Disclosure Report Cover Amendment Use this form for general report and committee information, must be signed and submitted along with other detailed forms. ☐ Yes X No 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 OCT 02 2017 10/02/2017 HICKORY, NC 28601 e. Phone Number By. 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2017 08/30/2017 MICHAEL LOEB 09/25/2017 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum ☐ Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly ☐ Pre-referendum 7. Type of Fund (if applicable, check one) Pre-primary П First ☐ Final Booster Fund" X Pre-election Second ☐ Supplemental Final ■ Building Fund П Pre-runoff Third ☐ Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special ☐ Final ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name PEOPLES BANK b. Purpose c. Account Code b. Purpose c. Account Code FOR HICKORY CHECKING MAYORAL CAMPAIGN d. Period Begin Balance **EXPENDITURES** d. Period Begin Balance 13,764-76 \$ 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 10/02/2017 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Employee: ☐ Normal Mail

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.

Employee:

Employee:

Employee:

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Postmarked:

Date Data Entered:

Date Scanned:

☐ Registered Mail

☐ Hand Delivered☐ Electronically Filed

☐ Signer has not received

mandatory training

Detailed Summary

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

Amendment

Yes No

	Type of Report	t	Post way	3. ID N	AND DESCRIPTION OF THE PARTY OF
F	Report	_		XD002	
Start of Election Cycle: January 1,	2017		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	13764.76	\$	0.00
RECEIPTS					TO THE STATE OF TH
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	375.00	\$	435.00
6) Contributions from Individuals	(CRO-1210)	\$	4680.00	\$	20420.85
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources 11a) Interest on Bank Accounts	/CD 0 1110	Φ.			
	(CRO-1250)	\$		\$	
The state of the s		\$		\$	
11c) Outside Sources of Income	(CRO-1250)	\$		\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$		\$	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	ld and 11e)	\$	5055.00	\$	20855.85
EXPENDITURES 13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	10949.54	\$	12747.19
13b) Contributions to Candidates/Political Committee		\$	10747.54	\$	12/4/.19
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	146.85	X	210.44
15) Loan Repayments	(CRO-1313)	\$	140.03	\$	219.44
16) Refunds/Reimbursements From the Committee				\$	
17) In-Kind Contributions	(CRO-1320)	\$	T20 00	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	(CRO-1510)	\$	730.00	\$	895.85
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$	11826.39	\$	13862.48
ADDITIONAL INFORMATION	t tine 18)	\$	6993.37	\$	6993.37
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	WEST WAS THE SERVE	02001500500	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$		\$	
26) Forgiven Loans	(CRO-1440)	\$		\$	
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	-	\$	
28) Contributions to be Refunded	(CRO-1215)	\$		\$	
CRO-1100 NC State Roard of Election		Ψ		1	

Aggrega	ated Contri	butions from I	ndividuals Page		Amendment Yes No
1. Committee	e Full Name (and	Fund if applicable)	s From Individuals of \$		
	EE TO ELECT V			2. ID	Number
3. Contribut	tor Information				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	CHECKING	Check		09/17/2017	\$ 50.00
Add Remove	CHECKING	Check		09/16/2017	\$ 50.00
Add Remove	CHECKING	Check		09/02/2017	\$ 50.00
Add Remove	CHECKING	Check		09/17/2017	\$ 50.00
Add Remove	CHECKING	Credit Card		09/16/2017	\$ 50.00
Add Remove	CHECKING	Check		09/14/2017	\$ 50.00
Add Remove	CHECKING	Credit Card		09/07/2017	\$ 25.00
Add Remove	CHECKING	Credit Card		09/16/2017	\$ 50.00
. Total on	ly this Page			\$	\$375.00
	ALL CRO-12 ust be on line 5 of De	05 Pages etailed Summary Page (CRO-1100)	\$	\$375.00
CRO-1205		THE RESERVE OF THE PERSON NAMED IN	C State Board of Elections		April 2007

Contributions from Individuals Amendment ☐ Yes Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used X No 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT WILL LOCKE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BEST EFFORTS KELLER BARON c. Employer's Name/Specific Field 3215 SUNBURY LN COLUMBIA, SC 29205 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 CHECKING Check 08/31/2017 \$ 100.00 \$ \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DESIGNER RICK BERRY 5665 GRACE CHAPEL RD c. Employer's Name/Specific Field HICKORY, NC 28601 RICK BERRY DESIGN 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 CHECKING Check 08/30/2017 \$ 200.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) BEST EFFORTS NATHAN BOST 110 TRYON ST c. Employer's Name/Specific Field COLUMBIA, SC 29201 BEST EFFORTS 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 Check CHECKING 09/07/2017 \$ 200.00 \$ \$ 4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Co	atributions f	from Individual	is .		Pg _ 2 of 8	3	☐ Yes	DD
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Contributions from Individuals Amendment Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205

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Contributions from Individuals 6 8 ☐ Yes X No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT WILL LOCKE 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSTRUCTION CLAY NEIL PO BOX 3916 c. Employer's Name/Specific Field HICKORY, NC 28601 **NEILL GRADING AND** CONSTRUCTION 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 CHECKING Credit Card 09/06/2017 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MARKETING EXECUTIVE JEFF PIERCE 327 9TH ST NW c. Employer's Name/Specific Field HICKORY, NC 28601 SHURTAPE TECHNOLOGIES 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 CHECKING Credit Card 09/25/2017 \$ 250.00 \$ \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER JOHN POPE 1918 45TH AVE PL NE c. Employer's Name/Specific Field HICKORY, NC 28601 CT MANAGEMENT e. Election Sum to Date 750.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Credit Card CHECKING 09/02/2017 \$ 500.00 CHECKING Credit Card 09/10/2017 \$ 250.00 \$ 4. Total only this Page \$ 1,250.00 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$

CRO-1210

Amendment

Contributions from Individuals Use this form to report individual contributions

			Amendm	ent
Pg	 of	8	☐ Yes	No No

Jse this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205	s not used
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Disbursements		Amendment
Dispursements	Pg 1 of 3	☐ Yes ☒ No
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

200	a coordinated party						
1. Committee J	Full Name (and Fund E TO ELECT WILL	if applicable)					2. ID Number
COMMITTEL	3 TO ELECT WILL	LOCKE					
3. Type of Dish		e use separate CR	0-1310) forms for eac	ch type of Disb	ursen	nent.)
X Operating Ex	xpenses Con	tributions to Candida	ites/Poli	tical Committee	The state of the s		ated Party Expenditures
4. Payee Inform	mation		THE RESERVE OF	Add 🗆	Remove		
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	DITION INCIRC			☐ State	☐ Municip		e. Election Sum to Date
	MC 2800						\$ 1,348.93
819 M C20 10 V 10 M 10 M 10 M 10 M 10 M 10 M 10	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
CHECKING	Check	В	No.	8/30/2017	\$ 370.67		NT MATERIALS
CHECKING	Check	В	09	9/05/2017	\$ 739.77	POS	TCARDS, ETC
4. Payee Inform					Remove		
	ailing Address & Pho	one		Control of the last state of t	d Committee Na	ame	d. Comments
(include city, sta							The state of the s
	Y ADVERTISING		1				
NC	01 1011		ľ	c. Level Regist			
42 3rds	JA VIVV			☐ Federal ☐ State	☐ County:		
11.01000		A E	ľ	State	LI Municip	ality:	e. Election Sum to Date
HICKUY	nc 2800						\$ 3,400.94
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
CHECKING	Check	В	382.33		\$ 2,036.00	SIGN	
					\$		
5. Total only this	Page				*		2 001 04
	CRO-1310 Pages						\$ 3,981.04
	n line 13a of Detailed Su	Paga CRO-	. 100 :61	Control France			
(This line goes in	n line 13b of Detailed Su	mmary Page CRO-1	100 y 5 1100 if (Iperating Expension	ses)		\$ 10,949.54
(This line goes in	n line 13c of Detailed Su	mmary Page CRO-1	100 if C	Coordinated Part	tv Expenditures)	mmj	100
Company of the Compan	des (List detailed e.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1			/ Expending		
* - Media	B* - Printing			ndraising	D - To	4 noth	0-111-4-
- Salaries	F* - Equipmer			tical Party			er Candidate
- Postage	J - Penalties			fice Expenses	O* - Do	lung ,	Public Office Expenses to Legal Expense Fund
* Other					ν	Hatron.	1 to Legai Expense runu
Codes require	detailed explanation	in required rema	rks fie	ld(k)			

D.	■ 발가하게 되었다는 말이	
DIC	hillecomonte	
D 13	bursements	

				Amendm	ent
Pg	2	of	_ 3	☐ Yes	X No

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

committees and	a coordinated party	expenditures							
	Full Name (and Fund		- WASS					2. ID Nun	nber
COMMITTEE	E TO ELECT WILL	LOCKE							
3. Type of Disb	sircoment (Please	usa sanarata CD	0 121	0 f f-		cn. i			
Operating Ex		use separate CR tributions to Candida	tes/Pol	itical Committee	ch ty				
4. Payee Inform	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	triourions to Curidida	L				ordina	ted Party Ex	penditures
	lailing Address & Pl	none		b. Coordinat		nove	Jama	d. Comme	
(include city, st				or coordinat	cuco	mmittee i	ame	d. Comme	nts
CAPITAL BAT	The second secon								
NC				c. Level Regi	stere	d (Specify)		1	
35 Thur	15+NW			☐ Federal		☐ County	:		
Linkov	15+nW 1nc 2860	(☐ State		☐ Munici	pality:	e. Election	Sum to Date
HILMIC	1110 -00							\$	2,500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyyy	li. A	mount	k. Re	quired Rem	
CHECKING	Check	K		9/15/2017	\$	2,500.00	REN		iaiks
			-	3/13/2017		2,300.00	KEI	VI	
	100				\$				
4. Payee Inform						nove			
	ailing Address & Ph	one		b. Coordinate	ed Co	mmittee N	ame	d. Commer	ıts
(include city, sta CITY OF HICK				-					
				c. Level Regis	tered	(Spacify)		-	
in anas	3 Drng			☐ Federal		County			
19 2	^ ^			☐ State		Municip		e. Election	Sum to Date
	Storne Inc 2800							\$	53.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	nount	k. Re	quired Rem	arks
CHECKING	Check	K	0	9/01/2017	\$	53.50		INSPECT	
					\$				
1. Payee Informa	ation		П	Add \square	Rem	0110			
	iling Address & Pho	one		b. Coordinate		E0055 E10	me	d. Commen	*
include city, stat						- Interest in		u. Commen	15
CONSTANT CO	ONTACT								
NC				c. Level Regis					
				☐ Federal	100	County:			
				☐ State		_ Municipa	ality:	e. Election S	Sum to Date
							- 1	\$	220.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Red	uired Rema	rks
CHECKING	Debit Card	K		/22/2017	\$			IL MARKE	
					\$		2	ID WITHOUT	711110
T-4-1 1 41	_				Φ				
. Total only this								\$	2,678.50
	CRO-1310 Pages								
(This line goes in	line 13a of Detailed St	ummary Page CRO-1	1100 if (Operating Expen	ises)			\$	10,949.54
(This line goes in	line 13b of Detailed Si line 13c of Detailed Si	ummary Page CRO-1	1100 if (Contrib to Candi	dates/	Political Co	mm)	Ψ.	10,747.54
					ty Exp	enditures)			
* - Media	des (List detailed e B* - Printing								
- Salaries	F* - Equipme			ndraising				er Candidate	
- Postage	J - Penalties			tical Party fice Expenses		O* D	ding l	Public Offic	ce Expenses
* Other						Q - D0	TALION	to Legal E	xpense Fund
Codes require	detailed explanation	in required rema	rks fie	eld (k)					

					Amendm	e n t
Disbursements	Pg	3	of	_3_	☐ Yes	

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

No No

	all Name (and Fund i	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO						2. ID No	ımber
	TO ELECT WILL I								
						anii			
3. Type of Dis bu		use separate CRO			ı typ	e of Disbui	rseme	<u>nt.)</u>	
Operating Exp	penses	ributions to Candidat	_				rdinat	ed Party I	Expenditures
4. Payee Inform				Add 🔲		nove		1.0	
	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comr	nents
(include city, sta	te, & zip)			-					
HICKORY DA	ILY RECORD			c. Level Regis	toro	(Specify)			
NC	0 0 15	C		Federal	tere	County:			
100 11 th	Ave Blvd S	X.		State		Municip		e. Electi	on Sum to Date
Hickory	mc 2800	012						\$	4,015.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
CHECKING	Check	Α		9/01/2017	\$	4,015.00	NEV	VSPAPE	R ADS
					\$		- ***		
1 D 1 C				Add \square		nove			
4. Payee Inform	ailing Address & Ph	one	Ц	b. Coordinate	1000		me	d. Com	nents
(include city, sta		one		Di Coordinate					
WILLIAM LO	and the second s								
819 HIGHLAN				c. Level Regis	tere	d (Specify)		l	
HICKORY, NO				☐ Federal		County:			
1110110111,110				☐ State		☐ Municip	ality:	e. Electi	on Sum to Date
								\$	275.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	temarks
CHECKING	Check	0	0	8/30/2017	\$	275.00	REII	MBURS	MENT OF
							EXP	ENSES	
					\$				
5. Total only thi	s Page							\$	4,290.00
6. Total of ALL	CRO-1310 Pages								
	in line 13a of Detailed S		100					\$	10,949.54
1 1777	in line 13b of Detailed S						omm)	*	10,7 17 10 7
(This line goes i	in line 13c of Detailed S	Summary Page CRO-	-1100 ij	Coordinated Pa	rty E	xpenditures)			
	odes (List detailed	expenditure code							
A* - Media	B* - Printin	0		Sundraising				her Canc	
E - Salaries	F* - Equipm			litical Party					Office Expenses
I - Postage	J - Penaltie	es	K* - (Office Expense:	S	Q* - D	onatio	on to Leg	al Expense Fund
O* Other									
* Codes requir	e detailed explanatio	n in required ren	iarks i	neld (k)	million				

Aggregated Non-Media Expe	nditures
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		An	ne nd m	ent		
Page1	_ of1	_ □	Yes	X	No	

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

1. Committ	ee Full Name (an	d Fund if applicable)				2. ID	Number	
	FEE TO ELECT	WILL LOCKE						0.
3. Payee In								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/de	d/yyyy)	f. Am	ount	g. Required Remarks
☐ Add ☐ Remove		Electric Funds Tran	С	08/31/20	17	\$	7.90	PAYMENT PROCESSING
Add Remove	CHECKING	Electric Funds Tran	С	09/07/2017		\$	18.95	PAYMENT PROCESSING
Add Remove	CHECKING	Electric Funds Tran	С	09/14/2017		s	26.09	PAYMENT PROCESSING
☐ Add ☐ Remove	CHECKING	Electric Funds Tran	С	09/21/2017		\$	34.93	PAYMENT PROCESSING
Add Remove	CHECKING	Electric Funds Tran	K	09/14/2017		\$	4.99	WEBSITE
☐ Add ☐ Remove	CHECKING	Debit Card	K	09/20/201	17	\$	4.99	WEBSITE
☐ Add ☐ Remove	CHECKING	Debit Card	K	09/14/201	17	\$	49.00	РО ВОХ
4. Total or	nly this Page					\$		146.85
5. Total of (This line m	FALL CRO-1. cust be on line 14 of	315 Pages Detailed Summary Page	ge CRO-1100)			\$	27.00	146.85
6. Purpose	Codes (List d	etailed expenditur	e code in (d) al	oove)				
	B*	- Printing	C* - Fundra		D-T	o And	other Can	didate
E - Salari		- Equipment	G - Political					ic Office Expenses
I - Postag		Penalties	K* - Office		Q* -	Dona	tions to	Legal Expense Fund
* Codes	require detail	ed explanation in	required rem	arks field (a))			
PO 1215		MGG		15				

NC State Board of Elections

December 2009

_		-				
In.	-Kir	nd (or	ıtril	mtia	ons

							Amendm	ent
n-Kind Contributions			Pg	1	of	1	☐ Yes	No No
		- 100000000 - 0.110000						

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 N	lumber
COMMITTEE TO ELECT WILL LOCKE				177
3. Contributor Information	Add 🔲 Rei	move		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments
(include city, state, & zip) TABITHA CLARK 3340 3RD ST NW HICKORY, NC 28601				
NT FOR STONE AND REPORTED (IF TO A LIFE AND LOOK AND A REPORT AND TO	Referendum		d. Elect	tion Sum to Date
	Other Recei	ipt Source	\$	530.00
e. Description	-	f. Date (mm/dd	/yyyy)	g. Fair Market Amount
FOOD AND DRINK FOR EVENT		09/24/20	17	\$ 530.00
				\$
				\$
3. Contributor Information	Commission of the Commission o	move		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments
(include city, state, & zip)	Individual			
SALLY FOX	Candidate Party			
234 3RD AVE NW	PAC			
HICKORY, NC 28601	Referendum	Ĺ	d. Election Sum to Date	
	Other Rece	ipt Source	\$	100.00
e. Description		f. Date (mm/dd	/yyyy)	g. Fair Market Amount
FOOD AND DRINK FOR EVENT		09/17/20	17	\$ 100.00
				\$
				\$
3. Contributor Information	Add Rei	move		
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments
(include city, state, & zip)	Individual			
KATHLEEN MENARD	☐ Candidate ☐ Party			
581 11TH AVE CIR NW	☐ PAC			
HICKORY, NC 28601	Referendum	1	d. Hec	tion Sum to Date
	Other Rece	ipt Source	\$	100.00
e. Description	L	f. Date (mm/dd	/yyyy)	g. Fair Market Amount
FOOD AND DRINK FOR EVENT		09/24/20	17	\$ 100.00
				\$
				\$
4. Total only this Page			\$	730.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	O-1100)		\$	730.00