Disclosure Repo		6 45		.:	11		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 Informat		947/19	Short St		17.6			
a. Full Name						c. ID Number		
Isenhower for Commio	ssioner							
b. Mailing Address (include City, State and Zip Code) d. Date Filed							d. Date Filed	
1537 Little Hill Rd Newton, NC 28658							10/29/2018	
110 110 110 2000							e. Phone Number	
							828-465-2143	
2. Report Year 3. 1	Period Start Date (mm/d	ld/yy)	4. Period 1 (mm/dd/yy)	End Date		5. Treasurer Full N	ame	
2018	07/01/2018		10/2	0/2018		C Randall Isenhowe	er	
6. Type of Committee (Check One)	The second second second	e of Report		The second second	y one type of report fi		
Candidate Campaign	Party	Municip			ate/Co		Referendum	
☐ PAC	Referendum		Organizational			Organizational	Organizational	
Independent Expenditure	Joint Fundraiser		Thirty-five day	′	C	Quarterly	Pre-referendum	
Legal Expense Fund 7. Type of Fund (i)	applicable, check one)		Pre-primary		7	First	Final	
"Booster Fund"	18 than his man his man	lĦ	Pre-election		์	Second	Supplemental Final	
Building Fund		lĦ	Pre-runoff		j	Third	Annual	
		_	Semi-annual		j	Fourth	Special	
			Mid Year		S	Semi-annual		
Other:			Year End]	Mid Year	10. Special Report Name	
·			Final]	Year End		
8. Number of Fundrais	ers this Report		Special			inal		
0					-	Special	The state of the s	
11. Account Information	•			The second second		nformation		
a. Financial Institution Full I	vame			a. Financia	Insti	tution Full Name		
First Citizens Bank b. Purpose	c. Account Code			b. Purpose	-		c. Account Code	
Campaign				D. I til hose			c. Account Code	
Account	CR							
	d. Period Begin Balance	2					d. Period Begin Balance	
	\$ 4822.42						\$	
CERTIFICATION			. \$					
the NC General Statutes	and that no funds are co	mmingle	ed with proh	ibited or of	her n	non-disclosed funds. I	2 22D-22M of Chapter 163 of further certify that this report	
is complete, true and con		trained	by the NC S	tate Board	of E			
C Randall Isenl			_		~		0/29/2018	
	rinted Name of Signer		Si	gnature of Ap	point	ed Treasurer	Date	
FOR OFFICE USE ONL Date Received:	DEGEOVE		Employee:	_		<u>D</u>	elivery Method Normal Mail	
Date Postmarked:	OCT 29 , 2018		Employee:	_			Registered Mail Hand Delivered	
Date Scanned:	Ву		Employee:	=			Electronically Filed Signer has not received	
Date Data Entered:			Employee:	_			mandatory training	

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

CRO-1000 NC State Board of Elections August 2008

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.

Amendment \boxtimes Yes No

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

1. Committee Full Name (and Fund if applicable)	Type of Report		3. ID Number
Isenhower for Commissioner 2	2018 3 rd Quarter		
Start of Election Cycle: January 1,	2015	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 4822.42	\$ 692.89
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.00	\$ 250.00
6) Contributions from Individuals	(CRO-1210)	\$ 4237.00	\$ 12485.90
7) Contributions from Political Party Committees	(CRO-1220)	\$ 7609.50	\$ 7609.50
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 Organization	s (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,	lld and lle)	\$ 11896.5	\$ 20345.4
EXPENDITURES			
13) Disbursements	(CDO 1210)	¢ 227.22	¢ 2722.80
13a) Operating Expenditures	(CRO-1310)	\$ 227.33	\$ 3722.80
13b) Contributions to Candidates/Political Committe		\$	\$
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)	\$ 8246.5	\$ 9070.40
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 8473.83	\$ 12793.20
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ict line 18)	\$ 8245.09	\$ 8245.09
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	t	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee		\$	
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)	\$	\$
wo, Continuations to be included	(CRO-1213)	Ψ	Ψ

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Amendment		
Yes	\boxtimes	No

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

	1. Committee Full Name (and Fund if applicable) 2. ID Number								
Isenhower for Commissioner									
3. Co	ntributor Infori	nation	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十		A STREET	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			
a. Ame		b. Account	c. Form of Payment	d. In-Kind	e. Date	f. Amount			
a. Am		Code	c. Form of a syment	Description	(mm/dd/yyyy)	1. Amount			
片	Add Remove	CRI	Check		09/20/201	8 \$ 50.00			
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Ħ	Remove	1				\$			
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	Remove					\$			
4. To	otal only this	Page				\$ 50.00			
	otal of ALL C		ages						
	s line must be on line		\$ 50.00						

Contributions from Individuals ✓ No Pg __1__ of __ 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 Isenhower for Commissioner 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Dean Proctor c. Employer's Name/Specific Field 125 6th Street NW Hickory, NC 28601 service/ e. Election Sum to Date beverages \$ 200.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 9/29/18 CRI \$ 2000000 \$ 3. Contributor Information Add Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Larry Bowman c. Employer's Name/Specific Field 1043 Rolling Green Dr. Newton, NC 28658 Fiber Optic e. Election Sum to Date \$ 100.00 g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CRI Check 9/26/18 \$ 100.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Retired Clarence Hood c. Employer's Name/Specific Field P.O. Box 561 Newton, NC e. Election Sum to Date 28658 Agriculture 100.00 g. Account Code j. Date (mm/dd/yyyy) . Prior h. Form of Payment i. In-Kind Description k. Amount CRI Check 10/1/18 100.00 \$ П 4. Total only this Page 400.00 5. Total of ALL CRO-1210 Pages \$ **4237.00**

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

		rom Individua				_2 of		
		individual contributio		ontributio	ns unde	er \$50 if form CI		
		ne (and Fund if app			71		2. 1	ID Number
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(IIICIUU	le city, state, & zip)			CEC)			
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	ckory, NC			Deve	lope	er	e, E	Election Sum to Date
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(includ	le city, state, & zip)			Lawver				
λ.,,	M 7	7 7						
	stin M. Al			c. Employ	er's Nam	ne/Specific Field		
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111	SKOLY, MC	20001		DC				550.00
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(includ	le city, state, & zip)			CPA				
	chison B.			c. Employ	er's Nam	ne/Specific Field		
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шил	ipercon, w	NC 28359					\$	100.00
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Is	senhower f	or Commissi	oner					
	tributor Inform		HIATLE .	Add Rei				
	Name, Mailing Addro de city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments	
(inclu	ue city, state, & zip)			Retired	Ē			
Jе	rald L. L	eonhardt		c. Employer's Nai	me/Specific Field	1		
33	3326 Stonesthrow Dr.				Executive			
Ne	Newton, NC 28658							
	·						500.00	
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	es C. Sign			c. Employer's Nar	ne/Specific Field			
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1,6,	Weon, NC	20300					250.00	
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	859 Craft	eetwood III		c. Employer's Nan	ne/Specific Field			
	lickory, N			Self		e. El-	ection Sum to Date	
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므	CRI	Check			9/23/1	8	\$ 100.00	
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		O-1210 Pages of Detailed Summary Pa	ige CRO-1100)			\$	4237.00	

Con	tributions f	rom Individua	als	Pg	_4_ of _	7	Amendment Yes No
Use thi	is form to report	individual contribution	ons over \$50 or c	ontributions und	ler \$50 if form C	RO 1	
1. Con	nmittee Full Nar	ne (and Fund if app	olicable)			2.1	D Number
Is	enhower f	or Commissi	oner				
3. Con	tributor Inform	ation		Add Re	move		
	Name, Mailing Addr			b. Job Title/Profe	ssion	d. C	Comments
(inclu	de city, state, & zip			Vice-pr	esident		
T.	ohn D. Te	a+a=				-	
	762 Big S.			c. Employer's Na	-	1	
	ickory, N			Pepsi-C		e. El	lection Sum to Date
				Hickory		\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy)	yy)	k. Amount
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3. Con	tributor Inform	ation		Add 🔲 Rei	move		
	lame, Mailing Addr			b. Job Title/Profe	ssion	d. C	omments
(include city, state, & zip)				Retired			
	Charles M. Spines c. Employer's Name/Specific Field					-	
	onarros ii. ompes						
	1690 Second St. NW			BAnk o	f Granite	e. El	ection Sum to Date
Н	ickory, NO	2 28601				\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyyy)		k. Amount
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	ame, Mailing Addr			b. Job Title/Profes	ssion	d. C	omments
(inclue	de city, state, & zip)			Physicia	an		
Dr	. Willian	n M. Pekman		c. Employer's Nar	ne/Specific Field	1	
	.O. Box 13	-			_		
Hi	ckory, NO	28603		Ortho-Ca	arorina	e. El	ection Sum to Date
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5. Total of ALL CRO-1210 Pages

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

\$ 4237

		rom Individua			$\frac{5}{450}$ of $\frac{7}{60}$		Yes No
	Use this form to report individual contributions over \$50 or contributions und 1. Committee Full Name (and Fund if applicable)						
		or Commissi				2. 1	D Number
15	ennower r	OI COMMISSIO	oner				
	tributor Inform				move		
	lame, Mailing Addr de city, state, & zip)			b. Job Title/Profe	ssion	d. C	Comments
(Includ	ue city, state, & zip)			CPA			
Dale K. Cline			c. Employer's Na	me/Specific Field	1		
1333 Second Street NE Hickory, NC 28603			Self				
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	tributor Informa			Add Rei			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profe	ssion	d. C	omments	
(Includ	ie city, state, & zip)			CEO(
Vá	Vance C. Dalton, Jr.				ne/Specific Field	1	
1075 Catawba Greens Dr.			Carolina	Earm			
Ne	ewton, NC	28658		Credit	raim		lection Sum to Date
				oroure		\$	200.00
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	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(Mende	ic city, suite, at hip)			CEO			
Dan	n Ray Timm	nerman		c. Employer's Nan	ne/Specific Field	1	
P.C). Box 115	55		Timmerman	n Mfa.	a IFI	ection Sum to Date
Con	nover, NC	28613					
6 D :		L 72 02	li v vn -= -		les : 2 :::2	\$	100.00
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	4. Total only this Page						400.00
5. Tota	al of ALL CR	RO-1210 Pages			The state of the state of	\$	4237.00

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

Cont	tributions fr	rom Individua	ıls	Pg	6 of7	7	Amendment Yes No		
Use thi	Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used								
1. Com	ımittee Full Nan	ne (and Fund if app	licable)	يلا كرونيو البرو		2. 1	ID Number		
	Isenhow	er for Comm	issioner						
3. Con	tributor Inform	ation		Add Rei	nove	11.19	والمرز المأتور بالأثال		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profession			Comments		
(includ	de city, state, & zip)			Owner					
M:	ichael A.	Johnson		c. Employer's Nar	ne/Specific Field	1			
	4220 4th St. Ln. NW								
H:	Hickory, NC 28601			Mike Jo	hnson	e. E	lection Sum to Date		
				Toyota		\$	500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount		
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(includ	le city, state, & zip)			CEO					
	C.E. Roseman, Jr.					1			
P.	0. Box 21	111, 51.							
	ckory, NC			C.R. La	ıne	e. E	lection Sum to Date		
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(includ	le city, state, & zip)			Retired	Ē				
Ge	orge A. M	oretz		c. Employer's Nan	ne/Specific Field	1			
		reet Dr. NW							
Hi	ckory, NC	28601		Textiles	5	e. E	lection Sum to Date		
						\$	100.00		
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							\$		
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5. Tot	al of ALL CR	RO-1210 Pages	L. Shiple Sona	The second		s	4237.00		
		of Detailed Summary Po	age CRO-1100)			, p			

	Contributions from Individuals Pg 7 of 7 Place 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								
				AAIII JULEAN		2. ID Number			
1	sennower .	For Commiss	loner						
	tributor Informa				move				
	lame, Mailing Addre			b. Job Title/Profe	ssion	d. Comments			
(inclu	de city, state, & zip)			Atrorn	еу				
c.	Randall	Isenhower		c. Employer's Nar	ne/Specific Field				
		Hill Road				e. Election Sum to Date			
Ne	wton, NC	28658		Self					
						\$ 1460.90			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy				
		In-Kind	Signs		9/3/18	\$ 637.00			
						\$			
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3. Con	tributor Informa	ation		Add Ren	nove				
	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments			
(includ	de city, state, & zip)								
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ā						\$			
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	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. Comments			
(Include	ic city, state, et zip)								
				c. Employer's Nan	ne/Specific Field				
						e. Election Sum to Date			
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						\$			
						\$			
						\$			
4. Tot	al only this Pa	age				\$ 637.00			
		RO-1210 Pages				\$ 4237.00			
(This l	ine must be on line 6	of Detailed Summary P	age CRO-1100)	TY TY	THE RESERVE				

Contributions from Political Party Committees

Pg <u>1</u> of <u>1</u> Amendment No

Use this form to report contributions from a political party

1. Committee Fu	2. ID Number						
Isenhower for Co	mmissioner						
3. Contributor In	nformation	STATE OF THE STATE OF	Add	R	emove	Bar I	1. 4 1944 197 200
a. Full Name, Mailin						b. Con	iments
(include city, state, North Carolina R							
1506 Hillsboroug							
Raleigh, NC 286	82					c. Elec	tion Sum to Date
						\$	7609.50
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyy)	y)	h. Amount
CRI	In-Kind	Mailers			10/10/2	018	\$ 7609.50
			1				\$
							\$
3. Contributor In	15,19						
a. Full Name, Mailing						b. Con	nments
(include city, state,	, & zip)						
	3	c. Election Sum to Date					
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyy	y)	h. Amount
							\$
							\$
							\$
3. Contributor In	formation		Add	R	emove		美工作证 自然 或
a. Full Name, Mailing			1			b. Con	iments
(include city, state,	, & zip)						
						o Floor	tion Sum to Date
							tion sum to Date
					01	\$	
d. Account Code	e. Form of Payment	f. In-Kind Description			g. Date (mm/dd/yyyy	y)	h. Amount
							\$
							\$
							\$
4. Total only t	his Page				re ferrida	\$	7609.50
	L CRO-1220 Pag	THE RESERVE OF THE PARTY OF THE				\$	7609.50

Disbursements

Pg <u>1</u>

of <u>1</u>

Amendment Yes

No

 \boxtimes

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

	ull Name (and Fun	d if applicable)	HITE THE LEW LABOUR TO	CONTRACT OF THE	2. ID Number				
Isenhour for Commissioner									
3. Type of Disbu			RO-1310 forms for each t						
Operating E		Contributions to Car	adidates/Political Committees		ordinated Party Expenditures				
4. Payee Inform			Add	Remove					
77.3	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state,									
Wallace Printing	3								
PO Boc 1238			c. Level Registered (Specify)						
Newton, NC 286	558		Federal	County:					
828-466-3300			State	Municipality:	e. Election Sum to Date				
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
CDI		D			Rack Cards				
CRI	Check	В	10/15/2018	\$227.33					
				\$					
4. Payee Inform	ation	41.00	Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments				
(include city, state,									
(moraus eng, sume,									
			c. Level Registered (Specify)						
			Federal	County:					
			State	Municipality:	e. Election Sum to Date				
			State	with the parity.	C. Election Sum to Date				
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
				\$					
				\$					
4. Payee Inform	ation		Add	Remove					
	TO THE TANK		b. Coordinated Committee Na		d. Comments				
	ng Address & Phone		D. Cooldinated Committee 142	ame	u. Comments				
(include city, state,	& zip)								
					-				
			c. Level Registered (Specify)		-				
			Federal	County:					
			State	Municipality:	e. Election Sum to Date				
					\$				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
				\$					
				\$					
3 A . 1 3 T	-				ф. 227.22				
5. Total only thi			er og til handsted her film	KI STORY BY SHIP	\$ 227.33				
	CRO-1310 Pages			SVAL BLADER					
_			if Operating Expenses)		\$ 227.33				
(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)									
				res)	MILESON SHEW STATES OF THE STA				
	es (List detailed ex				ALL THE RELATIONS IN THE REST.				
A* - Media									
E - Salaries	F* - Equipment				Public Office Expenses				
I - Postage O* - Other	J - Penalties	K* - Offic	ee Expenses	Q" - Donatio	n to Legal Expense Fund				
	e detailed explanati	on in required re	emarks field (k)						

In-Kind Contributions		,	Amendment
Use this form to report non-monetary contributions, donations, goo		of	
Use CRO-1215 if In-Kind Contributions were or will be refu			tee or rung.
1. Committee Full Name (and Fund if applicable)			2. ID Number
TSENHOWER FOR CONNI	SSIGNER	>	
3. Contributor Information	2.00		
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Comments
(include city, state, & zip)	Individual Candidate		
C. /LIDANA ESBANO	Party		
1537 LITTLE 1416 140	PAC		
I BUTOP PC	Referendum		d. Election Sum to Date
C. / PDALL DEPHOWER 1537 LITTLE HILL PAD NEW TOP DC 58	Other Receipt	Source	\$14/60.90
e. Description		f. Date (mps/dd/yyy	
3/5/03		9/3/18	\$ \$63700
			\$
			\$
3. Contributor Information			
a. Full Name, Mailing Address & Phone	b. Type of Contrib	butor	c. Comments
(include city, state, & zip)	Individual		
N.C. BPUBLICAN PARTY	Candidate Party		
IKIN HINS BOROUGH ST.	PAC		
D 2 NC 28602	Referendum	1	d. Election Sum to Date
N.C. PEPUBLICAN PARTY 1506 HILLS BOROUGH ST. PHAEIGH, NC 28682	Other Receipt	Source	\$ 7609.50
e. Description		f. Date (mm/dd/yyy	
MAILER		10/10/18	8 \$760950
			\$
			\$
3. Contributor Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	outor	c. Comments
(include city, state, & zip)	Candidate		
	Party		
	PAC		
	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		EAL PEACE	\$8246,50
5. Total of ALL CRO-1510 Pages			8246,50
(This line must be on line 17 of Detailed Summary Page CRO-1100)			