The same of the sa	date information		E	with other detailed forms.
1. Committee Informatio	STATE AND INCREMENDATION OF BLANCHAS TO		A STATE AS A STATE OF THE STATE	
a. Full Name			April 1985 Charles Care and	c. ID Number
Matthew for Alderman				3DUT3N
b. Mailing Address (include Ci	ty, State and Zip Code)		NECEIMEN	d. Date Filed
1081 17 th AVE NW Hickory NC 2/8601		1		10/02/2017
Thekory IVE 2/6001		1	OCT 02 2017	e. Phone Number
			Зу	828-455-8203
2. Report Year 3. Pe	riod Start Date (mm/c	dd/yy) 4. Period	End Date 5. Treasure	er Full Name
2017	08/30/2017			lan Maulding
6. Type of Committee (C)	heck One)	9. Type of Repor	t (check only one type of	report from one category)
Candidate Campaign	Party	Municipal	State/County	Referendum
PAC Independent	Referendum	Organization	al Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five d	ay Quarterly	Pre-referendum
Legal Expense Fund 7. Type of Fund (if ap	oplicable, check one)	Pre-primary	First	Final
"Booster Fund"	pricable, eneck one)	Pre-election	Second	Supplemental Final
Building Fund		Pre-runoff	Third	Annual
		Semi-annual	Fourth	Special
Other:		Mid Ye Year Er		10. Special Report Name
		Final	Year End	10. Special Report Name
8. Number of Fundraiser	s this Report	Special Special	Final	
			☐ Special	
11. Account Information	Control of the Contro	為學學和語言語	11. Account Information	
a. Financial Institution Full Na	me		a. Financial Institution Full Nan	
SECU b. Purpose	c. Account Code		a. Financial Institution Full Nan b. Purpose	c. Account Code
SECU	The second secon	.M		
SECU b. Purpose	c. Account Code			
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SECU b. Purpose Campaign CERTIFICATION I certify that the Committe the NC General Statutes ar	c. Account Code MA d. Period Begin Balance \$ 101.19 The or Fund is in compliant that no funds are compliant.	e iance with all applic ommingled with pro	able provisions of Article 22.4 hibited or other non-disclosed	c. Account Code d. Period Begin Balance \$
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SECU b. Purpose Campaign CERTIFICATION I certify that the Committe the NC General Statutes ar is complete, true and corre Matthew Mauldin Print	c. Account Code MA d. Period Begin Balance \$ 101.19 be or Fund is in compliand that no funds are content and that I have been	iance with all applic ommingled with pro n trained by the NC	able provisions of Article 22.4 hibited or other non-disclosed	d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report
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SECU b. Purpose Campaign CERTIFICATION I certify that the Committe the NC General Statutes are is complete, true and corree Matthew Mauldin Print FOR OFFICE USE ONLY Date Received: Date Postmarked:	c. Account Code MA d. Period Begin Balance \$ 101.19 te or Fund is in complined that no funds are contained that I have been	iance with all applic ommingled with pro n trained by the NC Employee:	able provisions of Article 22A hibited or other non-disclosed State Board of Elections Signature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report 10/02/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed
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SECU b. Purpose Campaign CERTIFICATION I certify that the Committe the NC General Statutes are is complete, true and corree Matthew Mauldin Print FOR OFFICE USE ONLY Date Received: Date Postmarked:	c. Account Code MA d. Period Begin Balance \$ 101.19 te or Fund is in complined that no funds are contained that I have been	iance with all applic ommingled with pro n trained by the NC Employee:	able provisions of Article 22A hibited or other non-disclosed State Board of Elections Signature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report 10/02/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received
SECU b. Purpose Campaign CERTIFICATION I certify that the Committe the NC General Statutes ar is complete, true and corre Matthew Mauldin Prin FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered:	c. Account Code MA d. Period Begin Balance \$ 101.19 te or Fund is in compliant that no funds are control that I have been been been been been been been be	iance with all applic commingled with pro n trained by the NC Employee: Employee: Employee:	able provisions of Article 22A hibited or other non-disclosed State Board of Elections Signature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ A, 22B, & 22D-22M of Chapter 163 of I funds. I further certify that this report 10/02/2017 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

Disclosure Report Cover

Amendment

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

Amen	lment		
	Yes	\boxtimes	No

Matthew for Alderman 20	Type of Report 017 Pre Primary eport		3. ID Number 3DUT3N
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 101.19	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 140.00	\$ 140.00
6) Contributions from Individuals	(CRO-1210)	\$ 2004.08	\$ 2836.08
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)	\$.19	\$.19
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, 1	ld and 11e)	\$ 2144.27	\$ 2976.27
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 800.00	\$ 1423.81
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$ 35.00
17) In-Kind Contributions	(CRO-1510)	\$ 304.08	\$ 376.08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 1104.08	\$ 1834.89
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	et line 18)	\$ 1141.38	\$ 1141.38
ADDITIONAL INFORMATION			
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)	\$	\$
CRO-1100 NC State Board of Election	ns		August 2008

A	ggreg:	ated Contri	ibutions from	Individuals Pa	age of	Amendment Yes No
1.	Commit	tee Full Name (s	and Fund if applica	able)	THE RESIDENCE OF THE PARTY OF T	ID Number
		Hew for				
2		utor Information		<u>1</u>		3DUT3N
-	Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	Tota (mm/dd/www)	Ta .
	Add	-		u. III-Kiliu Description		f. Amount
	Remove	MAM	Check		09/15/2017	\$40.00
닏	Add	MAM	Cash		F106/66/PO	\$ EN 00
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	Remove	MAM	Cash		F106/66/P0	\$50.00
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		nly this Page			\$	140.00
		f ALL CRO-1	1205 Pages etailed Summary Page C	CPO 1100)	\$	140.00

					Amei	ndment		
Contributions from Individuals	Pg	_1	of	1		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributio	ns under	\$50 if for	rm CRO	1205 is no	ot used			
		STREET, SQUARE, 883	mbark (2000) etc. (4)	1 人们是中心经验的影响	ATT THE STATE OF	10 To	SALES OF SALES	DERECTIONS

1. Comm	ittee Full Name	(and Fund if applicab	ole)	15美生物数型660%		2. ID Nu	mber	
Matthew	for Alderman						3DUT3N	
3. Contri	butor Informati	on		Add 🔲 Re	emove		MARINE.	以及其代案
	ne, Mailing Address	& Phone		b. Job Title/Professio		d. Comments		
	city, state, & zip)		E-1261	Account Adminis				
	Maulding AVE NW			c. Employer's Name/S	Specific Field			
Hickory 1			-	c. Employer 3 manie/s	premerious			
						e. Election	Sum to Date	
						\$	2036.08	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	MAM	Draft			09/13/2	017	\$	400.00
	MAM	Draft			09/13/2	2017	\$	500.00
	MAM	In-Kind	Meet	and Greet	09/08/2	2017	\$	304.08
3. Contri	ibutor Informati	on	中国教	Add R	emove		4 7 3 5	
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commer	nts	
	city, state, & zip)			Owner				
Sharon N	ST DR NE			c. Employer's Name/	Specific Field			
	NC 28601			Peak Motors. INC				
Thekory .	110 20001				e. Election Sum to Date			
						\$	800.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	MAM	Check			09/15/2	2017	\$	800.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🔲 R	emove		建设设置	
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	nts	
(include	city, state, & zip)							
				c. Employer's Name/	Specific Field			
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4. Tota	l only this Pag	ge				\$		2004.08
CONTROL OF THE PARTY OF THE PAR	l of ALL CRO	D-1210 Pages f Detailed Summary Page C	300 1100			\$		2004.08

	ceipt Sources		P			Yes No
	o report income not rep		. i.e. interest inc	ome, not for prof	Marie Comment	The Art of the Control of the State of the S
1. Committee	Full Name (and Fund	if applicable)			2.]	D Number
Matt		Alderman				DUTZN
	eipt Source (Please	THE RESIDENCE OF THE PARTY OF T			-	
Interest		ributions from Not-for-Profit	The second second second		Source	es of Income
4. Contributor	iling Address & Phone		Add Re	emove Federal ID #	la c	Comments
(include city, st			D. 1401-101-1 TOIL	reuciai ID#	u. C	onnients
Slala	Food 00 100'S (Constitution			╛	
34046	Emproyee - (TIGHT OUTON	c. Outside Source	e Explanation		
28 45	10 H NE				e F	lection Sum to Date
Hickory	Employee's (16th St NE , NC 2860	01			\$	0.19
f. Account Code	g. Form of Payment	h. In-Kind Description	n and a second	i. Date (mm/dd/yy	ууу)	j. Amount
MAM	Draft			09/00/20	F10	\$ 0.19
						\$
4. Contributor	Information		Add Re	emove		
	iling Address & Phone		b. Not-for-Profit	Federal ID #	d. C	omments
(include city, sta	ate, & zip)					
			c. Outside Source	e Explanation	1	
					e. E	lection Sum to Date
					\$	
. Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy	уу)	j. Amount
						\$
			2000 W			· ·
						\$
l. Contributor			AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	emove		
	lling Address & Phone		b. Not-for-Profit	Federal ID #	d. C	omments
(include city, sta	ate, & zip)		-			
			c. Outside Source	e Explanation		
					e. El	lection Sum to Date
					\$	
. Account Code	g. Form of Payment	h. In-Kind Description	n	i. Date (mm/dd/yy	уу)	j. Amount
						\$
						\$
5. Total only	y this Page				\$	0.19
(This line goes in	ALL CRO-1250 Pa n line 11a of Detailed Summ n line 11b of Detailed Sumn	nary Page CRO-1100 if Int		ution)	\$	0.19

Amendment

(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)

				Amend	ment	
Disbursements	Pg	1	of 1		Yes	\bowtie
In this fame to word and the Control				. / 1*.*	2001	

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

	full Name (and Fun	d if applicable)			2. ID Number
Matthew for A		TENNER MADE TO STORY WHEN THE			3DUT3N
3. Type of Dish			CRO-1310 forms for each t		
Operating I		Contributions to Ca	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ing Address & Phone		b. Coordinated Committee Na	Remove	d. Comments
(include city, state,			b. Coordinated Committee Na	ame a garage same	d. Comments
	rinting Services				
PO BOX 3738		c. Level Registered (Specify)	TENNE STANFORM		
Hickory NC 28	603		Federal	County:	
			State	Municipality:	e. Election Sum to Date
*				•	Ф. 1402.01
	With the second				\$ 1423.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MAM	Check	В	09/14/2017	\$800.00	Signs
	Circon		05/14/2017	\$600.00	
				\$	
4. Payee Inform	AV EDROPES AND PROPERTY AND ADDRESS OF THE		Add	Remove	
STEEL ETERNISHED ENT	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					Commence of the product of the state of the
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
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*				\$	
Production and a con-					- XIII AND
4. Payee Inform			Add	Remove	A Communication
NUMBER OF STREET	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	, & zip)				
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5. Total only th	L CRO-1310 Pages	是自己的是是自己的。 是自己的是是自己的是			\$ 800.00
	CONTRACTOR OF THE PARTY OF THE	nmary Page CRO-111	00 if Operating Expenses)	MARKET SET STATES OF SET STATES	
			00 if Contrib to Candidates/Politic	cal Comm)	\$ 800.00
	•		00 if Coordinated Party Expenditu		
	les (List detailed ex	The second secon	the first terminal and an extensive first terminal and the second	创建设计划和基础设计 外	A CALL TELL TO SEE AND
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries I - Postage	F* - Equipment J - Penalties		cal Party ice Expenses		Public Office Expenses n to Legal Expense Fund
O* - Other	G - I charties	K - Oili	ace Expenses	Q - Dollatio	n to Degai Expense runu
ANY DESCRIPTION OF THE PROPERTY OF THE PROPERT	re detailed explanat	ion in required r	emarks field (k)		

No

In-Kind Contributions	Pg	of	Amendment No	
Use this form to report non-monetary contributions, donations, goo Use CRO-1215 if In-Kind Contributions were or will be refu			tee or fund.	
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Matthew for Alderman			3DUT3N	
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib	outor	c. Comments	
(include city, state, & zip)	Candidate			
Matthew Hlan Maulding	Party			
1081 17th Aug NW	PAC Referendum		d. Election Sum to Date	
Matthew Alan Maulding 1081 17th Ave NW Hickory, NC 28201	Source	s 304 08		
e. Description		f. Date (mm/dd/yyy	,	
Meet & Greet - Food & Drink	The state of the s	09/08/20		
100021 9 CV0021 1000 9 01111	364		\$	
			\$	
3. Contributor Information	Add Rer	nove		
a. Full Name, Mailing Address & Phone	b. Type of Contrib		c. Comments	
(include city, state, & zip)	Individual Candidate Party PAC			
	Referendum Other Receipt	Source	l. Election Sum to Date	
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
3. Contributor Information	Property of the Control of the Contr	nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	outor	c. Comments	
	Referendum		d. Election Sum to Date	
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
4. Total only this Page			\$ 304.08	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 304.08	