

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 Michelle Morgan

c. ID Number

HDU42K

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

1025 11th St Cir Dr NW
Hickory, NC 28601

d. Date Filed

7/10/2018

e. Phone Number

828-244-4691

2. Report Year

2018

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

7/1/2018

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

10/20/2018

5. Treasurer Full Name

Sara Echerd

6. Type of Committee (Check One)

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

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

- ☐ "Booster Fund"
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

11. Account Information

a. Financial Institution Full Name

Capital Bank

b. Purpose

Campaign
Finance

c. Account Code

JMM

d. Period Begin Balance

\$ 2029.13

11. 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 of Elections.

Sara Echerd

Printed Name of Signer

Signature of Appointed Treasurer

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ 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	☒ Yes	☐ No
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Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) committee to Elect Michelle Morgan		2. Type of Report 3 rd Quarter		3. ID Number HDU42K	
Start of Election Cycle: January 1, 2018		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 2029.13		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 25.00	
6) Contributions from Individuals (CRO-1210)		\$ 5104.00		\$ 10037.70	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$ 500.00	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 100.00		\$ 100.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.27		\$.38	
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)		\$ 5204.27		\$ 10663.08	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4240.20		\$ 6920.36	
13b) Contributions to Candidates/Political Committees (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)		\$		\$ 163.82	
17) In-Kind Contributions (CRO-1510)		\$ 80.00		\$ 665.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4320.20		\$ 7749.88	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2913.20		\$ 2913.20	
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)		\$		\$	

Contributions from Individuals

Pg 1 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dawn Shoebridge 3262 47 th Ave OI NW Hickory, NC 28601 shoebridge2@hotmail.com			Fed Ex Employee			
			c. Employer's Name/Specific Field			
			FedEx		e. Election Sum to Date	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		07/26/2018	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Anne Chickering 611 N Flores St, #7 West Hollywood, CA 90048 424-603-7103			Interior Designer			
			c. Employer's Name/Specific Field			
			Chris Barrett, Inc		e. Election Sum to Date	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		07/26/2018	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kelley Hayward 512 Hickory Ave NW Valdese, NC 28690 haywardkel@gmail.com			Community Support Coordinator			
			c. Employer's Name/Specific Field			
			Womans Resource Center		e. Election Sum to Date	
				\$ 40.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		07/26/2018	\$ 40.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 90.00	
5. Total of ALL CRO-1210 Pages					\$ 5104.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 15

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)					2. ID Number	
Committee to Elect Michelle					HDu42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jan Wagner 8403 Lake Crest Terr Fairfax Station, VA 22039 571-334-6178			EA			
			c. Employer's Name/Specific Field			
			GDIT			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		07/26/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bobby Ward 100 28 th Ave NW Hickory, NC 28601 828-234-5627			Marketing			
			c. Employer's Name/Specific Field			
			Self			
					e. Election Sum to Date	
					\$ 40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		07/25/2018		\$ 40.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Merideth Bradshaw 916 Lenoir Rhyne Blvd Hickory, NC 28602			Owner			
			c. Employer's Name/Specific Field			
			K&M Collision			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		07/25/2018		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ 190.00	
5. Total of ALL CRO-1210 Pages					\$ 5104.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 3 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dustin Strickland 1172 18 th Ave NW Hickory, NC 28601 dstrick1971@gmail.com			Pharmaceutical			
			c. Employer's Name/Specific Field			
			Stallergenes Greer			
					e. Election Sum to Date	
					\$ 44.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		07/21/2018		\$ 27.00
☐	JMM	Online		10/14/2018		\$ 17.00
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John Pope 1918 45 th Ave PI NW Hickory, NC 28601			Manager			
			c. Employer's Name/Specific Field			
			CT Management			
					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
☐	JMM	Online		07/11/2018		\$ 250.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Erin Hooks 1064 21 st Ave NW Hickory, NC 28601 828-569-2747			Student			
			c. Employer's Name/Specific Field			
			Student			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		07/07/2018		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 394.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 4 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kim Hudson 358 3 rd St NW Hickory, NC 28601 828-315-0427			Public Relations			
			c. Employer's Name/Specific Field			
			The Porter Agency			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		08/29/2018		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Amy Rudd 1025 37 th Ave NW Hickory, NC 28601 828-514-3744			Clinical Social Worker			
			c. Employer's Name/Specific Field			
			Supportive Solutions, LLC			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		08/25/2018		\$ 25.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Greg Cranford 814 Hamilton St Newton, NC 28658 828-464-8294			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		08/25/2018		\$ 25.00
☐						\$
☐						\$
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 5 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Daniel Green 735 15 th Ave NW Hickory, NC 28601 828-781-8781			Attorney			
			c. Employer's Name/Specific Field			
			Self Employed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		08/20/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kirby Kepford 2053 10 th St Ln NW Hickory, NC 28601 828-855-3412			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		08/19/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Bob Williams 135 One Comfortable Place Taylorsville, NC 28681 828-632-9200			Designer			
			c. Employer's Name/Specific Field			
			Mitchell Gold Bob Williams			
					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
☐	JMM	Online		08/07/2018		\$ 250.00
☐						\$
☐						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 6 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Mitchell Gold 1572 Basin St Conover, NC 28613 828-256-1880			Executive			
			c. Employer's Name/Specific Field			
			Mitchell Gold Bob Williams		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	
☐	JMM	Online		08/04/2018	\$ 250.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Kim Jordan 2887 Blair Dr Newton, NC 28658 828-320-0172			School Principal			
			c. Employer's Name/Specific Field			
			Catawba County Schools		e. Election Sum to Date	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		08/03/2018	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Rob Bocchino 9201 Sherbourne Ln Sherrills Ford, NC 28673 315-345-3468			Consultant			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		09/26/2018	\$ 500.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 775.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 7 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					H DU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Erin Hooks 1064 21 st Ave NW Hickory, NC 28601 810-210-4848			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 1000	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/17/2018		\$ 500.00
☐	JMM	online		10/17/2018		\$ 500.00
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Michelle Francois 4821 Elmhurst Dr NE Hickory, NC 28601 828-238-2873			Finance Director			
			c. Employer's Name/Specific Field			
			SALT Block Foundation			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/15/2018		\$ 75.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Richard Worthington 5434 Valleyfield Rd Hickory, NC 28602 djrick@charter.net			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/15/2018		\$ 100.00
☐						\$
☐						\$
4. Total only this Page					\$ 1175.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 8 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dawn Tashjian 4325 3 rd St NW Hickory, NC 28601 828-328-1737			Administrator			
			c. Employer's Name/Specific Field			
			SALT Block Foundation			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/15/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cindy Rose 1113 21 st Ave NW Hickory, NC 28601 828-244-4389			Executive Director			
			c. Employer's Name/Specific Field			
			Women's Resource Center			
					e. Election Sum to Date	
					\$ 325.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/15/2018		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Carol Hartman 50 Lakeshore Ln Taylorsville, NC 28681 828-291-7227			Marketing			
			c. Employer's Name/Specific Field			
			NTC			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		10/15/2018		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 9 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nicole Mosteller 1619 33 rd St SW Hickory, NC 28602 828-781-4175			LPC			
			c. Employer's Name/Specific Field			
			Self		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		10/14/2018	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sarah Fanjoy 215A 1st Ave SW Hickory, NC 28602 fanjoylabrenz@mac.com			Photographer			
			c. Employer's Name/Specific Field			
			Self		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	
☐	JMM	Online		10/14/2018	\$ 50.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Barry Cheney 104 39 th Ave PI NW Hickory, NC 28601 bcheney581@gmail.com			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed		e. Election Sum to Date	
				\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Online		10/01/2018	\$ 75.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages					\$ 5104.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 10 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dorothy Storey 110 Westway Dr Drexel, NC 28619			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		09/13/2018		\$ 25.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Sarah Ross 2252 5 th St NE Hickory, NC 28601 828-312-1086			Teacher			
			c. Employer's Name/Specific Field			
			Hickory Public Schools			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Online		09/09/2018		\$ 25.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Karen Wynter 1313 Melaleuca Lane Fort Myers, FL 33901			Business Owner			
			c. Employer's Name/Specific Field			
			Self-Employed			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		07/25/2018		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ 100.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 11 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Nicole Hass 404 E 1 st ST Conover, NC 28613 828-459-4440			Not Employed			
			c. Employer's Name/Specific Field			
			Not Employed			
					e. Election Sum to Date	
					\$ 85.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Cash		08/20/2018		\$ 45.00
☐	JMM	Cash		08/22/2018		\$ 40.00
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
M W Montgomery 4936 Brookridge Dr NE Hickory, NC 28601			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		09/25/2018		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Cheng Vue 5166 Bethel Church Rd Hickory, NC 28602			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		10/04/2018		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ 185.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 12 of 15

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)						2. ID Number	
committee to ELect Michelle Morgan						HDU42K	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Melissa Gibson 2832 Childers Nursery Cir Connelly Springs, NC 28612				best attempt			
				c. Employer's Name/Specific Field			
				best attempt			
				e. Election Sum to Date			
				\$		80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	JMM	In-Kind	Palm Cards	7/27/2018		\$ 80.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sharon Radke 3790 Springs Rd Hickory, NC 28601				best attempt			
				c. Employer's Name/Specific Field			
				best attempt			
				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	
☐	JMM	Check		10/19/2018		\$ 250.00	
☐						\$	
☐						\$	
3. Contributor Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Juliet Good 15 US HWy 321 SW Hickory, NC 28602				insurance agent			
				c. Employer's Name/Specific Field			
				State Farm Insurance			
				e. Election Sum to Date			
				\$		125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
☐	JMM	Check		10/17/2018		\$ 100.00	
☐						\$	
☐						\$	
4. Total only this Page						\$ 430.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 5104.00	

Contributions from Individuals

Pg 13 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Hulden Currey Bewley 1980 11 th St Ct NW Hickory, NC 28601			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		10/14/2018		\$ 30.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jeffrey C Ramsey 1756 31 st Ave Ln NE Hickory, NC 28601			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		10/15/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Charlotte C Williams 4320 3 rd St NW Hickory, NC 28601 828-345-0003			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					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
☐	JMM	Check		10/15/2018		\$ 250.00
☐						\$
☐						\$
4. Total only this Page					\$ 380.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 14 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Dr George W Clay III 610 21 st Ave Dr NW Hickory, NC 28601			dentist			
			c. Employer's Name/Specific Field			
			self			
					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
☐	JMM	Check		10/15/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Robert K Fisher 3106 47 th Ave Ln NE Hickory, NC 28601			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		10/15/2018		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Elizabeth Bean Fox 2060 2 nd St Dr NW Hickory, NC 28601			best attempt			
			c. Employer's Name/Specific Field			
			best attempt			
					e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	JMM	Check		10/15/2018		\$ 50.00
☐						\$
☐						\$
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Contributions from Individuals

Pg 15 of 15

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)					2. ID Number	
Committee to Elect Michelle Morgan					HDU42K	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Loretta Gibbons 100 Fawn Run Ct Georgetown, KY 40325			Teacher			
			c. Employer's Name/Specific Field			
			Retired		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	
☐	JMM	Cash		10/17/2018	\$ 50.00	
☐	JMM	Cash		10/12/2018	\$ 50.00	
☐	JMM	Cash		7/30/2018	\$ 50.00	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Jodi Buckland 1421 White Eagle Ranch Rd Hickory, NC 28602			Teacher			
			c. Employer's Name/Specific Field			
			Catawba County Schools		e. Election Sum to Date	
				\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Cash		08/03/2018	\$ 20.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Lynn Dorfman 102 20 th Ave NW Hickory, NC 28601			retired			
			c. Employer's Name/Specific Field			
			federal employee		e. Election Sum to Date	
				\$ 80.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	JMM	Cash		7/23/2018	\$ 40.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 5104.00	

Refunds/Reimbursements To the Committee

Pg 1 of 1

Amendment
☒ Yes ☐ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Michelle Morgan				HDU42K	
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
Catawba Farms 1670 Southwest Blvd Newton, NC 28658			☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County: ☐ State ☐ Municipality:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					Event Cancelled
					j. Election Sum to Date
					\$ 100.00
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
JMM	Check	Event Cancelled	10/09/2018		\$ 100.00
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County: ☐ State ☐ Municipality:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					j. Election Sum to Date
					\$
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
3. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
			☐ Candidate ☐ PAC ☐ Referendum ☐ Party		
			e. Level Registered (Specify)		
			☐ Federal ☐ County: ☐ State ☐ Municipality:		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose
					j. Election Sum to Date
					\$
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)		o. Amount
					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 100.00

Other Receipt Sources

Pg

1

of

1

Amendment



Yes



No

Use this form to report income not reported on another form, i.e., interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to Elect Michelle Morgan				HDU42K	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
☒ Interest		☐ Contributions from Not-for-Profit Organizations		☐ Outside Sources of Income	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Capital Bank 25 3 rd St NW Hickory, NC 28601					
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$.25
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
JMM	Draft		7/3/2018		\$.06
JMM	Draft		8/3/2018		\$.08
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Capital Bank 25 3 rd St NW Hickory, NC 28601					
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$.38
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
JMM	Draft		9/5/2018		\$.08
JMM	Draft		10/3/2018		\$.05
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
			c. Outside Source Explanation		
			e. Election Sum to Date		
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
					\$
					\$
5. Total only this Page					\$.27
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$.27

Disbursements

Pg 1 of 8

Amendment

☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act BLUE PO Box 441146 Somerville, MA 02144						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 100.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	Online	A	08/01/2018	\$9.87	sevice fee	
JMM	Online	A	09/01/2018	\$12.39	sevice fee	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Act Blue PO Box 441146 Somerville, NC 02144						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 100.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	A	10/01/2018	\$8.26	service fee	
JMM	online	A	07/05/2018	\$3.75	service fee	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 357.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	A	07/28/2018	\$57.55	facebook ads	
JMM	online	A	07/31/2018	\$38.12	facebook ads	
5. Total only this Page					\$ 129.94	
6. Total of ALL CRO-1310 Pages						
(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)					\$ 4240.20	
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
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 8

Amendment
☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Hickory Crawdads PO Box 1268 Hickory, NC 28603 828-322-3000						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 250.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	A	07/27/2018	\$250.00	Game Ads	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VistaPrint 95 Hayden Ave Lexington, MA 02421						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 1663.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	B	7/19/2018	\$151.39	flyers/signs	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VistaPrint 95 Hayden Ave Lexington, MA 02421						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 1663.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	B	07/26/2018	\$107.20	flyers/signs	
JMM	online	B	07/30/2018	\$121.89	flyers/signs	
5. Total only this Page					\$ 630.48	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
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
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 8

Amendment
☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Lowe's Foods #2 260 14th Ave NW Hickory, NC 28601						
			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	
JMM	card	C	07/10/2018	\$103.45	food for fundraiser	
JMM	card	C	09/04/2018	\$10.69	food for fundraiser	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Focus Newspaper 264 1st Ave NW Hickory, NC 28601						
			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	
JMM	online	A	08/27/2018	\$157.50	ads	
JMM	online	A	09/05/2018	\$157.50	ads	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Focus Newspaper 264 1st Ave NW Hickory, NC 28601						
			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	
JMM	online	A	09/27/2018	\$157.50	ads	
JMM	online	A	10/12/2018	\$157.50	ads	
5. Total only this Page					\$ 744.14	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
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
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 4 of 8

Amendment
☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vista Print 95 Hayden Ave Lexington, MA 02421						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 1663.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	B	08/09/2018	\$222.95	flyers/signs	
JMM	online	B	08/10/2018	\$51.35	flyers/signs	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vista Print 95 Hayden Ave Lexington, MA 02421						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 1663.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	B	09/04/2018	\$102.68	flyers/signs	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:		e. Election Sum to Date	
					\$ 357.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	A	08/31/2018	\$108.29	ads	
JMM	online	A	09/12/2018	\$7.06	ads	
5. Total only this Page					\$ 492.33	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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 5 of 8

Amendment

☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Sams Club 2435 US Hwy 70 SE Hickory, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 302.20	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	card	C	10/16/218	\$302.20	food for fundraiser	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
USPS 231 Government Ave SW Hickory, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 112.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	card	I	09/10/2018	\$7.00		
JMM	card	I	10/31/2018	\$70.00		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
USPS 231 Government Ave SW Hickory, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 112.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMm	card	I	10/03/2018	\$35.00		
				\$		
5. Total only this Page					\$ 414.20	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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 6 of 8

Amendment
☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Facebook 1 Hacker Way Menlo Park, CA 94025						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 357.07	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	A	10/01/20108	\$138.99	facebook ads	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Catawba Farms 1670 Southwest Blvd Newton, NC 28658						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	Check	C	08/21/2018	\$100.00	venue deposit	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Asign Co 1320 Fairgrove Church Rd Conover, NC 28613						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 2354.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	check	B	10/05/2018	\$1070.00	yard signs	
				\$		
5. Total only this Page					\$ 1308.99	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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 7 of 8

Amendment

☒ Yes ☐ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vantiv eCommerce Funds Act Blue PO Box 441146 Somerville, MA 02144						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 1124.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	K	07/10/2108	\$10.16	service fee	
JMM	online	K	09/11/2018	\$25.04	service fee	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Vantiv eCommerce Funds Act Blue PO Box 441146 Somerville, MA 02144						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 124.42	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	K	10/10/2018	\$5.24	service fee	
JMM	Online	K	8/9/2018	\$20.06	sevice fee	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Renegade Squirrel Asheville, NC						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 199.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	F	07/26/2018	\$199.99	voter database	
				\$		
5. Total only this Page					\$ 260.49	
6. Total of ALL CRO-1310 Pages						
(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)					\$ 4240.20	
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
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 8 of 8

Amendment
☒ Yes ☒ No

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	
Committee to Elect Michelle Morgan					HDU42K	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Print Runner 8000 Haskell Ave Van Nuys, CA 91406						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 109.63	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	online	B	08/17/2018	\$109.63	postcards	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Catawba County Democratic Party 1612 Tate Blvd SE Hickory, NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☐ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JMM	Check	O	9/27/2018	\$50.00	Tickets	
JMM	Online	O	8/28/2018	\$100.00	Tickets	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			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	
				\$		
				\$		
5. Total only this Page					\$ 259.63	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4240.20	
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>						
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)						

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to Elect Michelle Morgan		HDU42K	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Melissa Gibson 2832 Childers Nursery Cir Connelly Springs, NC 28612		☒ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$ 80.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Palm Cards		7/27/2018	\$ 80.00
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		☐ Individual	
		☐ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			\$ 80.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 80.00