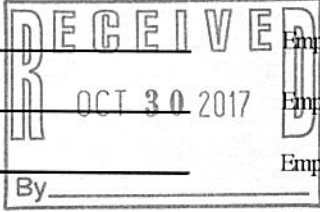


Disclosure Report Cover

Amendment

☐ Yes ☒ No

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

1. Committee Information				
a. Full Name			c. ID Number	
COMMITTEE TO ELECT WILL LOCKE				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
PO BOX 9641 HICKORY, NC 28601			10/30/2017	
			e. Phone Number	
			828-999-2033	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2017	09/26/2017	10/23/2017	MICHAEL LOEB	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
8. Number of Fundraisers this Report		10. Special Report Name		
0				
3. Account Information				
a. Financial Institution Full Name				
PEOPLES BANK				
b. Purpose		c. Account Code		
FOR HICKORY MAYORAL CAMPAIGN EXPENDITURES		CHECKING		
		d. Period Begin Balance		
		\$ 6993.37 ^{0.78}		
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				
<u>Michael Loeb</u>		<u>[Signature]</u>		<u>10/30/2017</u>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:		Employee:	Delivery Method	
Date Postmarked:		Employee:	<input type="checkbox"/> Normal Mail	
Date Scanned:		Employee:	<input type="checkbox"/> Registered Mail	
Date Data Entered:		Employee:	<input type="checkbox"/> Hand Delivered	
			<input type="checkbox"/> Electronically Filed	
			<input type="checkbox"/> Signer has not received mandatory training	
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

Detailed Summary

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE		2. Type of Report 2017 Pre-Election		3. ID Number	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this 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	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund- Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 12,984.00		\$ 33,574.00	
EXPENDITURES					
13) 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	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 54.08		\$ 273.52	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 730.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 14,697.27		\$ 28,294.68	
19) 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		\$ 997.48	

Aggregated Contributions from Individuals

Page 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT WILL LOCKE					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	CHECKING	Electric Funds Tran		10/16/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Cash		10/01/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Cash		10/01/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Credit Card		10/13/2017	\$ 35.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Credit Card		10/09/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Credit Card		10/12/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Credit Card		09/28/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Credit Card		10/15/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	CHECKING	Check		10/02/2017	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 335.00
5. Total of ALL CRO-1205 Pages					\$ 335.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT WILL LOCKE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANTHONY ALDERMAN 1545 10TH ST PL NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments	
				REAL ESTATE APPRAISER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
		NORTH BY NORTHWEST CONSULTING		\$ 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"/>	CHECKING	Credit Card		10/05/2017		\$ 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) RODMAN BARBER 818 37TH AVE NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments	
				PHYSICIAN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
		PIEDMONT ENDOCRINOLOGY		\$ 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"/>	CHECKING	Check		10/02/2017		\$ 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) TRACEY BOLICK 311 4TH AVE NW HICKORY, NC 28601				b. Job Title/Profession		d. Comments	
				BEST EFFORTS			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
		CATAWBA MEDICAL FOUNDATION		\$ 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"/>	CHECKING	Check		10/17/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 12,649.00	

Contributions from Individuals

Pg 2 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT WILL LOCKE							
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	
RICK BRYANT 3740 BETH PLACE NE HICKORY, NC 28601				EDUCATOR			
				c. Employer's Name/Specific Field			
				BEST EFFORTS			
						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 checked="" type="checkbox"/>	CHECKING	Check		09/02/2017		\$ 50.00	
<input type="checkbox"/>	CHECKING	Cash		10/11/2017		\$ 49.00	
<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	
MARTHA COTTON 1802 2ND ST NW HICKORY, NC 28601				BEST EFFORTS			
				c. Employer's Name/Specific Field			
				BEST EFFORTS			
						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"/>	CHECKING	Check		10/05/2017		\$ 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	
FREDDA CULBRETH 19 PRESCIENT ST MOUNT PLEASANT, SC 29464				DESIGN			
				c. Employer's Name/Specific Field			
				YELLOW DOG DESIGN DEVELOPMENT			
						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"/>	CHECKING	Check		10/07/2017		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 349.00	
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

Contributions from Individuals

Pg 3 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA DUGAN 545 11TH AVE PL NW HICKORY, NC 28601			b. Job Title/Profession BEST EFFORTS		d. Comments	
			c. Employer's Name/Specific Field BEST EFFORTS		e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/05/2017	k. Amount \$ 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) ALAN ELROD 520 2ND ST NW HICKORY, NC 28601			b. Job Title/Profession HAIR STYLIST		d. Comments	
			c. Employer's Name/Specific Field ATTITUDE SALON		e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 09/27/2017	k. Amount \$ 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) KIRAN HARRILL 520 11TH AVE CIR NW HICKORY, NC 28601			b. Job Title/Profession DOCTOR		d. Comments	
			c. Employer's Name/Specific Field BEST EFFORTS		e. Election Sum to Date \$ 100.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/02/2017	k. Amount \$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,649.00	

Contributions from Individuals

Pg 4 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WILL LOCKE						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LARRY JOHNSON 751 2ND ST NE HICKORY, NC 28601				b. Job Title/Profession ATTORNEY		d. Comments
				c. Employer's Name/Specific Field SELF EMPLOYED		
						e. Election Sum to Date \$ 300.00
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Credit Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/22/2017		k. Amount \$ 300.00
<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) DAVID JONES 260 21ST AVE NW HICKORY, NC 28601				b. Job Title/Profession BEST EFFORTS		d. Comments
				c. Employer's Name/Specific Field BEST EFFORTS		
						e. Election Sum to Date \$ 100.00
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/03/2017		k. Amount \$ 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) ROBERT LACKEY 840 8TH ST DR NW HICKORY, NC 28601				b. Job Title/Profession OWNER		d. Comments
				c. Employer's Name/Specific Field VARIOUS BUSINESSES		
						e. Election Sum to Date \$ 2,500.00
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Check	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/02/2017		k. Amount \$ 2,500.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 2,900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,649.00	

Contributions from Individuals

Pg 5 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
COMMITTEE TO ELECT WILL LOCKE							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEBORAH LOOPER 3160 LAUREL RIDGE RD NW HICKORY, NC 28601				b. Job Title/Profession BEST EFFORTS		d. Comments	
				c. Employer's Name/Specific Field BEST EFFORTS			
						e. Election Sum to Date \$ 1,000.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Credit Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/11/2017		k. Amount \$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID MINER 220 LIONS GATE DR CARY, NC 27518				b. Job Title/Profession PUBLIC AFFAIRS		d. Comments	
				c. Employer's Name/Specific Field SELF EMPLOYED			
						e. Election Sum to Date \$ 250.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Credit Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/15/2017		k. Amount \$ 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) RITA NEILL PO BOX 3916 HICKORY, NC 28603				b. Job Title/Profession TREASURER		d. Comments	
				c. Employer's Name/Specific Field NEILL GRADING			
						e. Election Sum to Date \$ 250.00	
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Credit Card	i. In-Kind Description	j. Date (mm/dd/yyyy) 09/26/2017		k. Amount \$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,500.00	
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

Contributions from Individuals

Pg 6 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WILL LOCKE						
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	
JOHN POPE 1918 45TH AVE PL NE HICKORY, NC 28601			MANAGER			
			c. Employer's Name/Specific Field CT MANAGEMENT			
					e. Election Sum to Date \$ 1,750.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	CHECKING	Electric Funds Tran		10/11/2017	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
PAUL RICHARDSON 738 8TH ST DR NW HICKORY, NC 28601			ORAL SURGEON			
			c. Employer's Name/Specific Field FOOTHILLS ORAL SURGERY			
					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"/>	CHECKING	Credit Card		10/10/2017	\$ 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	
CHARLES SNIPES 1690 2ND ST NW HICKORY, NC 28601			FORMER BANK CEO			
			c. Employer's Name/Specific Field BANK OF GRANITE			
					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"/>	CHECKING	Check		10/02/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,649.00	

Contributions from Individuals

Pg 7 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE					2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ANTHONY TEAGUE 835 8TH ST DR NW HICKORY, NC 28601				b. Job Title/Profession SR VP MERCHANDISING AND SALES		d. Comments
				c. Employer's Name/Specific Field JACKSON FURNITURE INDUSTRIES		
				e. Election Sum to Date \$ 100.00		
f. Prior <input type="checkbox"/>	g. Account Code CHECKING	h. Form of Payment Cash	i. In-Kind Description	j. Date (mm/dd/yyyy) 10/01/2017		k. Amount \$ 50.00
<input type="checkbox"/>	CHECKING	Cash		10/02/2017		\$ 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) JOHN TEETER 6762 BIG SKY LN HICKORY, NC 28602				b. Job Title/Profession EX VP		d. Comments
				c. Employer's Name/Specific Field PEPSI COLA		
				e. Election Sum to Date \$ 1,000.00		
<input type="checkbox"/>	CHECKING	Credit Card		10/18/2017		\$ 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) PAUL THOMPSON 310 MAIN AVE WAY SE HICKORY, NC 28601				b. Job Title/Profession FOUNDER		d. Comments
				c. Employer's Name/Specific Field TRANSPORTATION INSIGHT		
				e. Election Sum to Date \$ 5,200.00		
<input type="checkbox"/>	CHECKING	Check		10/02/2017		\$ 5,200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 5,800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 12,649.00	

Contributions from Individuals

Pg 8 of 8

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT WILL LOCKE					
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
CHARLES WELLS 108 8TH AVE NE HICKORY, NC 28601			LAWYER		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			MITCHELL GOLD BOB WILLIAMS		
\$ 600.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	CHECKING	Credit Card		10/13/2017	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 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

Disbursements

Pg 1 of 5

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE					2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEGRA PRINT & IMAGING 337 MAIN AVE NE HICKORY, NC 28601				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 6,436.83
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/29/2017	j. Amount \$ 1,151.84	k. Required Remarks POSTCARD PALMCARD	
CHECKING	Check	BI	10/03/2017	\$ 2,028.15	POST CARDS AND POSTAGE	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEGRA PRINT & IMAGING 337 MAIN AVE NE HICKORY, NC 28601				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 6,436.83
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/04/2017	j. Amount \$ 1,594.20	k. Required Remarks PALM CARDS	
CHECKING	Check	B	10/23/2017	\$ 313.71	STICKERS	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEN FINLEY ADVERTISING NC				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
						e. Election Sum to Date \$ 6,516.74
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/27/2017	j. Amount \$ 2,680.00	k. Required Remarks ADS	
CHECKING	Check	A	10/04/2017	\$ 1,120.00	RADIO	

5. Total only this Page \$ 8,887.90

6. Total of ALL CRO-1310 Pages
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
 \$ 14,643.19

7. Purpose Codes (List detailed expenditure code in (h.) above)			
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			
* Codes require detailed explanation in required remarks field (k)			

Disbursements

Pg 2 of 5

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLEN FINLEY ADVERTISING NC				b. Coordinated Committee Name		d. Comments 	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 6,516.74	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	A	10/16/2017	\$ 1,345.00	RADIO		
CHECKING	Check	A	10/16/2017	\$ 1,371.74	RADIO		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAPITAL BANK 25 THIRD ST NW HICKORY, NC 28601				b. Coordinated Committee Name		d. Comments 	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 3,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	K	10/02/2017	\$ 500.00	RENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARTER COMMUNICATIONS NC				b. Coordinated Committee Name		d. Comments 	
				c. Level Registered (Specify)			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						e. Election Sum to Date	
						\$ 228.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	K	10/23/2017	\$ 228.96	INTERNET AT HQ		
				\$			
5. Total only this Page						\$ 3,445.70	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 14,643.19	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field(k)							

Disbursements

Pg 3 of 5

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CONQUEST COMMUNICATIONS NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 1,182.84	
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code A	i. Date (mm/dd/yyyy) 09/28/2017	j. Amount \$ 150.00	k. Required Remarks PHONE		
CHECKING	Debit Card	A	10/19/2017	\$ 1,032.84	CALLS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEMOCRACY ENGINE NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 241.19	
f. Account Code CHECKING	g. Form of Payment Electric Funds Tran	h. Purpose Code C	i. Date (mm/dd/yyyy) 10/19/2017	j. Amount \$ 105.26	k. Required Remarks PAYMENT PROCESSING		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK CA				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 109.37	
f. Account Code CHECKING	g. Form of Payment Electric Funds Tran	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/02/2017	j. Amount \$ 3.34	k. Required Remarks ADS		
CHECKING	Electric Funds Tran	A	10/04/2017	\$ 25.04	ADS		
5. Total only this Page						\$ 1,316.48	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 14,643.19	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 4 of 5

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK CA				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 109.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Debit Card	A	10/10/2017	\$ 2.34	ADS		
CHECKING	Debit Card	A	10/10/2017	\$ 30.99	ADS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK CA				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 109.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Debit Card	A	10/10/2017	\$ 47.66	ADS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HICKORY DAILY RECORD 1100 11TH AVE BLVD SE HICKORY, NC 28602				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 4,415.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	A	10/12/2017	\$ 175.00	NEWSPAPER		
CHECKING	Check	A	10/19/2017	\$ 225.00	NEWSPAPER		
5. Total only this Page						\$ 480.99	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 14,643.19	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field(k)							

Disbursements

Pg 5 of 5

Amendment
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT WILL LOCKE						2. ID Number	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) OFFICE DEPOT NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 51.35	
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code K	i. Date (mm/dd/yyyy) 10/19/2017	j. Amount \$ 51.35	k. Required Remarks INK		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 509.77	
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code I	i. Date (mm/dd/yyyy) 10/03/2017	j. Amount \$ 415.00	k. Required Remarks		
f. Account Code CHECKING	g. Form of Payment Check	h. Purpose Code I	i. Date (mm/dd/yyyy) 10/18/2017	j. Amount \$ 45.77	k. Required Remarks		
5. Total only this Page						\$ 512.12	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 14,643.19	
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field(k)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT WILL LOCKE						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	10/05/2017	\$ 25.16	PAYMENT PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	10/12/2017	\$ 3.95	PAYMENT PROCESSING
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	K	10/16/2017	\$ 19.98	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	K	10/20/2017	\$ 4.99	WEBSITE
4. Total only this Page					\$ 54.08	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 54.08	
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Contributions to be Reimbursed

Pg 1 of 1Amendment
☐ Yes ☒ No

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. ID Number	
COMMITTEE TO ELECT WILL LOCKE			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
FACEBOOK CA		WILLIAM LOCKE 819 HIGHLAND AVE SE HICKORY, NC 28602	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ADS	10/05/2017	Y	\$ 439.48
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
Full Name & Mailing Address of the Payee (the original vendor)		Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)	
NATION BUILDER NC		WILLIAM LOCKE 819 HIGHLAND AVE SE HICKORY, NC 28602	
a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
VOTER MANAGEMENT SOFTWARE	10/05/2017	Y	\$ 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 Page CRO-1100)			\$ 997.48