

# 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

COMMITTEE TO ELECT WILL LOCKE

c. ID Number

b. Mailing Address (include City, State and Zip Code)

PO BOX 9641  
HICKORY, NC 28601

d. Date Filed

10/02/2017

e. Phone Number

2. Report Year

2017

3. Period Start Date (mm/dd/yy)

08/30/2017

4. Period End Date (mm/dd/yy)

09/25/2017

5. Treasurer Full Name

MICHAEL LOEB

## 6. Type of Committee (Check One)

- ☒ Candidate Campaign ☐ Party  
☐ Joint Fundraiser ☐ PAC  
☐ Referendum ☐ Legal Expense Fund

## 7. Type of Fund (if applicable, check one)

- ☐ "Booster Fund"  
☐ Building Fund  
☐ Presidential Election Year Candidates Fund  
☐ NC Public Campaign Financing Fund

☐ Other:

## 8. Number of Fundraisers this Report

0

## 9. Type of Report (check only one type of report from one category)

### Municipal

- ☐ Organizational  
☐ Thirty-five day  
☐ Pre-primary  
☒ Pre-election  
☐ Pre-runoff  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### State/County

- ☐ Organizational  
☐ Quarterly  
☐ First  
☐ Second  
☐ Third  
☐ Fourth  
☐ Semi-annual  
☐ Mid Year  
☐ Year End  
☐ Final  
☐ Special

### Referendum

- ☐ Organizational  
☐ Pre-referendum  
☐ Final  
☐ Supplemental Final  
☐ Annual  
☐ Special

## 10. Special Report Name

## 3. Account Information

a. Financial Institution Full Name

PEOPLES BANK

b. Purpose

FOR HICKORY  
MAYORAL CAMPAIGN  
EXPENDITURES

c. Account Code

CHECKING

d. Period Begin Balance

\$ 13,764.76

## 3. Account Information

a. Financial Institution Full Name

b. Purpose

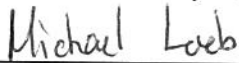
c. Account Code

d. Period Begin Balance

\$

## CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board



Printed Name of Signer



Signature of Appointed Treasurer

10/02/2017

Date

## FOR OFFICE USE ONLY

Date Received:

Employee:

### Delivery Method

- ☐ Normal Mail  
☐ Registered Mail  
☐ Hand Delivered  
☐ Electronically Filed

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

- ☐ 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		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Will Locke		2017 Pre Primary Report		XDUG2Z	
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	
<b>RECEIPTS</b>					
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 (CRO-1250)		\$		\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
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, 11d and 11e)		\$ 5055.00		\$ 20855.85	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 10949.54		\$ 12747.19	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 146.85		\$ 219.44	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$ 730.00		\$ 895.85	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11826.39		\$ 13862.48	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6993.37		\$ 6993.37	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
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)		\$		\$	

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE					
<b>3. Contributor Information</b>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Check		09/17/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Check		09/16/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Check		09/02/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Check		09/17/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Credit Card		09/16/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Check		09/14/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Credit Card		09/07/2017	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Credit Card		09/16/2017	\$ 50.00
<b>4. Total only this Page</b>					\$ 375.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 375.00

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KELLER BARON 3215 SUNBURY LN COLUMBIA, SC 29205				BEST EFFORTS			
				<b>c. Employer's Name/Specific Field</b>			
				BEST EFFORTS			
				<b>e. Election Sum to Date</b>			
				\$		100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		08/31/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RICK BERRY 5665 GRACE CHAPEL RD HICKORY, NC 28601				DESIGNER			
				<b>c. Employer's Name/Specific Field</b>			
				RICK BERRY DESIGN			
				<b>e. Election Sum to Date</b>			
				\$		200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		08/30/2017		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
NATHAN BOST 110 TRYON ST COLUMBIA, SC 29201				BEST EFFORTS			
				<b>c. Employer's Name/Specific Field</b>			
				BEST EFFORTS			
				<b>e. Election Sum to Date</b>			
				\$		200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/07/2017		\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 500.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,680.00	

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARGARET SUE BUMGARDNER 1518 HADDON DR HOOVER, AL 35226				BEST EFFORTS			
				<b>c. Employer's Name/Specific Field</b>			
				BEST EFFORTS			
				<b>e. Election Sum to Date</b>			
				\$		100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Credit Card		09/17/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
TABITHA CLARK 3340 3RD ST NW HICKORY, NC 28601				EVENT COORDINATOR			
				<b>c. Employer's Name/Specific Field</b>			
				HART SQUARE VILLAGE			
				<b>e. Election Sum to Date</b>			
				\$		530.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	In-Kind	FOOD AND DRINK FOR EVENT	09/24/2017		\$ 530.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
COURTNEY COLEY 229 3RD ST NW HICKORY, NC 28601				OWNER			
				<b>c. Employer's Name/Specific Field</b>			
				ELLA BLU			
				<b>e. Election Sum to Date</b>			
				\$		250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/08/2017		\$ 250.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 880.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,680.00	



# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RALPH CUMMINGS JR 5507 RUTHERFORD CLOSE PITTSBORO, NC 27312			BEST EFFORTS			
			<b>c. Employer's Name/Specific Field</b>			
			BEST EFFORTS			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/23/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SALLY FOX 234 3RD AVE NW HICKORY, NC 28601			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
			RETIRED			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	In-Kind	FOOD AND DRINK FOR EVENT	09/17/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MITCHELL GOLD 1572 BASIN ST CONOVER, NC 28613			CO-OWNER			
			<b>c. Employer's Name/Specific Field</b>			
			MITCHELL GOLD BOB WILLIAMS			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Credit Card		09/16/2017	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 450.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,680.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
TERESA HOLLOMAN 473B 26TH AVE NE HICKORY, NC 28601				RETIRED		
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/24/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ALAN JACKSON 815 21ST AVE DR NW HICKORY, NC 28601				CHIEF CUSTOMER OFFICER		
				<b>c. Employer's Name/Specific Field</b> BIVARUS		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/06/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
SYLVIA KERCHER 560 11TH AVE CIR NW HICKORY, NC 28601				RETIRED		
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/17/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,680.00	

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MICHAEL LOEB 615 N CENTER ST HICKORY, NC 28601				INVESTMENT ANALYST			
				<b>c. Employer's Name/Specific Field</b>			
				BROYHILL FAMILY OFFICE			
				<b>e. Election Sum to Date</b>			
				\$		100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/06/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
RYAN LOVERN 698 MORETZ CT HICKORY, NC 28601				BROKER			
				<b>c. Employer's Name/Specific Field</b>			
				COMMERCIAL FIRST REAL ESTATE			
				<b>e. Election Sum to Date</b>			
				\$		150.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Credit Card		09/07/2017		\$ 150.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
KATHLEEN MENARD 581 11TH AVE CIR NW HICKORY, NC 28601				<del>N/A</del> None			
				<b>c. Employer's Name/Specific Field</b>			
				<del>N/A</del> None			
				<b>e. Election Sum to Date</b>			
				\$		100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	In-Kind	FOOD AND DRINK FOR EVENT	09/24/2017		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 350.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 4,680.00	

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)

COMMITTEE TO ELECT WILL LOCKE

## 2. ID Number

## 3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

CLAY NEIL  
PO BOX 3916  
HICKORY, NC 28601

b. Job Title/Profession

CONSTRUCTION

c. Employer's Name/Specific Field

NEILL GRADING AND  
CONSTRUCTION

d. Comments

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		09/06/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

JEFF PIERCE  
327 9TH ST NW  
HICKORY, NC 28601

b. Job Title/Profession

MARKETING EXECUTIVE

c. Employer's Name/Specific Field

SHURTAPE TECHNOLOGIES

d. Comments

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		09/25/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

## 3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone  
(include city, state, & zip)

JOHN POPE  
1918 45TH AVE PL NE  
HICKORY, NC 28601

b. Job Title/Profession

MANAGER

c. Employer's Name/Specific Field

CT MANAGEMENT

d. Comments

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
<input type="checkbox"/>	CHECKING	Credit Card		09/02/2017	\$ 500.00
<input type="checkbox"/>	CHECKING	Credit Card		09/10/2017	\$ 250.00
<input type="checkbox"/>					\$

## 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)

\$ 4,680.00

CRO-1210

NC State Board of Elections

April 2007

# 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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE						
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
WAYNE POWELL 126 CREEKSTONE DR BANNER ELK, NC 28604				RETIRED		
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/01/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
LAWRENCE ROBINSON 559 11TH AVE CIR NW HICKORY, NC 28601				RETIRED		
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<b>e. Election Sum to Date</b>		
				\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/11/2017	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>
DIANE SETZER 103 14TH AVE NE HICKORY, NC 28601				HAIR STYLIST		
				<b>c. Employer's Name/Specific Field</b> SHEAR MAGIC		
				<b>e. Election Sum to Date</b>		
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	CHECKING	Check		09/12/2017	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 400.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 4,680.00	

# Disbursements

Pg 1 of 3

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
A SIGN CO NC 1320 Fairgrove Ch. Rd Conover NC 28613							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 834.60	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CHECKING	Check	B	09/15/2017	\$ 834.60	BANNERS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALLEGRA PRINT & IMAGING NC 337 main Ave NE Hickory NC 28601							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 1,348.93	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CHECKING	Check	B	08/30/2017	\$ 370.67	PRINT MATERIALS		
CHECKING	Check	B	09/05/2017	\$ 739.77	POSTCARDS, ETC		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
ALLEN FINLEY ADVERTISING NC 42 3rd St NW Hickory NC 28601							
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>	
						\$ 3,400.94	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
CHECKING	Check	B	09/05/2017	\$ 2,036.00	SIGNS		
				\$			
<b>5. Total only this Page</b>						\$ 3,981.04	
<b>6. Total of ALL CRO-1310 Pages</b>							
(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)						\$ 10,949.54	
<b>7. Purpose Codes</b> (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 3

Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CAPITAL BANK NC 25 Third St NW Hickory NC 28601							
				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	
						\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	K	09/15/2017	\$ 2,500.00	RENT		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CITY OF HICKORY NC 19 2nd St Dr NE Hickory NC 28601							
				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	
						\$ 53.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	K	09/01/2017	\$ 53.50	FIRE INSPECTION		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CONSTANT CONTACT NC							
				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	
						\$ 220.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Debit Card	K	09/22/2017	\$ 125.00	EMAIL MARKETING		
				\$			
<b>5. Total only this Page</b>						\$ 2,678.50	
<b>6. Total of ALL CRO-1310 Pages</b>							
(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)						\$ 10,949.54	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
<b>7. Purpose Codes</b> (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 3

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE							
<b>3. Type of Disbursement</b> <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							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
HICKORY DAILY RECORD NC 1100 11 <sup>th</sup> Ave Blvd SE Hickory NC 28602							
				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	
						\$ 4,015.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	A	09/01/2017	\$ 4,015.00	NEWSPAPER ADS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
WILLIAM LOCKE 819 HIGHLAND AVE SE HICKORY, NC 28602							
				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	
						\$ 275.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
CHECKING	Check	O	08/30/2017	\$ 275.00	REIMBURSEMENT OF		
				\$	EXPENSES		
<b>5. Total only this Page</b>						\$ 4,290.00	
<b>6. Total of ALL CRO-1310 Pages</b>							
(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)						\$ 10,949.54	
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
<b>7. Purpose Codes</b> (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.

<b>1. Committee Full Name (and Fund if applicable)</b> COMMITTEE TO ELECT WILL LOCKE						<b>2. ID Number</b>	
<b>3. Payee Information</b>							
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. Purpose Code</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	08/31/2017	\$ 7.90	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	09/07/2017	\$ 18.95	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	09/14/2017	\$ 26.09	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	C	09/21/2017	\$ 34.93	PAYMENT PROCESSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Electric Funds Tran	K	09/14/2017	\$ 4.99	WEBSITE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Debit Card	K	09/20/2017	\$ 4.99	WEBSITE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	CHECKING	Debit Card	K	09/14/2017	\$ 49.00	PO BOX	
<b>4. Total only this Page</b>					\$ 146.85		
<b>5. Total of ALL CRO-1315 Pages</b> (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 146.85		
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>							
<b>B* - Printing</b>		<b>C* - Fundraising</b>		<b>D - To Another Candidate</b>			
<b>E - Salaries</b>		<b>F* - Equipment</b>		<b>G - Political Party</b>			
<b>I - Postage</b>		<b>J - Penalties</b>		<b>H* - Holding Public Office Expenses</b>			
<b>O* - Other</b>				<b>K* - Office Expenses</b>			
				<b>Q* - Donations to Legal Expense Fund</b>			
<b>* Codes require detailed explanation in required remarks field (g)</b>							

CRO-1315

NC State Board of Elections

December 2009

# In-Kind Contributions

Pg 1 of 1

Amendment  
☐ Yes ☒ No

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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
COMMITTEE TO ELECT WILL LOCKE			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
TABITHA CLARK 3340 3RD ST NW HICKORY, NC 28601		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 530.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD AND DRINK FOR EVENT		09/24/2017	\$ 530.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
SALLY FOX 234 3RD AVE NW HICKORY, NC 28601		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 100.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD AND DRINK FOR EVENT		09/17/2017	\$ 100.00
			\$
			\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	
KATHLEEN MENARD 581 11TH AVE CIR NW HICKORY, NC 28601		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		<b>c. Comments</b>	
		<b>d. Election Sum to Date</b>	
		\$ 100.00	
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
FOOD AND DRINK FOR EVENT		09/24/2017	\$ 100.00
			\$
			\$
<b>4. Total only this Page</b>		\$ 730.00	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 730.00	