

Disclosure Report Cover

Amendment

☐ Yes ☒ No

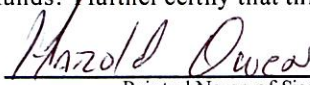
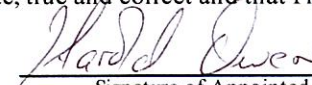
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

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	07/14/2026
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	01/01/2026	06/30/2026	HAROLD OWEN

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ Joint Fundraiser	☐ PAC	☐ Organizational	☐ Organizational
☐ Referendum	☐ Legal Expense Fund	☐ Thirty-five day	☐ Quarterly
7. Type of Fund (if applicable, check one)		☐ Pre-primary	☐ First
☐ "Booster Fund"		☐ Pre-election	☐ Second
☐ Building Fund		☐ Pre-runoff	☐ Third
☐ Presidential Election Year Candidates Fund		☐ Semi-annual	☐ Fourth
☐ NC Public Campaign Financing Fund		☐ Mid Year	☐ Semi-annual
☐ Other:		☐ Year End	☐ Mid Year
8. Number of Fundraisers this Report		☒ Final	☐ Year End
0		☐ Special	☒ Final
		☐ Special	☐ Special
		10. Special Report Name	

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 RELATED ACTIVITY	65532021	RECEIVED JUL 14 2026 ALAMANCE COUNTY BOARD OF ELECTIONS	
	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		
		07/14/2026
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY			
Date Received:	<u>7/14/2026</u>	Employee:	<u>[Signature]</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	<u>7/14/26</u>	Employee:	<u>[Signature]</u>
Date Data Entered:	_____	Employee:	_____
		Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ 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		2026 Mid Year Semi-Annual			
Start of Election Cycle: January 1, 2024		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 14,620.95		\$ 14,620.95	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 0.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
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)		\$ 0.00		\$ 0.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 14,620.95		\$ 14,620.95	
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		\$ 0.00	
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)		\$ 14,620.95		\$ 14,620.95	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0.00		\$ 0.00	
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	

Disbursements

Amendment
Pg 1 of 1 ☐ 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>							
☒ 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) ALAMANCE COUNTY MEALS ON WHEELS, INC. 411 WEST 5TH STREET SUITE A BURLINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 4,620.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	O	06/17/2026	\$ 4,620.95	DONATION TO		
				\$	NONPROFIT - CLOSING		
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BURLINGTON WOMAN'S CLUB, INC. 317 S MAIN STREET BURINGTON, NC 27215				b. Coordinated Committee Name c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		d. Comments e. Election Sum to Date \$ 10,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
65532021	Check	O	06/17/2026	\$ 10,000.00	DONATION OF FUNDS TO		
				\$	NONPROFIT - CLOSING		
5. Total only this Page						\$ 14,620.95	
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>						\$ 14,620.95	
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)							