Disclosure Report Cover	Discl	osure	Report	Cover
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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	
Isenhower for (Commissio	oner				
b. Mailing Address (include City, State	and Zip Code)				d. Date Filed	
1537 Little Hil					4/30/18	
Newton, NC 286	558				e. Phone Number	
					828-465-2143	
2. Report Year 3. Period Start	Date (mm/dd/y	y) 4. Period E	End Date (mm/dd/yy)	5. Treasure	r Full Name	
2018 1/1/18		4/21	/18	C. Ran	dall Isenhower	
6. Type of Committee (Check O				type of repo	rt from one category)	
Candidate Campaign Party		Municipal	State/County		Referendum	
	rendum	Organizationa		ional	Organizational	
	t Fundraiser	Thirty-five day			Pre-referendum	
Legal Expense Fund	Į!	Pre-primary	First		Final	
		Pre-election	Seco		Supplemental Final	
7. Type of Fund (if applicable,	check one)	Pre-runoff	Thire	53	Annual	
Booster Fund	I.	Semi-annual	Four		☐ Special	
☐ Building Fund		Mid Yea Year Enc		uai Year	10. Special Report Name	
Othory	l:	Final		End	10. Special Report Name	
Other: 8. Number of Fundraisers this	Report	Special	Final	Liid		
0	Report	эресни	Special		8	
and the second s				,•		
11. Account Information			11. Account Inform			
a. Financial Institution Full Name a. Financial Institution Full Name First Citizens Bank						
riist Citizens	Dank					
b. Purpose	c. Account Cod	e	b. Purpose		c. Account Code	
Campaign	CRI					
Account	d. Period Begin Balance		1		d. Period Begin Balance	
	\$ 406.5	\$ 406.51			\$	
CERTIFICATION				0.000	Total the second section	
I certify that the Committee or Fur of the NC General Statutes and the report is complete, true and correct C. Randall Isea	at no funds are of t and that I have	commingled with	prohibited or other no	n-disclosed fu		
Printed Name of Sign	er	Sig	nature of Appointed Trea	surer	Date	
FOR OFFICE USE ONLY	MEN		all grants to	THE RES		
Date Received:	JWEIN	Employ	yee:	_ <u>Del</u>	ivery Method Normal Mail	
Date Postmarked: APR 3 0	2018	Emplo	yee:	- 🖁	Registered Mail Hand Delivered	
Date Scanned:y		Employ	yee:	_ ⊔	Electronically Filed	
Date Data Entered:		Emplo	yee:		Signer has not received mandatory training	
Please Note: This form ca	nnot be used t	to amend comm	nittee information suc	ch as the com	nmittee address, treasurer,	
			s information, or acc			
You must amend	the Statement	of Organizatio	n (CRO-2100A-E) to	make comn	nittee changes.	

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

Amendment Yes \boxtimes No

1. Committee Full Name (and Fund if applicable) 2.	Type of Report	CONTRACTOR OF THE PROPERTY OF	3. ID Number
	018 First Quarter		
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 406.51	\$ 692.89
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 7598.90	\$ 7598.90
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, 1	ld and He)	\$ 7598.90	\$ 7598.90
EXPENDITURES		PERMITTEE !	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3,209.09	\$ 3,495.47
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 823.90	\$ 823.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	16 and 17)	\$ 4,032.99	\$ 4,319.29
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$ 3,972.42	\$ 3,972.42
ADDITIONAL INFORMATION	建筑	第二日 	
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)	\$	\$
ACCRECATE THE SECOND PROCESS OF THE SECOND P	(CRO-1215)	\$	\$
28) Contributions to be Refunded NC State Board of Election	8 (80)	Ψ	August 20

		n Individuals	Pover \$50 or contributions un			Amendment Yes	⊠ No
	COMMISSION AND PROPERTY OF THE PARTY OF THE	and Fund if applical	ARREST CONTROL OF THE PROPERTY	STIME IN	2. ID Nun	NAME OF THE OWNER, AND ADDRESS OF THE OWNER,	一种一种
	er for Commission						
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	city, state, & zip)		Attorney				
	. Duncan				Q.P.		
P.O. Box			c. Employer's Name/ Self	Specific Field	24		
ніскогу,	NC 28603		Sell		e. Election S	Sum to Date	
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	CKI	Check				\$	
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	ibutor Informatio	STATE OF THE PROPERTY OF THE P	CORP. CONTRACTOR CONTR	emove			
	a. Full Name, Mailing Address & Phone		b. Job Title/Profession	on	d. Commen	ts	
(include city, state, & zip) Clarence Roseman P.O. Box 2128		c. Employer's Name/	Specific Field				
Hickory,	, NC 28603		C.R. Laine		e. Election Sum to Date		
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	ick Davis		•				
2721 Charelston Court Claremont, NC 28610		c. Employer's Name	/Specific Field	<u> </u>			
		Self		e. Election	Sum to Date		
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5. Total of ALL CRO-1210 Pages

Contributions from Individuals						
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				Amei	ndment		
Pg	2	of	9		Yes	\boxtimes	No

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

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	city, state, & zip)			Insurance Agent				
Herman S	S Bolick					1		
Conover,	NC 28613			c. Employer's Name/Sp	ecific Field			
				Herman S Bolick				
				Insurance Agency		e. Election S	um to Date	
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	city, state, & zip)			Retired				
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	NC 28613			Corning				
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Contributions from Individuals	Pg	3	of	9		Yes	\boxtimes	No

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

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	city, state, & zip)			Retired				1		
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	r Run Drive			c. Employer's Name/S						
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	nd Avenue NE			c. Employer's Name/S	pecific Field					
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11-41-000-7-100-1-0	city, state, & zip)			Retired						
	s M. Ross					-				
	gfisher Lane			c. Employer's Name/S Doctor	pecific Field	-				
Terrell, N	IC 28682			Doctor		e. Election S	Sum to Date			
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Control of the Contro		Detailed Summary Page C	RO-110		在 其外,	\$		7598.90		

		m Individuals	over \$50 or contributions u	Pg <u>4</u> onder \$50 if form C		Amendme Ver	_
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Ira Cline	e Cline Road		c. Employer's Name	/Specific Field			
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5. Total of ALL CRO-1210 Pages

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					Ame	ndment		
Contributions from Individuals	Pg	_5	of	9		Yes	\boxtimes	No

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

1. Comm	1. Committee Full Name (and Fund if applicable)			4.17 4.56.41		2. ID Number			
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Steve Vo	onDrehle								
1312 We	essex Lane			c. Employer's Name/S	pecific Field				
Hickory,	NC 28602			VonDrehle Corp.				Section Control of the	
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				Amendment					
Pg	6	of	9_	☐ Yes ⊠	No				

Ise this form to report	individual	contributions ov	er \$50 or co	ntributions i	inder \$50 if	form CRO	1205 is not used
ise this form to report	murviduai	CONTRIBUTIONS OV	ט טט טט טט טט	nu ibunions c	muci boo n	IOIIII CICO	1200 15 1101 4504

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(include	city, state, & zip)			Retired				
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7130 Gre	edy Highway			c. Employer's Name/Sp	ecific Field			
Hickory,	NC 28602			Commscope				
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4330 4th St Circle NW			c. Employer's Name/Sp	pecific Field				
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1136 Ne	ighbors Lane			c. Employer's Name/S	pecific Field			
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isennow	er for Commission	er						Market Market William	
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P.O. Box			Restauran	's Name/Spec	ilic Field				
Newton,	NC 28658		Restauran	ıı		e Election	Sum to Date	3.27.07.07.07.0	
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(include	e city, state, & zip)	45 .	Medical I	Ooctor					
	Forshey								
	h Street Dr NE			's Name/Spec					
Hickory	, NC 28601		Newton F	Newton Family Practice		e. Election Sum to Date			
						e. Election	1 Sum to Date		
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	on	j. Date (mm/dd/yy	уу)	k. Amou	nt	
	CRI	Check			03/28/2	018	\$	50.00	
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a. Full Na	me, Mailing Address	& Phone	b. Job Title/	Profession	2000年度100年	d. Comm	ents		
	e city, state, & zip)		Finance						
	ard Hubbard		CONT. 2012 11 11 11 11 11 11 11 11 11 11 11 11 1			-			
100	mberlake Lane			's Name/Spec					
Terrell,	NC 28682		May Cres	st Travel, IN	NC	e Flection	n Sum to Date		
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	on	j. Date (mm/dd/y		k. Amou		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CRI	Check	A LI LLING DESCRIPTION		03/28/2		\$	1,000.00	
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		m Individuals	over \$50	Pg or contributions und			Amendment Yes ot used	□ No	
		(and Fund if applica			强度 素片流光	2. ID Nun	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN	the movies	
Isenhow	er for Commission	er							
3. Contr	ibutor Informatio	on		Add 🔲 Re	move	門制度為於	70 A. P. L. C. P. C.	"全国"	
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	r en	d. Comment	ts		
	city, state, & zip)			Rental Properties					
	R. Preston			c. Employer's Name/S	assicis Field				
	Ave. NW , NC 28613			Self	specific Field				
Conover	, 140 20015			Sen		e. Election S	Sum to Date		
						\$ 250.00			
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	CRI	Check			03/28/	2018	\$	250.00	
						10	\$		
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3. Contr	ibutor Informati	on		Add .Re	emove		· 185	1 1 1 1 1 1 1 1 1	
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	n	d. Commen	ts		
	e city, state, & zip)		T. C.	Retired					
	A. Dixon			c. Employer's Name/S	Specific Field	2			
THE RESERVE AND THE PARTY OF TH	ndy Ford RD NC 28658			Real Estate		36			
i te ir ton,	110 20030					e. Election Sum to Date			
						\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
	CRI	Check			03/27/	2018	\$	50.00	
							\$		
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3. Conti	ributor Informati	on,		Add 1, 🔲 🧗 R	emove	为一个人			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its		
- 110 C	e city, state, & zip)			Insurance Sales					
Jeff Clin	ie Street NE			c. Employer's Name/S	Specific Field				
	, NC 28601			BB&T Insurance					
Thekery	, 20001					e. Election	Sum to Date		
						\$	250.00		
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		n Individuals	P ver \$50 or contributions un	g <u>9</u> of	9 0 1205 is no	Amendment Yes No		
		and Fund if applical		idel \$30 il folili CKC	2. ID Num	THE REPORT OF THE PARTY OF THE		
Isenhowe	r for Commission	er	7					
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	ne, Mailing Address &	& Phone	b. Job Title/Profession	n	d. Comment	S		
	city, state, & zip)		Attorney					
	le Hill Road		c. Employer's Name/	Specific Field				
Newton,	NC 28658		Self					
					e. Election S	um to Date		
					\$	823.90		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	yy)	k. Amount		
		In-Kind	Signs	03/19/20	018	\$ 823.90		
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						\$		
3. Contri	butor Informatio	on	Add R	emove	1997年	· 生物性 医乳腺		
OR PASSAGE AND PROPERTY.	ne, Mailing Address	Control of the William Street,	b. Job Title/Profession	on	d. Comment	IS		
	city, state, & zip)		3/2/60					
100	. Isenhour		CPA	Cassifia Field				
	Ave Dr NW NC 28601		c. Employer's Name/ Self	Specific Field				
піскої у,	NC 28001		Sen		e. Election S	Sum to Date		
					\$	250.00		
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						\$		
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a. Full Nar	ne, Mailing Address	& Phone	b. Job Title/Profession	on	d. Commen	ts		
***************************************	city, state, & zip)		Attorney					
Austin A 515 6 th S			c. Employer's Name	Specific Field				
1 33 T 27 S	NC 28601		Self	Special Field	1			
11.01.01.5,					e. Election S	Sum to Date		
					\$	300.00		
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5. Total of ALL CRO-1210 Pages

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				Amendment			
Disbursements	Pg	1	of <u>2</u>		Yes	\boxtimes	No
				1 . / 1			

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political

committees and coordinated party expenditure	committees and	d coordinated	party expenditures.
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1. Committee Full Name (and Fund if applicable) 2. ID Number	
Isenhower for Commissioner	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)	
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures	The contract of
4. Payee Information Add Remove	A STORY
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	B MITTER
(include city, state, & zip)	
Board of Elections 25 Government Drive c. Level Registered (Specify)	
25 Government Drive Newton, NC 28658 c. Level Registered (Specify) Federal County:	
828-464-2424 State Municipality: e. Election Sum to Date	
	No.
\$ 102.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
Filing Fee	
CRI Check O 02/23/2018 \$102.00	
S	
	CONTRACTOR CONTRACTOR CONTRACTOR
4. Payee Information Add Remove	Marie Const
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	THE R. S.
(include city, state, & zip)	
WHKY	
P.O. Box 1059 c. Level Registered (Specify)	
Hickory, NC 28603 Federal County: 828-485-5521 State Municipality: e. Election Sum to Date	N. Salakara
828-485-5521 State Municipality: e. Election Sum to Date	
\$ 1,404.00	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
Radio Ads	
CRI Check A 04/09/2018 \$1,404.00	
\$	
4. Payee Information Add Remove	是特別的
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments	Property.
(include city, state, & zip)	
WNNC	
Radio Station Road c. Level Registered (Specify)	
Newton, NC 28658	30,100
828-464-4041 State Municipality: e. Election Sum to Date	
\$ 1,287.50	
f Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	
Radio Ads	
CRI Check A 04/17/2018 \$1,287.50	
\$	
5. Total only this Page \$ 2,793.50	
6. Total of ALL CRO-1310 Pages	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 3,209.09	
(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)	
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 L Particle Fynances F* - Equipment G - Political Party H* - Holding Public Office Expenses Fun	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fun O* - Other	

					Amendmen	t	
Disbursements	Pg	2	of	2	☐ Yes		N

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) 2. ID Number Isenhower for Commissioner 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses \boxtimes Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Home Depot 1530 8th Street Dr SE c. Level Registered (Specify) Hickory, NC 28602 Federal \boxtimes County: e. Election Sum to Date 828-327-9200 State Municipality: \$ 101.01 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Stakes CRI Check F 04/10/2018 \$101.01 Remove 4. Pavee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Piedmont Business Forms c. Level Registered (Specify) P.O. Box 281 Federal County: Newton, NC 28658 e. Election Sum to Date State Municipality: 828-464-0010 \$ 314.58 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount g. Form of Payment f. Account Code Cards 04/19/2018 \$314.58 Check B CRI Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: \$ h. Purpose Code j. Amount k. Required Remarks i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment \$ \$ 415.59 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 3,209.09 (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) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media B* - Printing H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party Q* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses I - Postage O* - Other * Codes require detailed explanation in required remarks field (k)

In-Kind Contributions

				Amendment				
Pg	1	of	1		Yes	\boxtimes	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.

1. Committee Full Name (and Fund if applicable)	2. III	Number			
Isenhower for Commissioner					
3. Contributor Information Add	Remove		被強烈	The season of th	
a. Full Name, Mailing Address & Phone (include city, state, & zip) C. Randll Isenhower 1537 Little Hill Road	lne	Contributor dividual andidate rty	c. Co	mments	
Newton, NC 28658	☐ PA				
3045 (3-45) (4-45) (4-45) (3-45) (3-45) (3-45) (3-45) (3-45)		ferendum	d. Ele	d. Election Sum to Date \$ 823.90	
	Ot	her Receipt Source	\$		
e. Description	and the PMO	f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Signs	03/19/201		8 \$ 823.90		
				\$	
				\$	
3. Contributor Information Add	Remove	The state of the s		* 不是有效。 (特別與新聞)	
a. Full Name, Mailing Address & Phone		Contributor	c. Co	mments	
(include city, state, & zip)		dividual			
		andidate arty			
	PAC				
	1 —	eferendum	d. Election Sum to Date		
	Other Receipt Source		\$		
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add	Remove	A WAR SHEW		(C) (T) (T) (S) (E) (S)	
a. Full Name, Mailing Address & Phone		b. Type of Contributor		c. Comments	
(include city, state, & zip)		dividual			
	Candidate Party PAC Referendum Other Receipt Source				
			d. Election Sum to Date		
			\$		
e. Description	f. Date (mm/dd.		yyy) g. Fair Market Amount		
-				\$	
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	_			\$	
4. Total only this Page	Call Mark	CALLER AND AND A	\$	823.90	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	823.90	