Disc	osure	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.

		mitorination.							
1. Committee Inform	nation	A Comment					37446		
a. Full Name					THE STATE	X WHE	11001 111		c. ID Number
COMMITTEE TO E	Astronomical Control of the Control of Control			- <u> </u>	711 <u></u>				
b. Mailing Address (in	nclude Cit	ty, State and Zij	(Code	)					d. Date Filed
PO BOX 9641									10/20/2017
HICKORY, NC 286	601								10/30/2017
									e. Phone Number
	_							<u></u>	828-999-2033
2. Report Year 3. Pe	eriod Star	t Date (mm/dd/y	yy)	4. Period	End Da	te (mn	ı/dd/yy)	5. Treasu	rer Full Name
2017		9/26/2017			10/23/2	2017		MICHAE	EL LOEB
6. Type of Committee				pe of Report	t (cl			type of rep	port from one category)
X Candidate Campaign			Munic	cipal		State/	County		Referendum
Joint Fundraiser	□ PAG			Organizatio		_	rganizatio	onal	☐ Organizational
Referendum		al Expense Fund		Thirty-five	82 13	Qι	arterly		Pre-referendum
	f applicabl	le, check one)		Pre-primary			First		☐ Final
Booster Fund"				Pre-election	n		Second		Supplemental Final
☐ Building Fund ☐ Presidential Floation	· · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		Pre-runoff			Third		Annual
Presidential Election				Semi-annua			Fourth		☐ Special
☐ NC Public Campaign	ı Financıng	Fund	<u>                                     </u>	Mid Ye		Sei	mi-annua		
		l		Year E	nd		Mid Ye		10. Special Report Name
Other:	0.1-			Final		<u> </u>	Year Ei	nd	
8. Number of Fundrai	isers this	Report		Special		☐ Fir			
	0 Special								
3. Account Information	on				3 Acc	ount Ir	ıformati	Aug of the second	aller to the control of the control of
a. Financial Institution	n Full Nar	ne	1/11/19					on on Full Nan	na
PEOPLES BANK									
b. Purpose		c. Account Code	2		b. Purp	-000			I
FOR HICKORY					D. rusp	Jose			c. Account Code
MAYORAL CAMPA	A ICINI	CHE	CKING	j	İ				1
EXPENDITURES	사용하는 경험에 없는 사람들이 없다.	d. Period Begin	Ralan	20	İ				I Dealed Deale Dalance
EXIDIDITORES	1								d. Period Begin Balance
		s (e,9	93,3	7 0.78 m					S
CERTIFICATION				"W					
I certify that the Cor	mmittee o	r Fund is in cor	nplianc	e with all a	ıpplicab	ole prov	visions (	of Article 2	22A, 22B & 22D-22M of
Chapter 163 of the N	NC Genera	al Statutes and	that no	funds are	commin	ngled v	vith prol	nibited or o	other non-disclosed
funds. I further cert	tify that th	nis report is cor	nplete,	true and co	orrect a	nd tha	I have	been train	ed by the NC State Board
Michael	1 06-			m	11/1	1.01			
Printed	LUCE	X 200 Maria	95 95°	110	00	200	<u> </u>		10/30/2017
	Name of Sig	gner		Signa	ature of	Appoin	ted Treas	urer	Date
FOR OFFICE USE ON	NLY		- 57	==					#51 PT
Date Received:		MEGE	1 \//	E Employ	uee.			De	livery Method
	1	11) 12 12 13	11 (		,			- 0	Normal Mail
Date Postmarked:		D) nct 3	0 2017	7 Employ	vee:				Registered Mail
		11 000	# C011		_	17-17-1	1151.1		Hand Delivered
Date Scanned:				Employ	vee:				Electronically Filed
	11	Ву							
Date Data Entered:			-	Employ	vee:				Signer has not received
				Lampio	-		S 84		mandatory training
Please Note: Thi	is form ca	nnot be used to	o amen	d committe	e inforr	nation	such as	the comm	ittee address, treasurer,
1900	assistant	t treasurer, cust	todian	of books ir	ıformati	ion, or	account	t informatio	on.

## **Detailed Summary**

Amendment X No

☐ Yes 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 WILL LOCKE 2017 Pre-Election Start of Election Cycle: January 1, Total this 2014 Total this Reporting Period **Election Cycle** 4) Cash on Hand at Start 6,993.37 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 335.00 \$ 770.00 6) Contributions from Individuals (CRO-1210) \$ \$ 12,649.00 32,804.00 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 0) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 \$ 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 0.00 \$ 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 0.00 0.00 11c) Outside Sources of Income (CRO-1250) \$ 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 0.00 0.00 11e) Exempt Purchase Price Sales (CRO-1265) \$ 0.00 \$ 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12,984.00 33,574.00 **EXPENDITURES** 3) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 14,643.19 \$ 27,291.16 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 0.00 0.00 4) Aggregated Non-Media Expenditures (CRO-1315) \$ 54.08 273.52 5) Loan Repayments (CRO-1420) \$ 0.00 \$ 0.00 6) Refunds/Reimbursements from the Committee (CRO-1320) \$ 0.00 0.00 7) In-Kind Contributions (CRO-1510) \$ 0.00 \$ 730.00 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 14,697.27 \$ 28,294.68 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 5,280.10 5,279.32 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)

997.48

\$

<b>Aggreg</b> : Optional fo	ated Contril	butions from I	ndividuals Page s From Individuals of \$	$\frac{1}{1000000000000000000000000000000000$	_ Amend	
l. Committe	e Full Name (and	Fundif applicable)	s From Individuals of \$	And the second s		
COMMITT	EE TO ELECT W	VILL LOCKE		[2, ]	D Number	
3. Contribut	or Information					
. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	D. C.		
Add Remove	CHECKING	Electric Funds Tran	a. m-kind Description	e. Date (mm/dd/yyy	(y) f. Amou	nt 50.00
Add Remove	CHECKING	Cash		10/01/2017	\$	50.00
Add Remove	CHECKING	Cash		10/01/2017	\$	50.00
Add Remove	CHECKING	Credit Card		10/13/2017	\$	35.00
Add Remove	CHECKING	Credit Card		10/09/2017	s	25.00
Add Remove	CHECKING	Credit Card		10/12/2017	\$	25.00
Add Remove	CHECKING	Credit Card		09/28/2017	\$	50.00
Add Remove	CHECKING	Credit Card		10/15/2017	s	25.00
Add Remove	CHECKING	Check		10/02/2017	\$	25.00
Total on	ly this Page					1.0000000000000000000000000000000000000
	ALL CRO-120	)5 Pages		\$		\$335.00
This line mu	st be on line 5 of De	tailed Summary Page C		\$		\$335.00
0-1205		NC	State Board of Elections			April 2007

April 2007

Con	tributions fi	rom Individual	s		Pg	1 of 8		Amendm Yes	No XI No
Use the	is form to report in	ndividual contribution	s over \$50 or c	ontribut				is not us	
1. Com	mittee Full Name	e (and Fund if applicat	ole)					ID Numbe	
COM	MITTEE TO ELE	ECT WILL LOCKE							
	tributor Informat			Add	☐ Re	move			
	Name, Mailing Ad			b. Job		ofession	d. (	Comments	s
The state of the s	ude city, state, & z	5.0		REAL	ESTA	TE APPRAISER			
	ONY ALDERM	AN					1		
	OTH ST PL NW					Name/Specific Field			
HICK	ORY, NC 28601					NORTHWEST	-		40 1000 <b>4</b> 000 <b>4</b> 000 <b>4</b> 000
l				CONS	ULTI	NG	le.	nection St	ım to Date
c n ·	I	I	_				\$		100.00
		h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy	)	k. Amour	ıt
	CHECKING	Credit Card				10/05/2017		\$	100.00
								\$	
								\$	
3. Cont	ributor Informati	on		Add	☐ Rei	move	1.25		
	Name, Mailing Ad			AND THE RESIDENCE OF THE PARTY		ofession	ld. C	Comments	
(inclu	ide city, state, & z	ip)		PHYSI	CIAN			- omments	
RODMAN BARBER									
818 37TH AVE NW c. Employer's Name/Specific Field						1			
HICKORY, NC 28601 PIEDMONT									
				ENDO	CRIN	OLOGY	e. E	lection Su	m to Date
				l			\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	crintion		j. Date (mm/dd/yyyy)		le Amoun	NEWFORD
	CHECKING	Check	iii-kiliu Desi	cription				k. Amoun	t
						10/02/2017		\$	100.00
								\$	
								\$	
	ributor Informatio			Add	Ren	nove			ATTENNA LICE
	ame, Mailing Add			b. Job Ti	itle/Pro	fession	d. C	omments	
	de city, state, & zi	p)		BEST E	EFFOR	TS			
	EY BOLICK			- P1					- 1
	H AVE NW PRY, NC 28601					lame/Specific Field			
merco	K1, NC 20001			FOUNI		MEDICAL	e E	ection Su	m to Data
				FOON	JATIC	JN .	. 1	ceron su	iii to Date
. n							\$		100.00
	- conversation and acceptance as	h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yyyy)		k. Amoun	t
	CHECKING	Check				10/17/2017		\$	100.00
								\$	
								\$	
	l only this Pag	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT					\$		300.00
Tota (This li	l of ALL CRO	D-1210 Pages of Detailed Summary Po	age CRO-1100)				\$		12,649.00

Col	ntributions 1	from Individual	ls		Pg2 of	8	Ameno	
1 Ca	nis form to report	individual contribution	ns over \$50 or c	ontribution	s under \$50 if form CR	O 12	05 is not	used
	minetee Pull Ivan	ie (and rund if applical	ble)				2. ID Num	
CON	IMITTEE TO EL	ECT WILL LOCKE					1,411	
3. Co	ntributor Informa	tion						
a. Full	Name, Mailing A	ddress & Phone						
(inc	lude city, state, &	zin)			e/Profession	d.	. Commer	ıts
0.0000000000000000000000000000000000000	BRYANT	P/		EDUCAT	OR			
	BETH PLACE N	TE		a. Elmandana	- N 10 10 10 10 10 10 10 10 10 10 10 10 10	_		
	ORY, NC 2860				r's Name/Specific Field	d		
10.5557000000000000000000000000000000000		•		BEST EF	FORTS	-		
						e.	Hection :	Sum to Date
						\$	3	99.00
f. Prio	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyy		k. Amor	2010/01/01/01/01
X	CHECKING	Check	1		1	0.74560	K. Amoi	unt
		li di			09/02/2017		\$	50.00
	CHECKING	Cash			10/11/2017			
_					10/11/2017		\$	49.00
							d)	
3 Con	tributor Informat	•					\$	
	Name, Mailing Ad				Remove			
(incl	ude city, state, & z	uress & Phone		b. Job Title	/Profession	d.	Comment	ts
		.тр)		BEST EFF	ORTS			
	THA COTTON ND ST NW							
	ORY, NC 28601		1		's Name/Specific Field			
mon	5K1, NC 28001			BEST EFF	ORTS			
						e. I	dection S	um to Date
						\$		100.00
Prior	g. Account Code	h. Form of Payment	i. In-Kind Desci	ription	j. Date (mm/dd/yyyy		D	
	CHECKING	Check		Production		0	k. Amoui	nt
					10/05/2017		\$	100.00
							\$	
Cont	Shorten Tree						\$	- 1
Full N	ibutor Informatio	on a m		Add 🔲 R	emove	Figure	VALUE OF THE PARTY	
Ginela	ame, Mailing Add de city, state, & zi	ress & Phone	b	. Job Title/P	Profession	d. C	omments	
		P)	E	ESIGN				
	A CULBRETH SCIENT ST		L					
		C 20161			Name/Specific Field	1		
MOON	Γ PLEASANT, S	C 29464			OOG DESIGN			- 1
				DEVELOPI	MENT	e. H	ection Su	m to Date
						\$		200.00
Prior	. Account Code	h. Form of Payment i.	. In-Kind Descri	ntion	L D ( )			
0	CHECKING	Check	in Adita Descri	ption	j. Date (mm/dd/yyyy)	1	k. Amoun	t
	82.0V.0000000000000000000000000000000000	5.29U(2977 <del>57</del> )			10/07/2017		\$	200.00
						$\dashv$		200.00
							\$	
						+		
							\$	
Total	only this Page	e				Ф.		240.00
	of ALL CRO					\$		349.00
(This lin	e must be on line 6	of Detailed Summary Page	e CRO-1100)			\$		12,649.00

Con	tributions f	rom Individual	s		Pg3 of8	₹	Amenda	2000 St. 2000	
Use th	is form to report i	ndividual contributior	is over \$50 or c	ontributions	s under \$50 if form CRC	<u>,</u> ) 120	Yes	No No	
1. Con	amittee Full Nam	e (and Fund if applical	ole)		and to the control of		ID Numb		
COM	MITTEE TO ELI	ECT WILL LOCKE				1-	10 I valida	51	
3 Con	tributor Informa	Hon				L			
a. Full	Name, Mailing Ac	ldress & Phone			Remove /Profession				
	ude city, state, &					d.	Comment	S	
	BARA DUGAN	3.5.5.		BEST EFI	ORIS				
	TH AVE PL NV			c. Employer's Name/Specific Field					
HICK	ORY, NC 28601			BEST EF					
						e.	Hection S	um to Date	
						\$		100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	L.,.	l. n		_	100.00	
12-210	CHECKING	Check	i. iii-Kina Des	cription	j. Date (mm/dd/yyy	7)	k. Amoui	nt	
	CHECKING	Circox			10/05/2017		\$	100.00	
-							\$		
							\$		
	ributor Informati				Remove				
	Name, Mailing Ad ide city, state, & z			b. Job Title	Profession	d. C	Comments		
		тр)		HAIR STY	LIST				
	ELROD			. P 1		4			
520 2ND ST NW HICKORY, NC 28601				1	's Name/Specific Field	1			
merce	JK1, NC 28001			ATTITUD	E SALON		7	**************************************	
						e. F	Aection Su	m to Date	
						\$		100.00	
. Prior		h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy	)	k. Amoun	t	
	CHECKING	Check			09/27/2017		\$	100.00	
_					03/2//2017		D	100.00	
							\$		
						$\dashv$	**		
Ц.					7		\$		
	ibutor Informatio			Add 🔲 R	lemove	Sirem.			
	ame, Mailing Add			b. Job Title/I	MATCHES AND AND AND AND AND AND AND AND AND AND	d. C	omments		
	de city, state, & zi	p)		DOCTOR					
	HARRILL		L			1			
	TH AVE CIR NW	1	Į·	c. Employer'	s Name/Specific Field	1			
HICKO	RY, NC 28601		I	BEST EFF	ORTS				
						e. E	ection Sur	n to Date	
						\$		100.00	
Prior	g. Account Code	h. Form of Payment	i. In-Kind Desci	rintion	j. Date (mm/dd/yyyy)	- 1	l. 1		
	CHECKING	Check		rperon		- '	k. Amount		
_	1000 TO 1000				10/02/2017		\$	100.00	
						$\neg$	200		
							\$		
							\$		
Tota	l only this D		distribution and the second				Ψ		
	l only this Pag	A STATE OF THE STA				\$		300.00	
. 10ta (This liv	of ALL CRO	0-1210 Pages of Detailed Summary Pa	na CDO 1100)			\$	3	12.649.00	

Con	tributions f	rom Individual	s		Pg	4 of 8	3	Amend Yes	
Use th	is form to report i	ndividual contribution	s over \$50 or co	ontributio	ons ur	nder \$50 if form CRC		Yes 5 is not u	No No
1. Con	imittee Full Name	e (and Fund if applicat	ole)			and the second second		ID Numl	
COM	MITTEE TO ELI	ECT WILL LOCKE					1-	ID I VAIII	~1
3. Con	tributor Informat	ion		Add	☐ Re		SCOVER OF		The second secon
	Name, Mailing Ac			-	1880 CA 20 CA	ofession	la	Commen	to.
	ude city, state, & :			ATTOR	School Control	ore soluti	- u.	Commen	ts
LARR	Y JOHNSON			ATTOR	CINEI				
	ND ST NE			c. Employer's Name/Specific Field					
HICK	ORY, NC 28601			SELF E	EMPL	OYED			
l							e.	Hection 8	Sum to Date
							1 \$		300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyy		k. Amou	
	CHECKING	Credit Card				D	, ,		
						10/22/2017		\$	300.00
								\$	
								\$	
	ributor Informati			Add	Ren	nove	HS TO		
	Name, Mailing Ad		The state of the state of	b. Job Ti	27 Philosophy		d. 0	Comment	s
(inch	ıde city, state, & z	ip)	-07-56	BEST E	FFOR	TS			
	O JONES								
				c. Employ	yer's N	lame/Specific Field	1		
HICKORY, NC 28601				BEST E	EFFOR	RTS			
							e. I	dection S	um to Date
							\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yyyy	1	k. Amou	nt
	CHECKING	Check		R. (1900)		10/03/2017	,	\$	100.00
								\$	
								\$	
3. Conti	ributor Informatio	in the second second	П	Add	1 Dom		-/19520		and the second second
	ame, Mailing Add			b. Job Tit	Rem		la c	omments	
	de city, state, & zi			OWNER		CSSION	u. C	omments	
ROBEF	RT LACKEY		ľ	OWNER	•		1		
	H ST DR NW		•	c. Employ	er's Na	ame/Specific Field	1		
HICKO	RY, NC 28601			VARIOU	JS BU	SINESSES			
							e. E	ection Su	ım to Date
							\$		2,500.00
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descr	intion	- Ii	. Date (mm/dd/yyyy)	0.000	le Amaza	
	CHECKING	Check		.p.co.	1			k. Amoun	
2000	9001159401 904-07-325-0000-991 (390)				$\dashv$	10/02/2017		\$	2,500.00
					$\perp$			\$	
								\$	
	l only this Pag	WORLD TO THE PROPERTY OF THE PARTY OF THE PA					\$		2,900.00
. Tota (This lii	l of ALL CRO	0-1210 Pages of Detailed Summary Pa	ge CRO-1100)	V S			\$		12,649.00

Co	ntributions	from Individua	als		Pg 5 of	8	Amendr	
Use	his form to report	individual contributi	ons over \$50 or	contributio	ns under \$50 if form CR	0.120	Yes	No No
-	Z CALL T 400TI	de (and Fund II applie	able)		ander 450 ir ionii Civ		ID Numb	
CON	AMITTEE TO EL	ECT WILL LOCKE				-   2.	ID INUIND	er
3. Co	ntributor Informa	ition		Add				
a. Ful	l Name, Mailing A	ddress & Phone			Remove le/Profession			
	clude city, state, &	zip)			FFORTS	d.	Comment	s
	ORAH LOOPER			DEST EI	TOKIS			
3160	LAUREL RIDGE	E RD NW		c. Employ	er's Name/Specific Field	1		
HICK	CORY, NC 28601	1			FFORTS			
				- 500		e.	Hection S	um to Date
						\$		1.000.00
f. Prio	r g. Account Code	h. Form of Payment	i. In-Kind De	scrintion	i Data (m. m. /1.1/		To .	1,000.00
	CHECKING	Credit Card	2.	scription	j. Date (mm/dd/yyy	y)	k. Amour	nt
					10/11/2017		\$	1,000.00
					4.2		\$	
							\$	
3. Con	tributor Informat	ion		and the same			J.	
a. Full	Name, Mailing Ad	dress & Phone			Remove			
(incl	ude city, state, & z	ip)		College College College	e/Profession	d. C	Comments	
	D MINER			PUBLIC A	AFFAIRS			
	0 LIONS GATE DR  c. Employer's Name/Specific Field							
CARY, NC 27518 SELF EMPLOYED								
				SEIST LIV	ILOTED	e. E	lection Su	m to Date
						1	transit bu	
. Prior	g. Account Code	h. Form of Payment	i In Vin I D			\$		250.00
	CHECKING	Credit Card	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	t
Ч_			1		10/15/2017		\$	250.00
						-		
							\$	
							Φ.	
Cont	ributor Informatio		_				\$	
Full N	ame, Mailing Add	n Page 6 Dh		Add 🔲 1				
(inclu	de city, state, & zi	n)		b. Job Title/	Profession	d. Co	omments	
ATIS		P		TREASUR	ER			
	X 3916			c Employer	's Name/Specific Field	4		
	RY, NC 28603							
			li li	NEILL GR	ADING	e He	ction Sum	. 4. D. (
						е. не	ction sun	to Date
Prior	- 4 (6.1)					\$		250.00
	The Committee of the Co	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)	k	. Amount	
	CHECKING	Credit Card			09/26/2017		dr.	250.00
_					03/20/2017		\$	250.00
						9	\$	
<b>]</b>						- "	52	
						9	\$	
Tota	only this Page	e				ď		1.500.00
Tota	of ALL CRO	-1210 Pages				\$		1,500.00
(This lin	e must be on line 6	of Detailed Summary Pa	100 CRO 1100			\$	1	2 649 00

Con	tributions f	rom Individual	s		Pg 6 of	2	Amend	
				ontribution	Pg 6 of 8 ns under \$50 if form CRO	3 3 120	Yes	s X No
1. Cor	nmittee Full Name	e (and Fund if applicat	ole)	oneno actor	is under \$50 if form CRC		. ID Num	
COM	MITTEE TO ELE	ECT WILL LOCKE					TOTALIN	oer .
3. Con	tributor Informat	ion	are medically	Add	Remove			
	Name, Mailing Ad				e/Profession	d.	Commen	its
	ude city, state, & z	zip)		MANAG	ER			
	POPE	Б		Р				
	45TH AVE PL NI ORY, NC 28601	В			er's Name/Specific Field			
merc	OK1, NC 28001			CI MAN	IAGEMENT		Heatien	Sum to Date
				1		1		sum to Date
e D .						\$	É	1,750.00
985,000	and the second s	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyy)	y)	k. Amou	int
	CHECKING	Electric Funds Tran	1		10/11/2017		\$	1,000.00
_							Φ	1,000.00
							\$	
							\$	
3 Cont	ributor Informati			=			Ψ	
	Name, Mailing Add				Remove			
	ide city, state, & z				e/Profession	d.	Comment	ts
	RICHARDSON	••		ORAL SU	RGEON			
	H ST DR NW			c. Employe	r's Name/Specific Field	+		
HICKO	DRY, NC 28601			12 mg	LLS ORAL SURGERY			
					SES CIGIES SONGERT		ection S	um to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	rintion	j. Date (mm/dd/yyyy	100	D	50,707,507,607
	CHECKING	Credit Card	III IIII Dest	ription		,	k. Amou	nt
					10/10/2017		\$	250.00
							\$	
							\$	
3. Conti	ibutor Informatio	n		Add 🔲	Remove	arrane.	and or making	With Control of
	ame, Mailing Add				/Profession	la (	comments	
(inclu	de city, state, & zi	p)			BANK CEO	u. c	, om ments	,
	LES SNIPES		ì	ORIVILIC	DAINK CLO			
	ND ST NW			c. Employer	's Name/Specific Field	1		
HICKO	RY, NC 28601			BANK OF	GRANITE	L		
			1			e. E	lection Su	ım to Date
			)			\$		100.00
Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription	j. Date (mm/dd/yyyy)		k. Amoun	nt
	CHECKING	Check			10/02/2017		\$	100.00
						_	\$	80 Y 25 A 20 A 20 A 20 A 20 A 20 A 20 A 20 A
						$\dashv$	\$	
. Tota	l only this Pag	e				ď	Ψ	1 350 00
	of ALL CRO					\$		1,350.00
(This li	ne must be on line 6	of Detailed Summary Pa	na CBO 1100			\$		12,649.00

Con	tributions fr	om Individual	ls		р	g7_ of8	:		dment
Use th	is form to report in	ndividual contribution	ns over \$50 or c	ontribu	tions 1	inder \$50 if form CRC	120	Ye Do	es X No
1. Con	nmittee Full Name	(and Fund if applical	ble)	o meno e	ions c	inder \$50 ir form CRC		ID Nun	
		CT WILL LOCKE					12.	ID INUI	noer
2 0							L		
	tributor Informati Name, Mailing Add			Lance Street		emove			
	ude city, state, & z					rofession	d.	Comme	nts
		тр)				CHANDISING	1		
	IONY TEAGUE THST DR NW			AND	SALE	S	4		
	ORY, NC 28601					Name/Specific Field			
HICK	OK1, NC 28001					FURNITURE	n		
				INDU	ISTRII	ES	e. Hection Sum to Date		
				1			\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	E/est	j. Date (mm/dd/yyyy	<u>,                                    </u>	k. Amo	nunt.
	CHECKING	Cash					,	8	June
	Accepted to Business to Section 1					10/01/2017		\$	50.00
	CHECKING	Cash				10/02/2015		1223	200
100-00						10/02/2017		\$	50.00
								d	
								\$	
	ributor Informatio			Add	☐ Re	move		elelejiški r	
	Name, Mailing Add			b. Job	litle/Pr	ofession	d. 0	Comme	nts
(incl	ıde city, state, & zi	p)		EX VP	,				
JOHN	TEETER								
6762 E	5762 BIG SKY LN				oyer's	Name/Specific Field	1		
HICKORY, NC 28602				PEPSI	COL	A	1		
							e. I	dection	Sum to Date
							\$		1 000 00
f Prior	a Assount Code	h. Form of Payment	1						1,000.00
			i. In-Kind Desc	cription		j. Date (mm/dd/yyyy)	)	k. Amo	unt
	CHECKING	Credit Card				10/18/2017		\$	500.00
_								-	200.00
								\$	
								\$	
3. Cont	ributor Informatio	n		Add	Rei	movie			
	ame, Mailing Addı				O'Cortonello	ofession	la c	Commen	
	de city, state, & zij					oresion	u. C	ommen	its
PAUL.	THOMPSON			FOUNI	ÆK				
	AIN AVE WAY S	F	t	c. Empl	over's l	Name/Specific Field	ł		
	PRY, NC 28601	L	1		-0.7 (0.00 PM - 0.00	TATION INSIGHT	1		
				TIVAIN	or OK	I HOIGHI MOITH I	e. E	lection S	Sum to Date
							1	.ceron .	5797364694566545654556
							\$		5,200.00
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Desc	ription		j. Date (mm/dd/yyyy)		k. Amou	int
	CHECKING	Check				10/02/2017			5 000 00
-						10/02/2017		\$	5,200.00
								ď	
137 TO								\$	
							П	\$	
TD (	1 1 2 -	S/Astronomical Superior		No. of the last of				Ψ.	
	l only this Page						\$		5,800.00
. Tota	d of ALL CRO	-1210 Pages					2		
(This li	ne must be on line 6	of Detailed Summan P.	100 CPO 1100				\$		12,649.00

Con	tributions fi	rom Individual	S	1	Pg <u>8</u> of	8		es 🛛 No
Use thi	s form to report in	ndividual contribution	is over \$50 or c	ontributions	under \$50 if form	CROI	205 is not	used No
1. Com	mittee Full Name	e (and Fund if applicat	ole)		ander \$50 h fon	i eko i	2. ID Nur	
		ECT WILL LOCKE					2. ID INUI	ince
	ributor Informat			Add 🗖 F	Remove			
	Name, Mailing Ad			b. Job Title/	Profession		d. Comme	ents
	ıde city, state, & z	zip)		LAWYER				
	LES WELLS							
	H AVE NE			Company of the Compan	s Name/Specific	Field		
HICKO	ORY, NC 28601				L GOLD BOB			
				WILLIAM	S		e. Hection	Sum to Date
							\$	600.00
f. Prior	2000	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/d	d/yyyy)	k. Am	ount
	CHECKING	Credit Card			10/13/2	017	\$	150.00
							\$	
							\$	
4 T-4	-1 -1 4' B						Ψ	
	al only this Pa						\$	150.00
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	12,649.00
CRO-1210 NC State Board of Elections						April 2007		

Disburser	nents					. 4			ndment
	o report expenditure	es from the commit	ttee for on	centina aspa	P	g <u>1</u> o	of	5 <b>1</b> Y	es X No
commutees and	a coordinated party	expenditures	ttee for op	erating expe	nse	s, contnou	lions	to candidat	e/political
1. Committee 1	Full Name (and Fun	d if applicable)						2. ID Nu	mber
COMMITTEE	E TO ELECT WILL	LOCKE						A STATE OF THE STA	
3. Type of Dish		e use separate CR	RO-1310 fo	orms for eac	h t	ne of Disb	ursem	ent.)	
X Operating Ex	penses Cor	ntributions to Candid	lates/Politica	al Committee:	S			ited Party Ex	penditures
4. Payee Inform			The second second	Add 🔲		emove			
	failing Address & P	hone	b	. Coordinate	d C	ommittee l	Vame	d. Comme	ents
(include city, st									
337 MAIN AV	INT & IMAGING		c.	Level Regis	ster	ed (Specify)	p/	-	
HICKORY, NO				] Federal		County			
			[	State				e. Election	Sum to Date
								s	
f. Account Code	g. Form of Paymen	t h Purnose Code	li Data (a		I.	• CONTRACTOR CONTRACTOR	lı v	1980	6,436.83
CHECKING	Check	h. Purpose Code		nm/aa/yyyy) 29/2017	1,550			equired Rer	
CHECKING	7.00 - 00-00 - 00-00		1 Section 1995		\$	1,151.84		STCARD P	ALMCARD
CHECKING	Cheek	BI	10/0	)3/2017	\$	2,028.15		ST CARDS	AND
4. Payee Inform	ation		ПА	dd 🔲	Re	move	POS	TAGE	
a. Full Name, M	ailing Address & Pl	none		Coordinate			ame	d. Comme	nts
(include city, sta									
	INT & IMAGING								
	37 MAIN AVE NE  C. Level Registered (Specify)  ICKORY, NC 28601  Grederal  County:								
THEKOK I, NO	28001		I⊨	30		County Municip		- M41	6
			<u></u>	cauco		Marie	Janiy.	e. Election	Sum to Date
								\$	6,436.83
CHECKING	g. Form of Payment		,	ım/dd/yyyy)	j. A		k. Re	quired Ren	ıarks
	Check	Α	10/0	4/2017	\$	1,594.20	PAL	M CARDS	
CHECKING	Check	В	10/2	3/2017	\$	313.71	STIC	CKERS	
4. Payee Inform			☐ Ac	ACCUSATION AND ADDRESS OF THE PARTY OF THE P		nove			
i. rull Name, Ma include city, sta	niling Address & Ph	one	b.	Coordinated	l Co	mmittee Na	ame	d. Commer	ıts
	Y ADVERTISING						1		
NC	DVEKTISING		c. 1	Level Regist	erec	l (Specify)		10	
				Federal		County:			
				State		■ Municip	ality:	e. Election	Sum to Date
								\$	6,516.74
Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/vvvv)	i A1	mount	l Do	quired Rem	and the second second
CHECKING	Check	Α			1,0300000		ADS		arks
CHECKING	Check	Λ			\$				
. Total only this	90,000,000		10/04	72017	D	1,120.00	RAD		194,000,000
	CRO-1310 Pages							\$	8,887.90
	line 13a of Detailed S	ummam, Paga CDO	1100:00-						
(This line goes in	line 13b of Detailed S	ummary Page CRO-	1100 y Ope 1100 if Con	raung Expen: trib to Candid	ses) Lator	/Political Co		\$	14,643.19
(This line goes in	line 13c of Detailed S.	ummary Page CRO-	1100 if Coo	rdinated Part	v Ex	penditures)	mm		
	des (List detailed								
.* - Media	B* - Printing	g	C* - Fund			<b>D</b> - To A	Anoth	er Candidat	e
- Salaries	F* - Equipme	ent	<b>G</b> - Politica	ıl Party					ce Expenses
- Postage * Other	J - Penalties	1	K* - Office	e Expenses		Q* - Do	nation	to Legal E	xpense Fund
	detailed explanatior	in required rome	arks field	(k)	in the				
			and Held	(n)					

Diahaan aaa aa		Amendm	ent
Disbursements	Pg2 of5	II Vos	IXI No
222 323 323	16 <u>2</u> 01 <u>3</u>	Lies	140

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

	ull Name (and Fund TO ELECT WILL				2	2. ID Number
3. Type of Disbut  Operating Expe			O-1310 forms for each			
		tributions to Candida	ntes/Political Committee		ordinated	d Party Expenditures
4. Payee Informa	43.70 (0.0)		Add	Remove		
	ailing Address & Pl	none	b. Coordinat	ted Committee N	lame d	I. Comments
(include city, stat						
	Y ADVERTISING	Á	a Lavel Pag	· · · · · · · · · · · · · · · · · · ·		
NC			□ Federal	istered (Specify)		
			State	☐ County		Tierter Com to Data
			L. Mac	LI Mane	painy.	. Election Sum to Date
			- 1			\$ 6,516.74
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy	j. Amount	k. Requ	uired Remarks
CHECKING	Check	Α	10/16/2017	\$ 1,345.00		
CHECKING	Check	Λ	10/16/2017	\$ 1,371.74		A-10
4. Payee Informa	20/04/3/2004		□ Add □	Remove	KADA	
	iling Address & Ph	none	The state of the s	ed Committee N	Jome d	. Comments
(include city, state		One		eu Committee	ame	Comments
CAPITAL BANK						
25 THIRD ST N			c. Level Regi	istered (Specify)		
HICKORY, NC			☐ Federal	County		
moneta,	20001		☐ State	☐ Municip		. Hection Sum to Date
						•
f Lagunt Code	g. Form of Payment	li names Code	<u> </u>		\$ S	5,000.00
CHECKING		Total Control of the	i. Date (mm/dd/yyyy)			ired Remarks
CHECKING	Check	K	10/02/2017	\$ 500.00	RENT	)
		.l		\$		
4. Payee Informat			☐ Add ☐	Remove		
	iling Address & Ph	ione	The state of the s	ed Committee N	ame d.	Comments
(include city, state						ATT STOTE CONSTITUTE SHARES
	MMUNICATIONS	í				
NC			The second secon	stered (Specify)		
			☐ Federal	County:	:	
			☐ State	☐ Municip	pality: e.	<b>Election Sum to Date</b>
					\$	228.96
f Account Code g	g. Form of Payment	In Purnose Code	i. Date (mm/dd/yyyy)	dr. tmount	- 42	ired Remarks
CHECKING	Check	K		8		
CHECKING	CHECK	K	10/23/2017	\$ 228.96	INTER	ENET AT HQ
				\$		
5. Total only this	•				\$	3,445.70
6. Total of ALL C						
(This line goes in	line 13a of Detailed!	Summary Page CRO-	-1100 if Operating Expe	enses)	4	14 642 10
(This line goes in l	line 13b of Detailed S	Summary Page CRO-	1100 if Contrib to Cana	didates/Political Co	Comm) \$	14,643.19
(This line goes in l	line 13c of Detailed S	Summary Page CRO-1	1100 if Coordinated Pa	rty Expenditures)		
	des (List detailed					
A* - Media	B* - Printin		C* - Fundraising	<b>D</b> - To	Another	Candidate
E - Salaries	F* - Equipme		G - Political Party	H* - Ha		ublic Office Expenses
I - Postage	J - Penalties	s 7	K* - Office Expenses			to Legal Expense Fund
O* Other						
* Codes require d	detailed explanation	n in required rema	arks field(k)			

Disbursements	Рσ	3	of	5	

☐ Yes X No Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	<b>Tame (and Fund</b> TO ELECT WILL						2. ID Nun	iber
		LOCKE						
3. Type of Disb			0-1310 forms for eac		Security of the Party of the Pa	The second second second	The second second second	
Operating Ex		ributions to Candidat	tes/Political Committee			ordinat	ed Party Ex	penditures
4. Payee Inform			Add		nove			
	ailing Address & Ph	one	b. Coordinate	ed Co	mmittee N	ame	d. Comme	nts
(include city, sta		10	217/4					
NC NC	COMMUNICATION	S	c. Level Regis	stered	(Specify)			
INC			☐ Federal		County	:		
			☐ State		Municip		e. Election	Sum to Date
							\$	1 102 04
	T	L -					3000	1,182.84
	0019500 00	The state of the s	i. Date (mm/dd/yyyy)	j. A		segmont of	quired Ren	ıarks
CHECKING	Check	Α	09/28/2017	\$	150.00	PHC	NE	
CHECKING	Debit Card	Α	10/19/2017	\$	1,032.84	CAL	LS	
4. Payee Inform			Add	Ren	nove			
	ailing Address & Ph	one	b. Coordinate	d Co	mmittee N	ame	d. Comme	nts
(include city, sta	ite, & zip)		42520					
DEMOCRACY	ENGINE							
NC			c. Level Regis	sterec	I (Specify) ☐ County:			
			State		☐ Municip	44000	e Election	Sum to Date
					manen	amy,		Sum to Date
							\$	241.19
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Aı	mount	k. Re	quired Ren	arks
CHECKING	Electric Funds Tran	С	10/19/2017	\$	105.26	PAY	MENT PR	OCESSING
				\$				
4. Payee Inform	ation		☐ Add ☐	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one	b. Coordinate	d Co	mmittee Na	ıme	d. Commer	ıts
(include city, sta	te, & zip)							
FACEBOOK								
CA			c. Level Regis	tered				
			☐ Federal☐ State		County:	.59	a Dartin	Sum to Date
			scare		<b>—</b> Минен	anty:	e. Election	Sum to Date
							\$	109.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Ar	nount	k. Re	quired Rem	arks
CHECKING	Electric Funds Tran	Α	10/02/2017	\$	3.34	ADS		
CHECKING	Electric Funds Tran	Α	10/04/2017	\$	25.04	ADS		
5. Total only this	s Page						\$	1,316.48
	CRO-1310 Pages						Ψ	1,510.40
		'ummarı: Paoe CRO.	1100 if Operating Expe	neael				
			1100 if Contrib to Cand		/Political Co	,mm)	\$	14,643.19
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if Coordinated Pa	rty Ex	penditures)			
	des (List detailed	expenditure code i	in (h.) above)					
A* - Media	B* - Printin	_	C* - Fundraising				er Candida	
E - Salaries	F* - Equipme		G - Political Party					ice Expenses
- Postage O* Other	J - Penalties	3	K* - Office Expenses	5	Q* - Do	natio	n to Legal 1	Expense Fund
	detailed explanation	in remired rem	arks field(k)					
CDO 1210		. In required rema	arks neru(K)		NAMES OF TAXABLE PARTY.	90%	174102	

☐ Yes	X No
	☐ Yes

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

	ull Name (and Fund TO ELECT WILL						2. ID Nu	mber
3. Type of Disbu	irsement (Please	use separate CR	0-1310 forms for ea	ch typ	e of Disbu	rseme	nt.)	in the fact that the same
X Operating Exp			tes/Political Committee				Property of the second	xpenditures
4. Payee Inform	ation		☐ Add ☐	Ren	nove	70 70 70		
a. Full Name, Ma	ailing Address & Pl	none	b. Coordina	ed Co	mmittee N	ame	d. Comm	ents
(include city, sta	te, & zip)							
FACEBOOK								
CA			c. Level Reg		The state of the s			
			☐ Federal	823	County	1000000		
			☐ State	9	Municip	pality:	e. Electio	n Sum to Date
							\$	109.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	) i. An	nount	k. Re	quired Re	
CHECKING	Debit Card	A	10/10/2017	\$	2.34	ADS		murks
CHECKING	E TAIN REPORTED AN		2024075 Chic Live (2003401) 32		1140,4440	200000000000000000000000000000000000000		
	Debit Card	Α	10/10/2017	\$	30.99	ADS		
4. Payee Inform			Add	Rem				
	iling Address & Ph	ione	b. Coordinat	ed Cor	nmittee N	ame	d. Comm	ents
(include city, sta	te, & zip)							
FACEBOOK			c. Level Regi	.4	(C16-)			
CA			Federal	sterea 1	County:			
			State	i		- 1	a Election	n Sum to Date
					Mitaricip	anty.	e. Mection	i sum to Date
							\$	109.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. An	ount	k. Red	quired Rea	marks
CHECKING	Debit Card	Α	10/10/2017	\$	47.66	ADS		
				\$				
4. Payee Informa	ation		☐ Add ☐			alle segvaler		
	iling Address & Ph	one	b. Coordinate	Rem	25/07 <sub>4</sub>	ma I	d. Comme	
(include city, stat		one	D. Coordinate	cu Con	illittee Na	ine	u. Comme	ents
HICKORY DAI	35.37							
1100 11TH AVI			c. Level Regi	stered	(Specify)			
HICKORY, NC	28602		☐ Federal		County:			
			☐ State		Municip	ality:	e. Hection	Sum to Date
							\$	4.415.00
Account Code	g. Form of Payment	h Purnoss Cada	1 D.4 ( 1111	1				4,415.00
CHECKING		193	i. Date (mm/dd/yyyy				uired Rer	
CHECKING	Check	Α	10/12/2017	\$	175.00	NEW	SPAPER	
CHECKING	Check	Α	10/19/2017	\$	225.00	NEW	SPAPER	
5. Total only this	Page					1000	\$	480.99
	CRO-1310 Pages						4/	100.77
		Summary Page CRO	1100 if Operating Exp	meael		STATE OF		
			1100 if Contrib to Can		Political Co		\$	14,643.19
(This line goes in	line 13c of Detailed S	ummary Page CRO-	1100 if Coordinated Pa	rty Exp	enditures)	··········		
. Purpose Co		expenditure code i				1000		
* - Media	B* - Printin		C* - Fundraising		D. To	Anoth	er Candid	ata
E - Salaries	F* - Equipme	~	G - Political Party					ate fice Expenses
- Postage	J - Penaltie		K* - Office Expense	s				Expense Fund
O* Other		i.	CC Expense		Q -D0		to Legal	Expense rund
Codes require	detailed explanation	n in required rema	arks field(k)					
'RO_1310		NOG	A D. I CDI					

Disburser	nents			1	Pg5_ or	r 5		dment
Use this form to	o report expenditures	from the committ	ee for operatin	g expens	es contribut	ions to	candidate	es X No
committees and	coordinated party e	xpenditures	1	8 - 4 - 11	eo, contribut	ions to	candidate	"pontical
1. Committee F	full Name (and Fund	if applicable)					2. ID Nun	nber
COMMITTEE	TO ELECT WILL	LOCKE						
3. Type of Disb	ursement (Please	use separate CR(	)-1310 forms t	or each t	type of Dishi	rsemer	at )	
Operating Ex	penses	ributions to Candidat	es/Political Com	mittees			d Party Ex	penditures
4. Payee Inform	nation		☐ Add	☐ R	Remove	EVENE !	18 18 18 18 18 18 18 18 18 18 18 18 18 1	S On the last
	ailing Address & Ph	one	b. Coor	rdinated (	Committee N	ame	d. Comme	nts
(include city, sta	Annual Control of the							
OFFICE DEPC	PΤ							
NC			The same and the s		red (Specify)			
			☐ Fed ☐ Stat		☐ County ☐ Municip	10,985	- IN - 41	
					L Manen	ranty.		Sum to Date
							\$	51.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd	/yyyy) j.	Amount	k. Req	uired Ren	ıarks
CHECKING	Check	K	10/19/201	17 \$	51.35	INK		
				\$				
4. Payee Inform	ation		☐ Add	R	emove	or Colphania		
	ailing Address & Pho	one	and the second s		committee Na	ame Id	l. Commer	nte
include city, sta	te, & zip)							
USPS								
NC					ed (Specify)	GEE.		
			☐ Fede		County:			
			LI State	2	☐ Municip	ality: e	. Hection	Sum to Date
			1				\$	509.77
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/	/уууу) ј.	Amount	k. Requ	ired Rem	arks
CHECKING	Check	I	10/03/201		415.00	1000		
CHECKING	Check	I	10/18/201	7 \$	45.77			
. Total only this	s Page						dr.	512.12
	CRO-1310 Pages					STEPANE .	\$	512.12
	n line 13a of Detailed S	ummary Page CRO.	1100 if Onematine	. Eun aus				
(This line goes in	n line 13b of Detailed Si	ummary Page CRO-	100 if Contrib to	; Expenses r Candida.	y tes/Political Co	) 5	\$	14,643.19
(This line goes in	n line 13c of Detailed St	ımmary Page CRO-1	100 if Coordina	ted Party I	Expenditures)	,,,,,,		
. Purpose Co	des (List detailed	expenditure code i	n (h.) above)				n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
* - Media	B* - Printing	3	C* - Fundraisi	ng	<b>D</b> - To A	Anothe	r Candida	te
- Salaries	F* - Equipme		G - Political Par		H* - Ho	lding P	ublic Off	ice Expenses
- Postage  * Other	J - Penalties	1	K* - Office Exp	ænses				Expense Fund
	detailed explanation	in required rema	rke field (h)					
RO-1310	папеч схранации		te Board of Elec	tions		SHALL BE A		Dagambar 2000
			- Doma of Life					December 2009

Aggregated 1	Non-Media	<b>Expenditures</b>
--------------	-----------	---------------------

				Am	endm	ent	
Page _	1	_ of _	_1		Yes	$\mathbf{X}$	No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

		d Fund if applicable)		οι φου οι 1033.	Newson	o m			
	TEE TO ELECT					2. ID	Number		
		WIED DOCKE							
3. Payee Inf	ormation								
State of the state	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	уууу)	f. Am	ount	g. Required Remarks	
Add Remove	CHECKING	Electric Funds Tran	С	10/05/2017	7	\$ 25.16		PAYMENT PROCESSING	
Add Remove	CHECKING	Electric Funds Tran	С	10/12/2017	7	\$ 3.95		PAYMENT PROCESSING	
Add Remove	CHECKING	Electric Funds Tran	К	10/16/2017	7	\$ 19.98		WEBSITE	
Add Remove	CHECKING	Electric Funds Tran	K	10/20/2017	7	\$ 4.99		WEBSITE	
	nly this Page					\$		54.08	
	f ALL CRO-1 nust be on line 14 oj	315 Pages  f Detailed Summary Page	ge CRO-1100)			\$		54.08	
6. Purpos	e Codes (List o	detailed expenditur	re code in (d) a	bove)		VIII SEC IN			
	B*	- Printing	C* - Fundr	aising	-		other Car		
E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expense				CHRONICAL CHARLES COMPANY COMP				ic Office Expenses	
O* - Oth		Penallies	K* - Office	Expenses	Q* -	Dona	itions to	Legal Expense Fun	
* Codes	require detail	led explanation in	n required ren	narks field (g)					
CD () 1115				(5)					

CRO-1315

NC State Board of Elections

December 2009

					Amendme	ent
Contributions to be Reimbursed	Pg	1	of	1	□ Yes	E

Use this form to report Contributions under \$1,000 which will be refunded within 7 days. Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ]	2. ID Number		
COMMITTEE TO ELECT WILL LOCKE				
3. Contributor Information	☐ Add ☐ Re	emove		
Full Name & Mailing Address of the Payce (the original vendor)		Mailing Address of o whom the campaig		
FACEBOOK CA	OCKE AND AVE SE NC 28602		,	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amou	ınt
ADS	10/05/2017	Y	\$	439.48
3. Contributor Information	☐ Add ☐ Re	emove		
Full Name & Mailing Address of the Payee (the original vendor)		Mailing Address of whom the campaign		
NATION BUILDER NC	WILLIAM L	OCKE AND AVE SE		
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amou	nt
VOTER MANAGEMENT SOFTWARE	- 7,55			558.00
4. Total only this Page		\$		997.48
5. Total of ALL CRO-1215a Pages (This line goes in line 28 of Detailed Summary Pages)	ge CRO-1100)	\$		997.48

CRO-1215

NC State Board of Elections

December 2007

No No