRO-12 ust be on line 5 of D	\$		\$50.00			

CRO-1205

NC State Board of Elections

April 2007

Amendment **Contributions from Individuals** No No ☐ Yes 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) ATTORNEY LAWSON BROWN c. Employer's Name/Specific Field PO BOX 2958 BURLINGTON, NC 27216 VERNON VERNON WOOTEN e. Election Sum to Date **BROWN ANDWRES & GARRETT PA** 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 65532021 09/03/2025 \$ 500.00 \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CHEMICAL DISTRIBUTION WILLIAM COBLE c. Employer's Name/Specific Field 224 EASTWOOD CT BURLINGTON, NC 27215 **ALLISON GROUP INC** e. Dection 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 Electric Funds Tran 65532021 09/22/2025 \$ 100.00 \$

ributor Informati	on .		Add 🔲 R	temove		
Name, Mailing Ad	dress & Phone		b. Job Title/I	Profession	d. Comm	ents
de city, state, & z	ip)		INSURANC	CE		
S CROUCH						
2529 PINEWAY DR			c. Employer'	s Name/Specific Field]	
BURLINGTON, NC 27215			HARRIS C	ROUCH INC		
			ļ		e. Dection Sum to Date	
					\$	500.00
g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	k. Am	ount
65532021	Check			08/27/2025	\$	500.00
					\$	
					\$	
al only this Pa	ge		garati.		\$	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
CRO-1210 NC State Board of Elections				•	April 2007	
	lame, Mailing Adde city, state, & z S CROUCH INEWAY DR NGTON, NC 27 g. Account Code 65532021 al only this Pa al of ALL CReline must be on line	lame, Mailing Address & Phone de city, state, & zip) S CROUCH INEWAY DR NGTON, NC 27215 g. Account Code h. Form of Payment 65532021 Check al only this Page al of ALL CRO-1210 Pages line must be on line 6 of Detailed Summary	Isame, Mailing Address & Phone de city, state, & zip) S CROUCH INEWAY DR NGTON, NC 27215 g. Account Code h. Form of Payment i. In-Kind Des 65532021 Check al only this Page al of ALL CRO-1210 Pages line must be on line 6 of Detailed Summary Page CRO-1100)	Insurance de city, state, & zip) S CROUCH INEWAY DR NGTON, NC 27215 G. Employer' HARRIS C g. Account Code h. Form of Payment i. In-Kind Description 65532021 Check al only this Page al of ALL CRO-1210 Pages line must be on line 6 of Detailed Summary Page CRO-1100)	Same, Mailing Address & Phone B. Job Title/Profession INSURANCE	Same, Mailing Address & Phone de city, state, & zip) INSURANCE INSURANCE C. Employer's Name/Specific Field HARRIS CROUCH INC E. Dection \$

\$

				Amenament				
Pg	2	of	8	☐ Yes	X	No		

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

1. Com	mittee Full Name	(and Fund if applicabl	le)			2.1	ID Number		
HARO	LD OWEN FOR	BURLINGTON CIT	Y COUNCIL						
	ributor Informati			Add 🔲 Re	emove				
	lame, Mailing Ado			b. Job Title/P	rofession	d. Comments			
	de city, state, & z	ip)		DEVELOPE	R				
	N CUMMINGS UXTON WAY			c. Employer's	Name/Specific Field				
	NGTON, NC 27	215		VENNTERRA LAD					
				DEVELOPMENT LLC			Dection Sum to Date		
	. =						6,800.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	65532021	Check			09/08/2025		\$ 6,800.00		
							\$		
							\$		
	ributor Informati			Add 🔲 Re				Ċ	
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	\Box	
	de city, state, & z	ip)		CPA					
	DURHAM ELAINE DR			c. Employer's	Name/Specific Field				
	BURLINGTON, NC 27215-8602			R CRAIG D	URHAM CPA				
				PLLC		e. E	Dection Sum to Date	_	
						\$	1,000.00	Ì	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	65532021	Check			08/29/2025		\$ 1,000.00		
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							\$		
	ibutor Informati			Add 🔲 Re	move			7	
	ame, Mailing Add			b. Job Title/Pi	rofession	d. C	Comments	_	
	de city, state, & zi	(p)		RETIRED					
PO BO	RD GUNN X 308			c. Employer's	Name/Specific Field				
	NGTON, NC 27	216		RETIRED					
						e. E	dection Sum to Date	_	
						\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	65532021	Check			09/03/2025		\$ 200.00		
							\$		
							\$		
4. Tota	al only this Pa	ge			en en personale de la companya de l La companya de la co	\$	8,000.00	٦	
4 2 2 3	al of ALL CR		Dage CDA 1166\			\$	42,700.00	1	
(Ints t	ine must be on une	6 of Detailed Summary F	age CKU-1100)				•		

Pg 3 of 8 Yes No

1. Committee Full Name (and Fund if applicable)						2.]	ID Number	
HARO	LD OWEN FOR	BURLINGTON CITY	Y COUNCIL					
3. Cont	ributor Informati	on		Add 🔲 Re	move			
	Vame, Mailing Ado			b. Job Title/Pr	ofession	d. (Comments	
	ide city, state, & z			RETIRED			_	
	RT HARKRADE ED TAIL SMT UI			c. Employer's Name/Specific Field		1		
	E, NC 28607			RETIRED				
						e. I	Election Sur	n to Date
						\$		500.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	:
	65532021	Check			09/17/2025		\$	500.00
							\$	
		:					\$	
	ributor Informati					177		
	a. Full Name, Mailing Address & Phone					d. (Comments	
-	de city, state, & zi	i p)		MANUFACT	URER			
	F D HORNADAY III P.O. BOX 790			c. Employer's	Name/Specific Field			
	BURLINGTON, NC 27216				R FABRICS INC	L		
	BORDING FOR, NC 27210					e. I	Dection Sur	n to Date
						\$		1,000.00
f. Prior		h. Form of Payment	i, In-Kind Des	cription	j. Date (mm/dd/yyyy)	_	k. Amount	
	65532021	Check			09/09/2025		\$	1,000.00
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	Name, Mailing Add			b. Job Title/Profession			Comments	
SAM H	ide city, state, & zi	(р)		LIGHTING A SUPPLIES	AND ELECTRICAL			
	A PALMA			c. Employer's	Name/Specific Field			
	BEACH, FL 334	480		HUNT ELEC	CTRIC	<u> </u>		- B (-
					!	e. 1	Dection Sur	n to Date
I					•	\$		6,800.00
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	65532021	Check			08/01/2025		\$	6,800.00
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4. Tot	al only this Pa	ge				\$		8,300.00
		O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		42,700.00
(1 11 13 /	ane musi ve vn une	O Of Detailed Dalithially 1	age Cho-1100)	and the state of the same of the	and the second of the second o			

Pg 4 of 8 Yes No

				under \$50 if form	

1. Com	mittee Full Name	(and Fund if applicabl	le)			2. I	D Number	
HARO	LD OWEN FOR	BURLINGTON CIT	Y COUNCIL					
3. Cont	ributor Informati	on		Add □ Re	move			
a. Full N	lame, Mailing Ado	dress & Phone		b. Job Title/Profession			Comments	
(inclu	de city, state, & z	ip)		NOT EMPLO	OYED			
VICTO	RIA HUNT							
161 VI.	A PALMA			c. Employer's	Name/Specific Field			
PALM	BEACH, FL 334	480-4921		NOT EMPL	OYED	<u>_</u>		<u> </u>
				1		e. E	dection Su	m to Date
				1		\$		6,800.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	65532021	Check			1			
	05552021				08/01/2025		\$	6,800.00
							\$	
							\$	
3. Conti	ributor Informati	on Constitution		Add 🔲 Re	move			
	ame, Mailing Add			b. Job Title/Pr		d. C	Comments	
(inclu	(include city, state, & zip)				AND ELECTRICAL			
SAM H	SAM HUNT IV			SUPPLIES				
	3021 N. FAIRWAY DRIVE			c. Employer's Name/Specific Field				
BURLI	BURLINGTON, NC 27215			HUNT ELEC	CTRIC	<u> </u>		
						e. E	Dection Su	m to Date
						\$		6,800.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	65532021	Check			08/01/2025		·	6,800.00
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3. Conti	ributor Informati	on		Add 🔲 Re	move	30		
a. Full N	ame, Mailing Ado	iress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		OPERATION	IS MANAGER			
JAMES	KIRKPATRICK	ζ.						
530 CC	UNTRY CLUB	DRIVE		c. Employer's	Name/Specific Field			
BURLI	NGTON, NC 27	215		KIRKPATR	ICK CONCERTE		T	4. D. 4.
				1		е. Е	dection Su	m to Date
				1		\$		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	Н	k. Amoun	t
	65532021	Check			09/17/2025	\neg		500.00
	00002021				09/17/2023	- 1	\$	500.00
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							\$	
4. Tota	al only this Pa	l ge				\$		14,100.00
		O-1210 Pages	CBO 1120			\$		42,700.00
(I nis l	ine must de on line	6 of Detailed Summary I	age CKU-1100)			<u> </u>		

Pg 5 of 8 Pres No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is
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1. Com	nittee Full Name	(and Fund if applicabl	le)			2.1	D Number		
HARO	LD OWEN FOR	BURLINGTON CIT	Y COUNCIL						
3. Cont	ributor Informati	on		Add 🔲 Re	move				
a. Full N	iame, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. Comments			
(inclu	de city, state, & z	ip)		TEXTILES					
ERNES	ST KOURY JR								
РО ВО				c. Employer's	Name/Specific Field				
BURLI	NGTON, NC 27	<i>7</i> 216		CAROLINA HOSIERY			· · · · · · · · · · · · · · · · · · ·		
						e. E	Dection Sum to Date	2	
						\$	1,000.0	00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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	05552021				09/12/2025		\$ 1,000.0	00	
			 						
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				Part 201 - 12 - 12 - 12 - 12 - 12 - 12 - 12		7,500 1 1	West 170, 200 de la reservación de servición.		
	ibutor Informati			Add □ Re				\$	
n. Full Name, Mailing Address & Phone				b. Job Title/Pr	ofession	a. C	Comments		
(include city, state, & zip)				CPA					
CONSTANCE MCCALL 129 PEMBROKE STREET #4				c Employer's	Name/Specific Field				
						ł			
BOSIC	BOSTON, MA 02118			ROOPES AN	ND GRAY LLP	e. E	Jection Sum to Date	e	
						\$	100.0	00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	65532021	Check			08/31/2025		\$ 100.0	00	
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	ame, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments		
(inclu	de city, state, & z	ip)		DOCTOR					
CHAP	MAN MCQUEE	V							
	WILLOWBROO			c. Employer's	Name/Specific Field			,	
BURLI	NGONT, NC 27	215		ALAMANCI	E EAR NOSE &				
				THOART		e. E	lection Sum to Date	e .	
						\$	250.0	00	
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	65532021	Check			09/04/2025		m 250.0	00	
	V333202 1		<u> </u>		09/04/2023		\$ 250.0	00	
							\$		
							\$		
4. Tota	al only this Pa	ge a la l				\$	1,350.0	00	
5. Tota	al of ALL CR	O-1210 Pages				\$	42,700.0	00	
(This i	ine must be on ilne	6 of Detailed Summary 1	rage UKU-1100)						

Contributions from Individuals Use this form to report individual

Pg 6 of 8 Mendment

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not us	eport individual contributions over \$50 or contributions under \$50 if form CRO 1	1205 is not used
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1. Committee Full Name (and Fund if applicable)							2. ID Number		
HARO	LD OWEN FOR								
3. Cont	ributor Informati	on .	La test de la 🗖	Add 🔲 Re	move				
a. Full P	Name, Mailing Ado			b. Job Title/Profession			d. Comments		
	ide city, state, & z	ip)		CAR DEALERSHIP					
	NICHOLS RUITT DRIVE			c. Employer's Name/Specific Field					
	NC 27244				UTOMOTIVE				
BBOI1,	110 2/211			TAICHOLS	CTOMOTTVL	e. Election Sum to Date			
							\$ 6,400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	In-Kind Description j. 1			k. Amount		
	65532021	Check			08/27/2025		\$ 6,400.00		
							\$		
							\$		
	ributor Informati			Add 🔲 Re		uni e			
	lame, Mailing Add			b. Job Title/Pr		d. C	Comments		
	de city, state, & zi	(p)		BUSINESS (OWNER				
CORBIN SAPP 2906 AMHERST AVENUE				c. Employer's Name/Specific Field					
BURLINGTON, NC 27215			IVARS INC						
,				e. E	lection Sum to Date				
						\$	100.00		
f. Prior		h. Form of Payment	i. In-Kind Des	eription j. Date (mm/dd/yyyy			k. Amount		
	65532021	Check			09/02/2025		\$ 100.00		
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	ributor Informati				move				
	lame, Mailing Add de city, state, & zi			b. Job Title/Pr	ofession	d. C	omments		
	RD H SHIRLEY		····	RETIRED					
	/. FRONT STRE			c. Employer's	Name/Specific Field				
	NGTON, NC 27			RETIRED					
						e. E	lection Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	<u> </u>	k. Amount		
	65532021	Check			09/16/2025		\$ 250.00		
							\$		
							\$		
4. Tota	al only this Pa	ge				\$	6,750.00		
5. Tota	al of ALL CRO	,	Paga CBO 1100)			\$	42,700.00		
(A RIS L	me musi de un une (o oj Deiunea Sammury P	uge CAO-1100)			1			

		om Individuals	-		$\frac{7}{\text{pg}} = \frac{7}{50} \text{ of } \frac{8}{50}$ $\frac{8}{100} = \frac{8}{100}$	_	Amendme Wes is not use	No No	
		(and Fund if applicab				2.	ID Number	r nei mijetii	
HARO	LD OWEN FOR	BURLINGTON CIT	Y COUNCIL						
	ributor Informati				Remove				
	Name, Mailing Add			b. Job Title/		d. Comments			
<u> </u>	A STEARNS	т р)		CAR DEAI	LERSHIP				
	JRNBURY PL			c. Employer's Name/Specific Field					
ELON, NC 27244			STEARNS	AUTOMATIVE	1				
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PO BOX 1959				— • • •	•	i			

a. Full N	lame, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. Com	nents
(inclu	de city, state, & z	ip)		CPA			
	Y THOMAS			a Employaris	Name/Specific Field		
	X 1959			— • •	•		
BURLINGTON, NC 27216		THOMAS C		e. Election Sum to Date			
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		O-1210 Pages 6 of Detailed Summary I	Page CRO-1100)			\$	42,700.00
CRO-1	210	· · · · · · · · · · · · · · · · · · ·	NC State Bo	ard of Elections			April 2007

Co	ntrib	utions	from	Individuals	
vo.		MILLIA		THUISTUUGS IN	,

Amendment X No

Contributions from Individuals

Pg 8 of 8 Yes

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

1. Com	nittee Full Name	(and Fund if applicabl	le)			2.]	D Number	
		BURLINGTON CIT						
3 Cont	ributor Informati	on	· п	Add □ Rei	move	_		
	ame, Mailing Ad			b. Job Title/Pr		d. C	d. Comments	
			CEO					
<u> </u>	WILSON			CEO				
				c. Employer's l	Name/Specific Field	İ		
BURLINGTON, NC 27215			MACHINER	Y	İ			
		INSTALLATION COMPANY INC			e. Dection Sum to Date			
					1,000.00			
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M = 12 4 44		O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	42,700.00	

CRO-1210

NC State Board of Elections

April 2007

Contribution	ons from Politi	cal Party Committee	S Pg 1 of	1	Amenda Yes	
		s from a political party				
		pplicable)		2. ID 1	Vumber	
	N FOR BURLINGTO					
3. Contributor In	oformation	in Add □	Remove			
a. Full Name, Ma	iling Address & Phone			b. Con	nments	
(include city, s	tate, & zip)			4		
COMMITTEE 1	TO ELECT JIM BUTI	LER				
520 MEADOW	OOD DR					
BURLINGTON	, NC 27215			c Flac	tion Sum	to Date
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CRO-1220

5. Total of ALL CRO-1220 Pages
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April 2007

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Disbursen		£				of	_	<u> </u>		
	report expenditures coordinated party ex		e for o	perating expen	ises,	contributio	ons to	candida	te/political	
	ull Name (and Fund i		ya 1 ya 1	gran Maran jara.				2. ID Nu	mber	
	EN FOR BURLING						1			
	ursement <u>(Please</u>									
Operating Exp		ributions to Candidat	es/Polit	ical Committees		☐ Coo	ordinat	ed Party E	xpenditures	
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(include city, sta	•	100.00		1			İ			
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A* - Media E - Salaries	B* - Printin F* - Equipmo	_		undraising litical Party				ner Candi	Office Expenses	
I - Postage	J - Penaltie			office Expenses	8		_		al Expense Fund	
_				•		-			-	

* Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

E - Salaries

I - Postage

O* Other

								Am	en dm en	 t
Disbursen	ents				Pg	of	3	<u> </u>	Yes	X No
Use this form to	report expenditures	from the committee	ee for c	perating expen	ses	, contributi	ons to	candida	ate/polit	ical
	coordinated party e	<u> </u>								
1. Committee F	ull Name (and Fund	if applicable)		ting the second			- 4 %	2. ID N	umber	- 1. J.
HAROLD OW	EN FOR BURLING	TON CITY COU	NCIL							
3. Type of Disbu	rsement (Please	use separate CRO)-131 <i>0</i>	forms for each	ty.	pe of Disbu	rseme	nt.)		
Operating Exp	oenses Cont	ributions to Candidat	es/Polit	ical Committees		Coc	ordinat	ed Party l	Expendit	ures
4. Payee Inform	ation			Add 🔲	Re	move	a 15.		1917.	1. "F
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	d C	ommittee Na	am e	d. Com	nents	
(include city, sta	te, & zip)									
LAMAR COM	PANIES									
PO BOX 74696	6			c. Level Regis	tere					
ATLANTA, GA	A 30374			Federal		County:				
				State		Municip	e. Election Sum to Date		to Date	
								\$		1,800.00
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GREGORY OV	VEN									
8042 NC HWY				c. Level Regist	tere					
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2408 HYDE ST				c. Level Regist	tere					
BURLINGTON	I, NC 27216			Federal		County:		e. Electi	on Cum	to Data
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	n line 13b of Detailed S		_				omm)	\$	1	1,083.76
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7. Purpose C	odes (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)

							Amend	ment
Disbursements				Pg	$_{\underline{}}$ of		Yes 🔲 Yes	
Use this form to report expenditures		e for o	perating expen	nses,	contribution	ons to	candidate/	political
committees and coordinated party ex	•							
1. Committee Full Name (and Fund i							2. ID Numl	ær
HAROLD OWEN FOR BURLING	FON CITY COU	NCIL						
	use separate CRO							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_ ` ` .	ibutions to Candidate			;	☐ Coo	ordinat	ed Party Expo	enditures
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(include city, state, & zip)								
UNITED STATES POSTAL SERV	ICE							ļ
405 MAPLE AVENUE			c. Level Regis	tered			<u> </u>	l
BURLINGTON, NC 27215			Federal	- !	County:			
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6. Total of ALL CRO-1310 Pages								

O* Other * Codes require detailed explanation in required remarks field (k) CRO-1310

A* - Media

E - Salaries

I - Postage

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

(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)

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

11,083.76