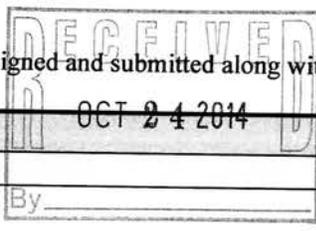


Disclosure Report Cover

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

Amendment
 Yes
 No



| | |
|---|--|
| 1. Committee Information | |
| a. Full Name Committee to Elect Charlotte Williams | c. ID Number ZDUSV7 |
| b. Mailing Address (include City, State and Zip Code) P.O. Box 752 Hickory, NC 28603-0752 | d. Date Filed 10/24/2014 |
| | e. Phone Number (828) 302-3205 |

| | | | |
|-------------------------------|---|--|---|
| 2. Report Year 2014 | 3. Period Start Date (mm/dd/yy) 7/01/2014 | 4. Period End Date (mm/dd/yy) 10/18/2014 | 5. Treasurer Full Name Dawn F. Tashjian |
|-------------------------------|---|--|---|

| | | | |
|--|---|--|---|
| 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 |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input checked="" type="checkbox"/> Third |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final |
| | | | <input type="checkbox"/> Special |
| 8. Number of Fundraisers this Report 1 | | 10. Special Report Name | |

| | | | |
|--|---|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name First Citizens Bank | | a. Financial Institution Full Name | |
| b. Purpose Campaign Funds | c. Account Code CW | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 6,742.00 | | 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 of Elections.

 Dawn F. Tashjian
 Printed Name of Signer

 Dawn F. Tashjian
 Signature of Appointed Treasurer

 10/24/2014
 Date

FOR OFFICE USE ONLY

| | | |
|--------------------------|-----------------|---|
| Date Received: _____ | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked: _____ | Employee: _____ | |
| Date Scanned: _____ | Employee: _____ | |
| 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.

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.

| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
|--|--|--------------------|--|------------------------------------|--|
| Committee to Elect Charlotte Williams | | Third Quarter Plus | | ZDUSV7 | |
| Start of Election Cycle: January 1, | | 2014 | | Total this Reporting Period | |
| 4) Cash on Hand at Start | | \$ 6,742.00 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | <i>(CRO-1205)</i> | | \$ | |
| 6) Contributions from Individuals | | <i>(CRO-1210)</i> | | \$ 13,642.86 | |
| 7) Contributions from Political Party Committees | | <i>(CRO-1220)</i> | | \$ 200.00 | |
| 8) Contributions from Other Political Committees | | <i>(CRO-1230)</i> | | \$ | |
| 9) Loan Proceeds | | <i>(CRO-1410)</i> | | \$ | |
| 10) Refunds/Reimbursements To the Committee | | <i>(CRO-1240)</i> | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts | | <i>(CRO-1250)</i> | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations | | <i>(CRO-1250)</i> | | \$ | |
| 11c) Outside Sources of Income | | <i>(CRO-1250)</i> | | \$ | |
| 11d) Legal Expense Fund – Other Sources | | <i>(CRO-1270)</i> | | \$ | |
| 11 e) Exempt Purchase Price Sales | | <i>(CRO-1265)</i> | | \$ | |
| 12) TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i> | | \$ 13,842.86 | | \$ 27,188.05 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | <i>(CRO-1310)</i> | | \$ 1,423.65 | |
| 13b) Contributions to Candidates/Political Committees | | <i>(CRO-1310)</i> | | \$ | |
| 13c) Coordinated Party Expenditures | | <i>(CRO-1310)</i> | | \$ | |
| 14) Aggregated Non-Media Expenditures | | <i>(CRO-1315)</i> | | \$ | |
| 15) Loan Repayments | | <i>(CRO-1420)</i> | | \$ | |
| 16) Refunds/Reimbursements From the Committee | | <i>(CRO-1320)</i> | | \$ 8,513.86 | |
| 17) In-Kind Contributions | | <i>(CRO-1510)</i> | | \$ 8,963.86 | |
| 18) TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i> | | \$ 18,901.37 | | \$ 25,504.56 | |
| 19) Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i> | | \$ 1,683.49 | | \$ 1,683.49 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | | <i>(CRO-1330)</i> | | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | | <i>(CRO-1430)</i> | | \$ | |
| 22) Debts and Obligations owed By the Committee | | <i>(CRO-1610)</i> | | \$ | |
| 23) Debts and Obligations owed To the Committee | | <i>(CRO-1620)</i> | | \$ | |
| 24) Account Transfers Within the Committee | | <i>(CRO-1720)</i> | | \$ | |
| 25) Administrative Support | | <i>(CRO-1710)</i> | | \$ | |
| 26) Forgiven Loans | | <i>(CRO-1440)</i> | | \$ | |
| 27) 48-Hour Notice Reports Sum | | <i>(CRO-2200)</i> | | \$ | |
| 28) Contributions to be Refunded | | <i>(CRO-1215)</i> | | \$ | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Dr. Geoffrey DeLeary 1081 12 th Avenue Lane NW Hickory, NC 28601 | | | Physician | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Viewmont Urology | | e. Election Sum to Date | |
| | | | | \$ 50.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 07/21/2014 | \$ 50.00 | |
| <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 | |
| Diane McGinnis 172 25 th Street NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | e. Election Sum to Date | |
| | | | | \$ 50.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 07/21/2014 | \$ 50.00 | |
| <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 | |
| Angela Simmons 4241 N. Center Street Hickory, NC 28601 | | | Financial Planner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-Employed | | e. Election Sum to Date | |
| | | | | \$ 150.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 07/21/2014 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 150.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Ms. Sallie Johnson 335 6 th Street NW Hickory, NC 28601 | | | Educational Consultant | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-Employed | | e. Election Sum to Date | |
| | | | | \$ 50.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 07/21/2014 | \$ 50.00 | |
| <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 | |
| Mr. Stephen Thomas 660 5 th Street NW Hickory, NC 28601 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Patrick, Harper, Dixon | | 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"/> | CW | Check | | 07/29/2014 | \$ 200.00 | |
| <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 | |
| Mr. Pope Shuford 715 8 th Avenue NW Hickory, NC 28601 | | | Furniture Manufacturer Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired | | 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"/> | CW | Check | | 07/29/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 350.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Mrs. Constance Bray 934 19 th Avenue NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | | |
| | | | | | 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"/> | CW | Check | | 07/29/2014 | | \$ 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 | |
| Mrs. Francis Hilton 1916 6 th Street NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Voluteer | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CW | Check | | 07/29/2014 | | \$ 50.00 |
| <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 | |
| Mr. Charles Snipe 1690 2 nd Street NW Hickory, NC 28601 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Banker | | | |
| | | | | | 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"/> | CW | Check | | 07/29/2014 | | \$ 100.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 250.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Dr. Bryan Neuwirth 2753 Birdie Lane Conover, NC 28613 | | | Physician | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Brown, Neuwirth | | 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"/> | CW | Checkj | | 07/29/2014 | \$ 250.00 | |
| <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 | |
| Mrs. Forrest Ferrell 324 2 nd Street Place NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | 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"/> | CW | Check | | 07/29/2014 | \$ 200.00 | |
| <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 | |
| Mr. Andrew Terrell 1029 37 th Street SW Hickory, NC 28602 | | | Political Analyst | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-Employed | | 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"/> | CW | Check | | 08/12/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 550.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Ms. Brenda Weyerbacher 1901 Lake Acres Drive Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | e. Election Sum to Date | |
| | | | | \$ 90.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 08/27/2014 | \$ 40.00 | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 50.00 | |
| <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 | |
| Mr. Charles Young P.O. Box 7 Hickory, NC 28603 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Attorney | | 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"/> | CW | Check | | 08/27/2014 | \$ 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 | |
| Mr. Gary LaFone Conover, NC 28613 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Chief of Police, Conover | | e. Election Sum to Date | |
| | | | | \$ 50.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Parade Car | 08/21/2014 | \$ 50.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 240.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Mr. Bob Williams 900 6 th Street Drive NW Hickory, NC 28601 | | | Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Michell Gold Bob Williams Furniture | | 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"/> | CW | Check | | 09/02/2014 | \$ 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 | |
| / | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <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 | |
| Mitchell Gold 1572 Basin Street Conover, NC 28613 | | | Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Mitchell Gold Bob Williams Furniture | | 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"/> | CW | Transfer | | 09/08/2014 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,000.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Ray McKinnon 1486 Knolls Drive Newton, NC 28658 | | | V.P. Merchandising | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Keystone Weaving | | e. Election Sum to Date | |
| | | | | \$ 350.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/08/2014 | \$ 250.00 | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 100.00 | |
| <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 | |
| Joy Mease 224 Pinehurst Lane Newton, NC 28658 | | | Best attempt | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Best attempt | | e. Election Sum to Date | |
| | | | | \$ 50.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Transfer | | 09/08/2014 | \$ 50.00 | |
| <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 | |
| Jill Towery 4413 9 th Street NE Hickory, NC 28601 | | | Sales Associate | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Adrienne's Clothing | | 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"/> | CW | Check | | 09/12/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Leslie Middleton 421 3 rd Street NE Hickory, NC 28601 | | | Administrator | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Catawba County Non-Profit | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Hailey Lail 401 3 rd Avenue NE Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | e. Election Sum to Date | |
| | | | | \$ 270.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Sally Fanjoy 215A 1 st Avenue SW Hickory, NC 28601 | | | Photographer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Fanjoy-LaBrenz Photography | | e. Election Sum to Date | |
| | | | | \$ 420.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 60.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Marsha Fanning 647 4 th Street SE Hickory, NC 28601 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Burt McGuiston 845 21 st Avenue NE Hickory, NC 28601 | | | Librarian | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2104 | \$ 20.00 | |
| <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 | |
| Walter Bost 4724 1 st Street NE Hickory, NC 28601 | | | Chief Financial Officer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Southern Corp. | | e. Election Sum to Date | |
| | | | | \$ 40.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 40.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 80.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Mr. Jason White 915 4 th Avenue NW Hickory, NC 28601 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Sigmon, Clark & Associates | | e. Election Sum to Date | |
| | | | | \$ 40.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 40.00 | |
| <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 | |
| Michael Decker 218 5 th Street SE Hickory, NC 28602 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Mr. David Lankewicz 646 4 th Street NE Hickory, NC 28601 | | | Project Manager | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-employed | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 009/13/201 | \$ 20.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 80.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Mr. Ralph Doernberg 2027 19 th Ave. Circle NE Hickory, NC 28601 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Businessman | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 140.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | | \$ 40.00 |
| <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 LaBrenz 215A 1 st Avenue SW Hickory, NC 28601 | | | Photographer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Fanjoy-LaBrenz Photography | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | | \$ 20.00 |
| <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 | |
| Summer Carroll 2830 16 th St. NE Hickory, NC 28601 | | | Administrator | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 20.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | | \$ 20.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 80.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Beth Brandis 4627 1 st Street NW Hickory, NC 28601 | | | Consultant | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Human Services | | e. Election Sum to Date | |
| | | | | \$ 120.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Jackie Findley 4385 2 nd Street Lane NW Hickory, NC 28601 | | | Teacher | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Hickory High School | | e. Election Sum to Date | |
| | | | | \$ 20.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Cash | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Mrs. Vorapat Rerkpattanapipat 455 44 th Avenue Drive NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | 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"/> | CW | Check | | 09/13/2014 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 290.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Karen McDougal 840 West 7 th Street Newton, NC 28658 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | | |
| | | | | | 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"/> | CW | Check | | 09/13/2014 | | \$ 200.00 |
| <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 | |
| Janet Painter 819 9 th Avenue NE Hickory, NC 28601 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | | |
| | | | | | 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"/> | CW | Check | | 09/13/2014 | | \$ 50.00 |
| <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 | |
| Joyce Davis 819 9 th Avenue NE Hickory, NC 28601 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | UNC Asheville | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 85.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | | \$ 35.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 285.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Laura Costello 344 5 th Street NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | e. Election Sum to Date | |
| | | | | \$ 70.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 20.00 | |
| <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 | |
| Joanne Spees 280 28 th Avenue Place NE Hickory, NC 28601 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Teacher | | e. Election Sum to Date | |
| | | | | \$ 290.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 40.00 | |
| <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 | |
| Lin Raines 1049 19 th Street Lane NW Hickory, NC 28601 | | | Homemaker | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Community Volunteer | | e. Election Sum to Date | |
| | | | | \$ 40.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 40.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Pamela Jones 4015 4 th Street Court NW Hickory, NC 28601 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Physician | | 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"/> | CW | Check | | 09/13/2014 | \$ 50.00 | |
| <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 | |
| Mrs. Margaret Pope 129 3 rd Avenue SW Hickory, NC 28601 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Social Worker | | 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"/> | CW | Check | | 09/13/2014 | \$ 50.00 | |
| <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 | |
| Mr. Don Fuller P.O. Box 301 Hickory, NC 28603 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-employed | | e. Election Sum to Date | |
| | | | | \$ 40.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 40.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 140.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Eric Schramm 543 7 th Street NW Hickory, NC 28601 | | | Professor | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | e. Election Sum to Date | |
| | | | | \$ 25.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CW | Check | | 09/13/2014 | \$ 25.00 | |
| <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 | |
| Ms. Arnita Dula 1954 10 th Street Place NW Hickory, NC 28601 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | City of Hickory | | 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"/> | CW | Check | | 09/19/2014 | \$ 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 | |
| Susan Matthews 233 42 nd Avenue Drive NW Hickory, NC 28601 | | | Attorney | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Harper, Dixon & Associates | | 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"/> | CW | Check | | 09/23/2014 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 225.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Mr. Duane Kirkman 1438 6 th Street Circle NW Hickory, NC 28601 | | | Director, International Studie | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | 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"/> | CW | Check | | 09/24/2014 | \$ 99.00 | |
| <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 | |
| Mr. Ronald Deal 1460 6 th Street Circle NW Hickory, NC 28601 | | | Owner | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Wesley Hall Furniture | | 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"/> | CW | Check | | 10/04/2014 | \$ 250.00 | |
| <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 | |
| Sally Fanjoy 215A 1 st Avenue SW Hickory, NC 28602 | | | Professional Photographer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Fanjoy-LaBrenz Photography | | e. Election Sum to Date | |
| | | | | \$ 420.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Rental of space | 09/13/204 | \$ 400.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 749.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Kelly Hoke 670-B 22 nd Avenue NE Hickory, NC 28601 | | | Campaign Coordinator | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-employed | | e. Election Sum to Date | |
| | | | | \$ 317.74 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Refreshments | 07/24/2014 | \$ 317.74 | |
| <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 | |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | | | Campaign Coordinator | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Self-employed | | e. Election Sum to Date | |
| | | | | \$ 42.50 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Meet and Greet | 09/01/2014 | \$ 11.33 | |
| <input type="checkbox"/> | | In-Kind | Meet and Greet | 10/02/2014 | \$ 31.17 | |
| <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 | |
| Charlotte Williams 4320 3 rd Street NW Hickory, NC 28601 | | | Professor; Associate Dean | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Lenoir-Rhyne University | | e. Election Sum to Date | |
| | | | | \$ 13,035.57 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Signage | 09/17/2014 | \$ 6,112.37 | |
| <input type="checkbox"/> | | In-Kind | Newspaper Ad | 09/29/2014 | \$ 1,850.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 8,322.61 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 13,642.86 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

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 Charlotte Williams | | | | | ZDUSV7 | |
| 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 | |
| Amanda Sperry 3920 28 th Street NE Hickory, NC 28601 | | | Community Volunteer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Political | | e. Election Sum to Date | |
| | | | | \$ 128.32 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Supplies | 09/08/2014 | \$ 101.68 | |
| <input type="checkbox"/> | | In-Kind | Event Refreshme | 09/17/2014 | \$ 26.64 | |
| <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 | |
| Joey Sperry 3920 28 th Street NE Hickory, NC 28601 | | | Community Volunteer | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Political | | e. Election Sum to Date | |
| | | | | \$ 62.93 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | In-Kind | Event Refresh | 09/06/2014 | \$ 62.93 | |
| <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 | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | \$ | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 191.25 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 13,642.86 | |

Contributions from Political Party Committees

Use this form to report contributions from a political party

| | | | | | |
|--|---------------------------|-------------------------------|--------------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) Committee to Elect Charlotte Williams | | | | 2. ID Number ZDUSV7 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Democratic Women of Catawba County P.O. Box 1201 Conover, NC 28613 | | | | b. Comments | |
| | | | | c. Election Sum to Date | |
| | | | | \$ 200.00 | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| CW | Check | | 09/02/2014 | \$ 200.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Comments | |
| | | | | c. Election Sum to Date | |
| | | | | \$ | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 200.00 | |
| 5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i> | | | | \$ 200.00 | |

In-Kind Contributions

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.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Elect Charlotte Williams | | ZDUSV7 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Kelly Hoke 670-B 22 nd Avenue NE Hickory, NC 28601 | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 317.74 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments/Supplies for "Just Desserts" Meet and Greet | | 07/24/2014 | \$ 317.74 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Gary LaFone Conover, NC 28613 | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 50.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Rental of car for Soldiers Reunion Parade | | 08/05/2014 | \$ 50.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 42.50 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments/supplies for "Just Desserts" Meet and Greet Event | | 09/01/2014 | \$ 11.33 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 379.07 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 8,963.86 |

In-Kind Contributions

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.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Elect Charlotte Williams | | ZDUSV7 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Amanda Sperry 3920 28 th Street NE Hickory, NC 28601 | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 128.32 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments/supplies for "Just Desserts" Meet and Greet | | 09/08/2014 | \$ 101.68 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Charlotte Williams 4320 3 rd Street NW Hickory, NC 28601 | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 13,035.57 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Campaign Signage from ASR Graphics | | 09/16/2014 | \$ 6,112.37 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Charlotte Williams 4320 3 rd Street NW Hickory, NC 28601 | | <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | | d. Election Sum to Date |
| | | | \$ 13,035.57 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Newspaper advertising in the Hickory Daily Record | | 09/29/2014 | \$ 1,850.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | | \$ 8,064.05 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 8,963.86 |

In-Kind Contributions

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.

| | | |
|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number |
| Committee to Elect Charlotte Williams | | ZDUSV7 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| Joey Sperry 3920 28 th Street NE Hickory, NC 28601 | <input checked="" type="checkbox"/> Individual | |
| | <input type="checkbox"/> Candidate | |
| | <input type="checkbox"/> Party | |
| | <input type="checkbox"/> PAC | |
| | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | <input type="checkbox"/> Other Receipt Source | \$ 62.93 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments/supplies for "Just Desserts" Meet and Greet | 09/06/2014 | \$ 62.93 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | <input checked="" type="checkbox"/> Individual | |
| | <input type="checkbox"/> Candidate | |
| | <input type="checkbox"/> Party | |
| | <input type="checkbox"/> PAC | |
| | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | <input type="checkbox"/> Other Receipt Source | \$ 42.50 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments/supplies for "Just Desserts" Meet and Greet Event | 10/02/2014 | \$ 31.17 |
| | | \$ |
| | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | b. Type of Contributor | c. Comments |
| Amanda Sperry 3920 28 th Street NE Hickory, NC 28601 | <input checked="" type="checkbox"/> Individual | |
| | <input type="checkbox"/> Candidate | |
| | <input type="checkbox"/> Party | |
| | <input type="checkbox"/> PAC | |
| | <input type="checkbox"/> Referendum | d. Election Sum to Date |
| | <input type="checkbox"/> Other Receipt Source | \$ 128.32 |
| e. Description | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Refreshments for 20/20 Fundraiser | 09/17/2014 | \$ 26.64 |
| | | \$ |
| | | \$ |
| 4. Total only this Page | | \$ 120.74 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 8,963.86 |

In-Kind Contributions

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.

| | | | |
|--|--|--|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| Committee to Elect Charlotte Williams | | ZDUSV7 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Sally Fanjoy Fanjoy-LaBrenz Photography 215A 1 st Street SW Hickory, NC 28602 | | <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 | |
| | | | d. Election Sum to Date |
| | | | \$ 400.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Use of studio space for 20/20 Fundraiser | | 09/13/2014 | \$ 400.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input 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 | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| | | <input 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 | |
| | | | d. Election Sum to Date |
| | | | \$ |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 400.00 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 8,963.86 | |

Disbursements

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 |
| Committee to Elect Charlotte Williams | | | | | ZDUSV7 |
| 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 <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| Kelly Hoke 670-B 22 nd Avenue NE Hickory, NC 28601 | | | | | |
| | | | 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: | | |
| | | | | | \$ 600.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CW | Check | E | 07/30/2014 | \$100.00 | Campaign Coordinator |
| CW | Check | E | 09/08/2014 | \$200.00 | Campaign Coordinator |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| U.S. Postal Service Hickory Metro Station Hickory, NC 28602 | | | | | |
| | | | 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: | | |
| | | | | | \$ 40.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CW | Check | K | 08/05/2014 | \$40.00 | P.O. Box Renewal |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| ASR Graphics 623 N. Carolina Avenue Maiden, NC 28650 | | | | | |
| | | | 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: | | |
| | | | | | \$ 898.50 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CW | Check | B | 08/12/2014 | \$59.55 | Signage and magnets printing |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 399.55 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,423.65 |
| <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> | | | | | |
| 7. Purpose Codes <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 | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |

Disbursements

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 |
| Committee to Elect Charlotte Williams | | | | | ZDUSV7 |
| 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 <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | | | | | |
| | | 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: | | \$ 1,000.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CW | Check | E | 09/01/2014 | \$500.00 | Campaign Coordinator |
| CW | Check | E | 10/03/2014 | \$500.00 | Campaign Coordinator |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| Paypal 2211 North First Street San Jose, CA 95131 | | | | | |
| | | 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: | | \$ 42.10 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CW | Transfer | O | 09/08/2014 | \$24.10 | Bank fees |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | |
| | | 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: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 1,024.10 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 1,423.65 |
| <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> | | | | | |
| 7. Purpose Codes <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 | H* - Holding Public Office Expenses | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | | |
|--|---|--|---------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Committee to Elect Charlotte Williams | | | ZDUSV7 | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Kelly Hoke 670-B 22 nd Avenue NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 07/24/2014 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 317.74 | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| P | | \$ 317.74 | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Campaign Coordinator | Self Political | | | CW | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | | |
| Check | Food and supplies for meet and greet event "Just Desserts" | 07/30/2014 | \$ 317.74 | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 08/27/2014 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 11.33 | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| P | | \$ 42.50 | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Campaign Coordinator | Self Political | | | CW | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | | |
| Check | Refreshments for "Just Desserts" | 09/01/2014 | \$ 11.33 | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Amanda Sperry 3920 28 th Street NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 9/06/2014 | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 101.68 | |
| f. Purpose Code | | j. Election Sum to Date | | | |
| P | | \$ 128.32 | | | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Campaign Volunteer | Self-employed | | | CW | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | | |
| Check | Refreshments for "Just Desserts" | 09/08/2014 | \$ 101.68 | | |
| 4. Total only this Page | | | | \$ 430.75 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 8,513.86 | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | |
|--|---|--|---------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Committee to Elect Charlotte Williams | | | ZDUSV7 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Amanda Sperry 3920 28 th Street NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 09/13/2014 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 26.64 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | P | | \$ 128.32 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| | | | | CW |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | | 09/17/2014 | \$ 26.64 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Charlotte Williams 4320 3 rd Street NW Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 09/17/2014 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 6,112.37 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | P | | \$ 7,962.37 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Professor | Lenoir-Rhyne University | | | CW |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Campaign Signage by ASR Graphics | 09/17/2014 | \$ 6,112.37 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Charlotte Williams 4320 3 rd Street NW Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 09/26/2014 |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,850.00 |
| | | f. Purpose Code | | j. Election Sum to Date |
| | | P | | \$ 7,962.37 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code |
| Professor | Lenoir-Rhyne Univers | | | CW |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| Check | Hickory Daily Record Political Advertisements | 09/26/2014 | \$ 1,850.00 | |
| 4. Total only this Page | | | | \$ 7,989.01 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 8,513.86 |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |

Refunds/Reimbursements From the Committee

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | |
|--|--|---|-----------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | |
| Committee to Elect Charlotte Williams | | | ZDUSV7 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Joey Sperry 3920 28 th Street NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/04/2014 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 62.93 |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments |
| | | | | |
| | | | | k. Account Code |
| | | | | CW |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| Check | Refreshments/supplies for "Just Desserts" meet and greet event | | 10/15/2014 | \$ 62.93 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| Ariel Mitchell 731 9 th Avenue NE Hickory, NC 28601 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 10/02/2014 |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ 31.17 |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments |
| Campaign Coordinator | | Political Self | | |
| | | | | k. Account Code |
| | | | | CW |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| Check | Refreshments/supplies for "Just Desserts" meet and greet event | | 10/18/2014 | \$ 31.17 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | e. Level Registered (Specify) | | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments |
| | | | | |
| | | | | k. Account Code |
| | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| | | | | \$ |
| 4. Total only this Page | | | | \$ 94.10 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 8,513.86 |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | |