Disclosure	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 line Tile			
a. Full Name				c. ID Number
Committee to Elect V	nighel	Le Moral	un	HDU42K
b. Mailing Address (include City, State and Zip Code)		,		d. Date Filed
1025 Han St. Circle Dri Hickory No 28601	Je Nu)		10 29 2018 e. Phone Number
1110-01 110 00001				
	1		W 100	828-244-461
2. Report Year 3. Period Start Date (mm/dd/yy)	4. Period E	End Date (mm/dd/yy)	5. Treasure	er Full Name
7/1/2018		12018	Sara	Echerol
			type of repo	rt from one category)
	nicipal	State/County		Referendum
PAC Referendum Independent Expenditure Joint Fundraiser	Organizationa Thirty-five day	I— -	ionai	Organizational Pre-referendum
Independent Expenditure Joint Fundraiser Legal Expense Fund	Pre-primary	y Quarterly First		Final
Legal Expense Fund	Pre-election	Seco	nd	Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Third		Annual
Booster Fund	Semi-annual	Four		Special
Building Fund	Mid Year		-	
	Year End	Mid	Year	10. Special Report Name
Other:	Final	Year Year		
8. Number of Fundraisers this Report	Special	Final		
		Special		
11. Account Information		11. Account Inform	nation	
a. Financial Institution Full Name		a. Financial Institution		
Capital Bank				
b. Purpose c. Account Code		b. Purpose		c. Account Code
Chupaign JMW d. Period Begin Ba	1			
d. Period Begin Ba	alance			d. Period Begin Balance
1 7089	.76			\$
CERTIFICATION				
I certify that the Committee or Fund is in compliance	with all appli	cable provisions of Art	icle 22A, 22B	8 & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are con	~	_		nds. I further certify that this
report is complete, true and correct and that I have be	een trained by	the NC State Board of	Elections.	
0 1			0	1 12/2-1.4
Sava Finera	$\rightarrow \alpha$	ra Jun	e Cen	nd 10/28/18
Printed Name of Signer	Sign	ature of Appointed Treas	urer	Date
FOR OFFICE USE ONLY			T) 1	
Date Received:	Employ	ree:	_	ivery Method Normal Mail
Date Postmarked:	Employ	ree:		Registered Mail Hand Delivered
Date Scanned:	Employ	ree:	-	Electronically Filed
Date Data Entered:	Employ	ree:		Signer has not received mandatory training
Please Note: This form cannot be used to a	mend comm	ittee information suc	h as the com	mittee address, treasurer.
assistant treasurer, custoo You must amend the Statement of	lian of books	information, or acco	unt informa	PEINED
CRO-1000		d of Elections		August 2008

Amendment No No Yes

Detailed SummaryUse 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	September 1		ID Number DU42K	4
Start of Election Cycle: January 1, 4) Cash on Hand at Start	2018		al this	Total Election	
4) Cash on Hand at Start RECEIPTS	2010年大公安公司	\$ 200	+.70	3 0	Acres 10
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	ALIKE HE
6) Contributions from Individuals	(CRO-1210)		4,00	\$ 9823.	88
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$ 500.0	0
9) Loan Proceeds	(CRO-1410)	\$		\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 100.	.00	\$ 100.0	0
11) Other Receipt Sources		6			
11a) Interest on Bank Accounts	(CRO-1250)	\$.27		\$.27	
11b) Contributions from Not-for-Profit Organization	ons (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, 11	c, 11d and 11e)	\$ 5154	4.27	\$ 10424	1.15
EXPENDITURES				A DESCRIPTION OF THE PERSON OF	
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 430	7.94	\$ 7071.	18
13b) Contributions to Candidates/Political Commit	tees (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)	\$ 80.0	0	\$ 501.8	8
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 438	7.94	\$ 7573.	06
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 285	1.09	\$ 2851.	09
ADDITIONAL INFORMATION	A STATE OF THE STA				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	ns) (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)	\$		\$	

		n Individuals vidual contributions o	over \$50		Pg <u>1</u> of onder \$50 if form CR	<u>16</u> O 1205 is no	Amendment Yes ot used	⊠ No	
1. Comm	ittee Full Name (and Fund if applica	ble)		The Detailed	2. ID Nun	nber	E PART	
Committe	ee to Elect Michel	le Morgan				HDU42K			
3. Contri	ibutor Informatio	n		Add R	Remove			DEC S	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)			Fed Ex Empoloy	ree				
Dawn Sh	oebriage Ave Ol NW			c. Employer's Name	Specific Field				
	NC 28601			Fed-Ex	Specific Field				
	ge2@hotmail.com					e. Election S	Sum to Date		
					\$	25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	JMM	Online			07/26/2	018	\$	25.00	
							\$		
							\$		
M W. Manager	butor Informatio			Add 🖺 R	emove	Names of		N BALLE	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
Anne Chi	city, state, & zip)			Interior Designer	•				
11:	ores St, #7			c. Employer's Name/					
	lywood, CA 9004	8		Chris Barrett, Inc					
424-603-	7103					e. Election S	Sum to Date		
						\$	25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	уу)	k. Amount		
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							\$		
The same of the same of the same	butor Informatio	tu 's		100 640	emove			阿丁马乔	
	ne, Mailing Address &	& Phone		b. Job Title/Professio		d. Commen	ts		
	(include city, state, & zip) Kelley Hayward			Community Supp					
	ory Ave NW			c. Employer's Name/	1				
	NC 28690			Womans Resource					

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amou	nt
	JMM	Online		07/26/2018	\$	40.00
					\$	
					\$	
4. Tota	l only this Pag	e de la la martina		\$		90.00
	l of ALL CRO	\$		5054.00		
CRO-12	10		NC State Board of Election	ns		April 2007

e. Election Sum to Date

40.00

haywardkel@gmail.com

					Amendment			
Contributions from Individuals	Pg	_2	of	16_		Yes	\boxtimes	No

1. Comm	ittee Full Name (and Fund if applical	ble)			阿斯		2. ID Number			
Committe	ee to Elect Michell	le							HDu42K		
3. Contri	ibutor Informatio	ņ		Add		Rem	ove				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Ti	itle/Prof	ession		d. Comments	3		
	city, state, & zip)			EA							
Jan Wagn											
	te Crest Terr		1		yer's Na	ıme/Spe	cific Field				
Fairfax St 571-334-6	tation, VA 22039		ļ	GDIT				e. Election Su	- 4- Data		
3/1-334-0	31/8		ļ					e. Election of			
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount		
	JMM	Online					07/26/20)18	\$	100.00	
			1						\$		
									\$		
3. Contri	ibutor Informatio	n		Add		Rem	ove	TO THE REAL PROPERTY.	祖教 一点		
a. Full Nam		b. Job Ti	itle/Prof	ession		d. Comments	3				
	city, state, & zip)			Market	ting						
Bobby W						11. 441					
100 28 th Ave NW				c. Employer's Name/Specific Field							
	Hickory, NC 28601 828-234-5627			Self				e. Election Su	um to Date		
828-234	3627		ļ								
	M							\$	40.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yyy	yy)	k. Amount		
	JMM	Online					07/25/20)18	\$	40.00	
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					-				\$		
· · · · · · · · · · · · · · · · · · ·	ibutor Informatio	s. 4e		Add	1.3-1.00	Rem	ove			THE REAL PROPERTY.	
	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Comments	ş		
	city, state, & zip)			Owner	•						
	Bradshaw oir Rhyne Blvd		1	e Emplo	warte No	me/Sne	cific Field				
	NC 28602		-	K&M			enic ricia				
mone.j,	140 20002		ļ					e. Election Su	ım to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Online					07/25/20	018	\$	50.00	
									\$		
									\$		
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5. Total	of ALL CRO	-1210 Pages				1 SEW		\$		5054.00	
(This line	e must be on line 6 of	Detailed Summary Page C	RO-1100					\$		3034.00	

		m Individuals	over \$50		Pg <u>3</u> of under \$50 if form CR	<u>16_</u> O 1205 is n	Amendmen Yes ot used	t No
-		and Fund if applica		建设成人们 第		2. ID Nur		11 20 4
Committ	ee to Elect Michel	le Morgan					HDU42K	
3. Contr	ibutor Informatio	on		Add 🔲	Remove	1000		
a. Full Nai	ne, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Commen	its	
	city, state, & zip)			Pharmeceutical				
Dustin St								
	' Ave NW NC 28601			c. Employer's Name Stallergenes Gre		-		
	71@gmail.com			Statiergenes Gre	361	e Flection S	Sum to Date	
dstrickry	r rægmam.com					\$	44.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	ryy)	k. Amount	
	JMM	Online			07/21/2	018	\$	27.00
	JMM	Online			10/14/2	2018	\$	17.00
							\$	
	ibutor Informatio	The second second second second		4 4 7 12 4	Remove		30000	
	ne, Mailing Address &	& Phone		b. Job Title/Profess	lon	d. Commen	ts	
	city, state, & zip)			Manager				
John Pop	e Ave Pl NW			c. Employer's Name	/Specific Field	-		
	NC 28601			CT Managemen		-		
,	20001			l c iam.		e. Election S	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-H	Kind Description	j. Date (mm/dd/yy	туу)	k. Amount	
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a. Full Nar	ne, Mailing Address &	& Phone	Service Control	b. Job Title/Profess	ion	d. Commen	ts	
	city, state, & zip)			Student				
Erin Hoo								
	Ave NW			c. Employer's Name	e/Specific Field			
828-569-	NC 28601			Student		e. Election S	Sum to Date	
020-309-2747								
	1			L		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	JMM	Online			07/07/2	018	\$	100.00
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		- AU-					\$	
4. Tota	l only this Page	e		月 月1日日本	建 到是5世 电影员	\$		394.00

\$

5054.00

5. Total of ALL CRO-1210 Pages

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

Contr	ibutions froi	n Individuals		P	g <u>4</u> of	16_	Yes	No
		vidual contributions		or contributions un	der \$50 if form CR	O 1205 is no	ot used	
1. Comn	nittee Full Name	and Fund if applica	ble)		Togod The Land	2. ID Nur	nber	
Committ	ee to Elect Michel	le Morgan					HDU42K	
3. Contr	ibutor Informatio	n		Add 🔲 R	emove	The Man		
	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Commen	ts	
	city, state, & zip)			Public Relations				
Kim Hud 358 3 rd S				a Employeda Nama/	Specific Field	-		
	NC 28601			c. Employer's Name/S The Porter Agence		-		
828-315-				The Folial Agenc	<i>,</i> y	e. Election S	Sum to Date	
""	V 127							
		w				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	JMM	Online			08/29/2	2018	\$	50.00
							\$	
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	ibutor Informatio				emove			
	ne, Mailing Address &	& Phone		b. Job Title/Professio		d. Commen	ts	
	city, state, & zip)			Clincal Social Wo	orker			
Amy Ruc	ia ' Ave NW			c. Employer's Name/S	Procific Field			
	NC 28601			Supportive Soluti				
828-514-				Supportive Soluti	0.10, 220	e. Election S	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description j. Date (mm/dd		ууу)	k. Amount	
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							\$	
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	city, state, & zip)			Not Employed				
Greg Cra				E L I N J	נו ימו ימי			
814 Ham	NC 28658			c. Employer's Name/S Not Employed	Specific Field	-		
828-464-				Not Employed		e. Election S	Sum to Date	
						\$	25.00	
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		-1210 Fages Detailed Summary Page (PO 1100			\$		5054.00
ture mu	e numer of his true of of	counce panning ruge t	Tru-Yun	THE RESERVE TO SERVE THE PARTY OF THE PARTY				

Amendment

					Amei	nament		
Contributions from Individuals	Pg	5	of	16		Yes	\boxtimes	No

1. Comm	1. Committee Full Name (and Fund if applicable)						2. ID Number				
Committe	e to Elect Michell	e Morgan							HDU42K		
3. Contri	butor Informatio	n		Add	F	Remove					
	e, Mailing Address &	Phone			le/Professi	on		d. Comments			
	city, state, & zip)			Attorne	У						
Daniel Gr 735 15 th A				a Employ	ranta Nama	/Specific Field					
Hickory,				Self Em		apeciale ricid					
828-781-8				Jen Em	ipioyed			e. Election Su	ım to Date		
020 / 01 (,,,,,										
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion	j. Date (r	nm/dd/yy	уу)	k. Amount		
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a. Full Name, Mailing Address & Phone					le/Professi	on		d. Comments			
(include city, state, & zip)				Not Em							
Kirby Kepford 2053 10 th St Ln NW				- Paralas		Cussics Field					
Hickory, NC 28601				c. Employer's Name/Specific Field Not Employed							
828-855-3412				Not Employed			e. Election Su	ım to Date			
020-033-3412								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ntion	i. Date (r	mm/dd/yy	vv)	k. Amount		
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3. Contri	butor Informatio	n		Add	F	Remove	2 402 70	T 50	Section 1	E MEN	
	ie, Mailing Address &	Marie Contract of the Contract			le/Professi			d. Comments			
	city, state, & zip)			Designe	er						
Bob Willi											
	Comfortable Place	:				/Specific Field					
	lle, NC 28681			Mitchel Bob Wi				e. Election Su	ım to Dota		
828-632-9	9200			DOD WI	IIIaiiis						
0 D .	10.1). Down of Down on A	. : Y TZ		i - 4	i Data (s	mm/dd/yy	\$	250.00 k. Amount		
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									\$		
			William to and				A PLANT CO.		\$	450.55	
	only this Page		TARRY.			THE DATE OF	\$			450.00	
	of ALL CRO	Charles and the second second	DO 1100	7 State				\$ 5054.00			
(This line	e must be on line 6 of 1	Detailed Summary Page C	KQ-1100	CHARLES V	ACCESS SIGN			L			

		m Individuals	over \$50 or	contributio	Pg ons unde	<u>6</u> of r \$50 if form CR		Amendment Yes ot used	No No
1. Comm	nittee Full Name (and Fund if applica	ble)	1			2. ID Num	iber	
Committ	tee to Elect Miche	lle Morgan						HDU42K	
3. Contr	ibutor Informatio	on	☐ A	dd 🔲	Rem	ove		B. C. S.	
a. Full Nar	ne, Mailing Address	& Phone	b.	. Job Title/Pr	ofession		d. Comment	S	
	city, state, & zip)								
Mitchell				Executive	iv 10		4		
1572 Bas			-	Employer's		ecific Field	-		
828-256-	NC 28613			Mitchell Go Bob Williar			e. Election S	um to Date	
820-230-	1000		1	300 Williai	113				
							\$	250.00	
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								\$	
								\$	
3. Contri	ibutor Informatio	on	□ A	dd 🔲	Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		Job Title/Pr			d. Comment	S	
	city, state, & zip)		, S	School Prin	cipal				
Kim Jord				Employer's	N	.16. 77.14			
2887 Bla	NC 28658			Catawba CC					
828-320-				Jala W Da CC	ounty 50	110013	e. Election S	um to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind	Description		j. Date (mm/dd/y	ууу)	k. Amount	
	JMM	Online				08/03/2	018	\$	25.00
								\$	
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3. Contri	ibutor Informatio	on	A	dd 🔲	Rem	ove		Carlo State	
a. Full Nan	ne, Mailing Address d	& Phone	b.	Job Title/Pr	ofession		d. Comments	s	
	city, state, & zip)			Consulatant					
Rob Boco			-			In This			
	rbourne Ln Ford, NC 28673			Employer's l	Name/Spe	cific Field	1		
315-345-	· · · · · · · · · · · · · · · · · · ·		3	sen			e. Election S	um to Date	
313-343-	J +00						\$	500.00	
e m		. 7	1			1. D. 4. (13-1			
f. Prior	g. Account Code	h. Form of Payment	ı. In-Kind	Description		j. Date (mm/dd/y		k. Amount	
	JMM	Onoline				09/26/2	018	\$	500.00
		I .	1					\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

\$

775.00

5054.00

\$

\$

					Ame	ndment		
Contributions from Individuals	Pg	_7	of	16_		Yes	\boxtimes	No

1. Comm	. Committee Full Name (and Fund if applicable)						2. ID Num	ber		
Committe	ee to Elect Michell	e Morgan					HDU42K			
3. Contri	butor Informatio	n		Add	Rem	ove		NAME OF STREET		
a, Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Prof	ession		d. Comments	3		
	city, state, & zip)			Not Employe	d					
Erin Hoo										
1064 21st				c. Employer's Na		cific Field				
	NC 28601			Not Employe	d					
810-210-4	4848					8	e. Election Su	ım to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Online				10/17/20)18	\$	500.00	
	JMM	online				10/17/2	018	\$	500.00	
				4.				\$		
3. Contri	butor Informatio	n		Add 🔲	Rem	ove.				
a. Full Nan	ie, Mailing Address &	Phone		b. Job Title/Prof	ession		d. Comments			
(include city, state, & zip)				Finance Direct	ctor					
Michelle	Francois									
4821 Elm	hurst Dr NE			c. Employer's Name/Specific Field						
	Hickory, NC 28601			SALT Block	Founda	ation				
828-238-2	2873						e. Election Su	ım to Date		
							\$	75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy)	yy)	k. Amount		
	JMM	Online				10/15/20	018	\$	75.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add	Rem	ove				
	ie, Mailing Address &	k Phone		b. Job Title/Prof			d. Comments			
	city, state, & zip)			Not Employe	d					
	Vorthington									
	leyfield Rd			c. Employer's Na		cific Field				
Hickory, djrick@cl	NC 28602			Not Employe	a		e. Election Su	um to Date		
djrick@ci	narter.net					Ť.				
							\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy)	yy)	k. Amount		
	JMM	Online				10/15/20	018	\$	100.00	
								\$		
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4. Total	only this Page	e			HILL ST	2 58 113 4 1	\$		1175.00	
5. Total of ALL CRO-1210 Pages						\$			5054.00	
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100				Φ		2024.00	

					Ame	nament	
Contributions from Individuals	Pø	8	of	16		Yes 🔀] No

1. Comm	Committee Full Name (and Fund if applicable)				COLUMN TO SERVICE SERV		THE REPORT	2. ID Num	ber	1 To 1/45	
Committe	ee to Elect Michell	le Morgan						HDU42K			
3. Contri	butor Informatio	n		Add		Rem	ove		TO THE PARTY		
a. Full Nan	ie, Mailing Address &	& Phone			itle/Prof			d. Comments			
	city, state, & zip)			Admir	nistrato	•					
Dawn Ta	-										
4325 3rd S							cific Field				
Hickory, 828-328-				SALT	Block	Founda	ition	e. Election Sum to Date			
828-328-	1/3/							e. Election St	im to Date		
								\$	200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Online					10/15/20)18	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Remo	ove	13 200			
	ie, Mailing Address &	& Phone		b. Job T				d. Comments			
(include city, state, & zip)				Execu	tive Dir	ector					
Cindy Ro						400					
1113 21st Ave NW					oyer's Na en's Res		eific Field				
	Hickory, NC 28601			Wone	ii s Kes	ource (Center	e. Election Su	ım to Date		
828-244-4389											
								\$	325.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy)	yy)	k. Amount		
	JMM	Online					10/15/20)18	\$	50.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Remo	ove				
	ie, Mailing Address &	Phone		b. Job T	itle/Prof	ession		d. Comments			
	city, state, & zip)			Marke	ting						
Carol Han											
50 Lakesl				c. Emplo	oyer's Na	me/Spec	eific Field				
828-291-	lle, NC 28681 7227			NIC				e. Election Su	ım to Date		
								\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Online					10/15/20)18	\$	50.00	
									\$		
									\$		
4. Total	only this Page	9		M.			Complete State	\$		200.00	
5. Total of ALL CRO-1210 Pages			7					\$		5054.00	
(This line	(This line must be on line 6 of Detailed Summary Page CRO-11			A SERVICE			学生和学生	Ψ		3034,00	

					Ame	nament	
Contributions from Individuals	Pg	9	of	16		Yes 🖂	No

1. Comm	l. Committee Full Name (and Fund if applicable)								2. ID Number			
Committe	e to Elect Michell	e Morgan							HDU42K			
3. Contri	butor Informatio	n		Add		Rem	ove	AND PERSONS				
a. Full Nam	e, Mailing Address &	Phone		b. Job Tit	le/Profe	ssion		d. Comments				
	city, state, & zip)			LPC								
Nicole M												
1619 33 rd				c. Employ	er's Na	me/Spe	cific Field					
	NC 28602			Self								
828-781-4	1175							e. Election Sum to Date				
								\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yyy	yy)	k. Amount			
	JMM	Online					10/14/20)18	\$	50.00		
									\$			
									\$			
3. Contri	butor Informatio	n		Add		Rem	ove			20-91		
a. Full Nam	e, Mailing Address &	Phone	2 5.55	b. Job Tit	le/Profe	ssion		d. Comments				
(include	city, state, & zip)			Photogr	apher							
Sarah Fan												
215A 1st Ave SW				c. Employ	er's Na	me/Spe	cific Field					
Hickory, NC 28602			Self				771 11 0					
fanjoylabrenz@mac.com							e. Election Su	im to Date				
								\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount			
	JMM	Online					10/14/20)18	\$	50.00		
									\$			
									\$			
3. Contri	butor Informatio	n karana karana karan		Add *	\square_{i}	Rem	ove					
	ie, Mailing Address &	Phone :		b. Job Tit		2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		d. Comments	1			
	city, state, & zip)			Not Em	ployed	,						
Barry Che	eney Ave Pl NW			c. Employ	vaula Nas	a /C a	off a Field					
Hickory,				Not Em			enic Fielu					
-	81@gmail.com			140t Em	pioyee			e. Election Su	ım to Date			
contine	o i wgmamoom							\$	75.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount			
	JMM	Online					10/01/20)18	\$	75.00		
									\$			
									\$			
4. Total	only this Page			a 100 %				\$		175.00		
CHEST STATE	5. Total of ALL CRO-1210 Pages				Veries	No.		\$		5054.00		
(This line	(This line must be on line 6 of Detailed Summary Page CRO-11				No. of Lot,	1- 8-	BILL BUILD AND STREET					

		m Individuals vidual contributions of	over \$50	Pg) or contributions unc		<u>16</u> O 1205 is no	Amendment Yes	⊠ No		
		and Fund if applica			20. QUANTANTONIO	2. ID Num		1000		
	ee to Elect Michel						HDU42K			
10000 4000 500	butor Informatio			Add 🗌 Re	move					
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	s			
	city, state, & zip)			Not Employed						
Dorothy : 110 West	•			c. Employer's Name/S	pacific Field					
Drexel, N	•			Not Employed	pecnic rieiu					
Diexei, iv	10 20019			140t Employed		e. Election S	um to Date			
						\$	25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	JMM	Online			09/13/2	018	\$	25.00		
							\$			
							\$			
3. Contri	butor Informatio	n		Add 🔲 Re	move					
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s			
	city, state, & zip)			Teacher						
Sarah Ro				c. Employer's Name/S	nacific Field					
	NC 28601			Hickory Public Sc						
828-312-				170		e. Election St	um to Date			
				P 1		\$	25.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	JMM	Online			09/09/2	018	\$	25.00		
							\$			
				\$2			\$			
3. Contri	butor Informatio	in		Add 🔲 Re	move	SHOW SHOW	全型型	A SURVEY ST		
	ie, Mailing Address é	& Phone		b. Job Title/Profession		d. Comments	S			
	city, state, & zip)			Business Owner						
Karen W	ynter aleuca Lane			c. Employer's Name/S	nasifia Field					
	rs, FL 33901			Self-Employed	pecific Field	-				
l oit wiye	13, 1 12 33701			Sen Employed		e. Election Si	um to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount			
	JMM	Check			07/25/2		\$	50.00		
				<i>t</i> .			\$			
							\$			

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

CRO-1210

NC State Board of Elections

April 2007

100.00

5054.00

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4. Total only this Page

5. Total of ALL CRO-1210 Pages

					Ame	ndment		
Contributions from Individuals	Pg	11	of	16		Yes D	abla	No

1. Comm	Committee Full Name (and Fund if applicable)						2. ID Num	ber	Town Street	
Committe	e to Elect Michell	le Morgan						HDU42K		
3. Contri	butor Informatio	n RAS		Add	☐ Re	emove				
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Tit	le/Profession	1	d. Comments	3		
(include	city, state, & zip)			Not Em	ployed					
Nicole Ha	iss									
404 E 1st	ST			c. Employ	er's Name/S	pecific Field				
Conover,	NC 28613			Not Em	ployed					
828-459-4	1440						e. Election Sum to Date			
							\$ 85.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Cash				08/20/20		\$	45.00	
	JMM	Cash				08/22/2	018	\$	40.00	
								\$		
3. Contri	butor Informatio	n		Add	Re	move	THE SAME			
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Tit	le/Profession	1, ·	d. Comments	3		
(include	city, state, & zip)			best atte	empt					
M W Montgomery										
4936 Brookridge Dr NE				c. Employ	/er's Name/S	pecific Field				
Hickory, NC 28601			best atte	empt						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						e. Election Su	um to Date			
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion	j. Date (mm/dd/yy	уу).	k. Amount		
	JMM	CHeck				09/25/20	018	\$	50.00	
						1		\$		
								\$		
3. Contri	butor Informatio	n		Add	☐ Re	move			THE PASS	
a. Full Nam	ie, Mailing Address &	& Phone		b. Job Tit	le/Profession	1	d. Comments	3		
(include	city, state, & zip)			best atte	empt					
Cheng Vu										
	nel Church Rd					pecific Field				
Hickory,	NC 28602			best atte	empt					
							e. Election Su	um to Date		
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	Check				10/04/20	018	\$	50.00	
					_			\$		
								\$		
4. Total	only this Page	e de la companya del companya de la companya del companya de la co					\$		185.00	
5. Total of ALL CRO-1210 Pages			14 6			AND TO SEE	•		5054.00	
		Detailed Summary Page C	RO-1100)	157		\$		5054.00	

Use this f	form to report indi	n Individuals vidual contributions o		Pg or contributions und				⊠ No		
1. Comm	ittee Full Name (and Fund if applica	ble)		CANTE OF THE	2. ID Num	ber			
committe	e to ELect Michel	le Morgan					HDU42K			
3. Contri	ibutor Informatio	n		Add Re	emove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments				
(include	city, state, & zip)									
				c. Employer's Name/S	pecific Field					
						e. Election Su	um 45 Da4s			
							m to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount			
				1			\$			
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	ibutor Informatio	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANS		Towns of the second	emove			SERVER .		
	a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	1	d. Comments				
Sharon R				best attempt						
3790 Spr				c. Employer's Name/S	pecific Field					
Hickory,	NC 28601			best attempt		e. Election Su	na to Doto			
	7		1			\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy		k. Amount	2.70.00		
	JMM	Check			10/19/20	018	\$	250.00		
							\$			
							\$			
- M	ibutor Informatic			The same of the sa	emove		美国 国际			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comments				
Juliet Go	city, state, & zip)			insurance agent						
	Wy 321 SW			c. Employer's Name/S	specific Field					
Hickory,	NC 28602			State Farm Insurar	nce					
						e. Election Su	ım to Date			
						\$	125.00			
f, Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy		k. Amount			
	JMM	Check			10/17/20	018	\$	100.00		
							\$			
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CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

350.00

5054.00

\$

\$

					Amen	idment		
Contributions from Individuals	Pg	_13	of	<u>16</u>		Yes	\boxtimes	No

1. Comm	ittee Full Name (and Fund if applica	ble)		N.	7-14		2. ID Number		
Committe	ee to Elect Michel	le Morgan							HDU42K	
3. Contri	butor Informatio	on The Control of the		Add		Rem	ove		3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A PARTY NAMED IN
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	Title/Prof	ession		d. Commen	ts	
	city, state, & zip)			best a	ttempt					
	turrey Bewley									
U	St Ct NW					me/Spe	cific Field			
Hickory,	NC 28601			best at	tttempt			- 101451	D-4-	
								e. Election	Sum to Date	
								\$	30.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Descr	iption		j. Date (mm/dd/yy	yy)`	k. Amount	
	JMM	Check					10/14/20	018	\$	30.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nan	ie, Mailing Address &	& Phone	Anna San Barry	b. Job T	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			best at	ttempt					
Jeffrey C	•			ļ						
	Ave Ln NE			c. Employer's Name/Specific Field						
Hickory,	NC 28601			best at	ttempt			101 - 141 - 16	5.84. D.4.	
								e. Liection	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	JMM	Check					10/15/20)18	\$	100.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ie, Mailing Address &	& Phone		b. Job T	itle/Prof	ession		d. Commen	ts	
	city, state, & zip)			best at	ttempt					
	C Williams									
4320 3rd S	NC 28601			best at		me/Spe	cific Field			
828-345-(Desi ai	цетрі			e. Election S	Sum to Date	
020 3 13 (,005							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	intion		j. Date (mm/dd/yy)	vv)	k. Amount	
	JMM	Check					10/15/20		\$	250.00
									\$	
									\$	
4. Total	only this Page	e			1			\$	1	380.00
5. Total	of ALL CRO	-1210 Pages		SOFT				ď		5054.00
(This line	must be on line 6 of i	Detailed Summary Page C	RQ-1100)				\$		5054.00

Contr	ibutions froi	n Individuals			Pg 14 o	f 16	Amendmen Yes	t No
Use this f	form to report indi	vidual contributions	over \$50		•		ot used	
		and Fund if applica		THE PART SHAPE	吳梯(有) 朱山下四門	2. ID Nur		
Committe	ee to Elect Michel	le Morgan					HDU42K	
3. Contri	ibutor Informatio	on		Add 🔲 1	Remove	10 44 344	THE PARTY	ALL SERVICE
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profess	ion	d. Commen	ts	
	city, state, & zip)			dentist				
_	ge W Clay III				10. 10. 11.			
	Ave Dr NW			c. Employer's Name	e/Specific Field			
ніскогу,	NC 28601			self		e. Election S	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	JMM	Check			10/15/	2018	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	n		Add 🔲 I	Remove			
	ne, Mailing Address &	& Phone		b. Job Title/Profess	ion	d. Commen	ts	
	city, state, & zip)			best attempt				
Robert K				a 10 malanada Mana	/CiC- TField			
	Ave Ln NE NC 28601			c. Employer's Name/Specific Field best attempt				
Thekory,	NC 28001			best attempt		e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	JMM	Check			10/15/	2018	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on a second and a		Add 🔲 🗎	Remove			TO SERVICE
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profess	ion	d. Commen	ts	
	city, state, & zip)			best attempt				
	Bean Fox					_		
	St Dr NW			c. Employer's Name	e/Specific Field			
піскогу,	NC 28601			best attempt		e. Election S	Sum to Date	
						\$	125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description	j. Date (mm/dd/	yyyy)	k. Amount	
	JMM	Check			10/15/	-,-	\$	50.00
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							\$	

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5. Total of ALL CRO-1210 Pages

250.00

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		n Individuals	0.5	Pį		<u>16</u>	Amendment Yes	No
	1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	vidual contributions of and Fund if applica		or contributions un	der \$50 if form CR	2. ID Num		4 77
			DIE)		AND THE PARTY OF T	2. 1D Nun		-
Committe	ee to Elect Michel	le Morgan					HDU42K	
	ibutor Informatio			Add Re	emove	157 - 3-118		
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n .	d. Comment	s	
	city, state, & zip)			Teacher				
Loretta C				c. Employer's Name/S	Provide Field	-		
	wn, KY 40325			Retired Retired	specific Field			
Georgeio	WII, ICT 40525			Retired		e. Election S	um to Date	
						d)	200.00	
	,	4				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	JMM	Cash			10/17/2	018	\$	50.00
	JMM	Cash		10/12/2		2018	\$	50.00
							\$	
	ibutor Informatio			Add 🔲 Re	emove	-	Through the	
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	S	
	city, state, & zip)			Teacher				
Jodi Bucl	tiand ite Eagle Ranch R	d		c. Employer's Name/S	Specific Field	-		
	NC 28602	u		Catawba County S		-		
1			N.	Calawoa County Schools		e. Election S	um to Date	
						\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
	JMM	Cash		80	08/03/2	018	\$	20.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🗌 Re	move		************************************	
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comment	S	
(include	city, state, & zip)							
				c. Employer's Name/S	Specific Field			
				c. Employer's Pathe/S	specific Fleid	-		
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/уу)	k. Amount	
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

Contr	ibutions fro	m Individuals		F	Pg <u>16</u> of	f16_	Amendmen Yes	K
		ividual contributions		or contributions ur	nder \$50 if form CI	RO 1205 is n	ot used	
1. Comm	ittee Full Name	and Fund if applica	ble)		新	2, ID Nu	mber	(AT 1) A T
Committe	ee to ELect Miche	elle Morgan					HDU42K	
3. Contr	ibutor Informati	on water the later than		Add R	temove			C. Amilyon
	ne, Mailing Address	& Phone		b. Job Title/Profession	m	d. Commer	ıts	
	city, state, & zip)			retired				
Lynn Doi				To the beautiful and the beaut	/C	_		
	NC 28601			c. Employer's Name/ Federal Employe		-		
571-331-				r cdcrar Employe		e. Election	Sum to Date	
						\$	80.00	
f, Prior	a Assount Code	h Form of Dormont	: Y_ Y	Zind Description	: Data (man /dd/s			
I, Prior	g. Account Code	h. Form of Payment	1. 1n-F	Kind Description	j. Date (mm/dd/y		k. Amount	40.00
	JMM	Cash			07/23/	2018	\$	40.00
							\$	
							\$	
NAME AND ADDRESS OF THE OWNER, WHEN	butor Information	CONTRACTOR OF THE PERSON NAMED IN			emove			lien sile ac
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	its	
(include Melissa (city, state, & zip)			best attempt				
ľ	lders Nursery Circ	nle.		c. Employer's Name/	Specific Field	-		
	Springs, NC 2861			best attempt	Specific Field	-		
82-310-9						e. Election	Sum to Date	
						\$	80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		In-Kind	Palm	n Cards	07/27/2	2018	\$	80.00
							\$	
							\$	
3. Contri	butor Informațio	on		Add R	emove	运生 种。	学 學 16	
	ie, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commen	ts	
(include	city, state, & zip)			-				
				c. Employer's Name/	Specific Field			
				or amprogram or manus.	<u> </u>			
							Sum to Date	
		T				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
							\$	
				[4] *			\$	
							\$	
	only this Pag					\$		120.00
5. Total	of ALL CRO	-1210 Pages				\$		5054.00

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

Refunds/Reimbursements To the Committee

Pg 1

of 1

Amendment

◁	No

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

1. Committee Full	Name (and Fund if appl	icable)		8 19		2. ID Number	r	
Committee to Elec	t Michel	le Morgan						HI	DU42K
3. Contributor In	Name and Address of the Owner, where the Owner, which is the Ow			Add		Remove	100000		
a. Full Name, Mailing		Phone		d. Type	· .			g. (Comments
(include city, state,	& zip)			=	Candio		PAC		
Catawba Farms 1670 Southwest B	lud				Refere		Party	h (Original Expenditure Date
Newton, NC 2865				e, Level Registered (Specify)				n. c	08/20/2018
Newton, Ne 2003	U			=	State	· Н	Municipality:		08/20/2018
							,	i, 0	riginal Expenditure Amt
								\$	
				LCD					100.00
b. Job Title/Profession	L	c. Employer's Nam	e/Specific Field	f. Purpose					lection Sum to Date
				Event Cancel	lled			\$	100.00
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip			n. Date (mm/c	ld/yyyy)		o. Amount
JMM	Check		Event			10	0/09/2018		\$ 100.00
3. Contributor In	formatia		Cancelled	Add		Remove	BARBERCA EVEN		
a. Full Name, Mailing	and the second of the second of the			d. Type	of Cor			α (Comments
(include city, state,		1 Hone			Candio		PAC	5	Joint Medical Control of the Control
(merade entry state)	шру				Refere		Party		
				e. Level	Regist	ered (Specify)		h. (Original Expenditure Date
					Federa		County:		
					State		Municipality:		
								i. 0	riginal Expenditure Amt
								\$	
b. Job Title/Profession	ı	c. Employer's Nam	e/Specific Field	f. Purpo	se			j, E	lection Sum to Date
								\$	
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)		o. Amount
									\$
3. Contributor In	formatio	n		Add		Remove	NY BULLET	19	15克耳(St. 20 J. 15
a. Full Name, Mailing	Charles and the same			d. Type	of Cor	- Land Lands		g. C	Comments
(include city, state,	& zip)				Candic	late	PAC		
					Refere		Party		
						ered (Specify)		h. C	Original Expenditure Date
				=	Federa		County:		
					State		Municipality:	: 0	riginal Expenditure Amt
								1.0	ngmai Expenditure Amt
								\$	
b. Job Title/Profession		c. Employer's Nam	e/Specific Field	f. Purpo	se			j. E	lection Sum to Date
								\$	
k. Account Code	l. Form o	of Payment	m. In-Kind Descrip	tion		n. Date (mm/c	ld/yyyy)		o. Amount
		-		: 1					\$
4. Total only this	Page		11100000000000000000000000000000000000		MARIE			\$	100.00
5. Total of ALL C) Pages		Sautes			等值 多位	\$	100.00
(This line must be or	line 10 of	Detailed Summary Po	rge CRO-1100)		10072		THE PERSON NAMED IN	Ψ	100.00

Other Receipt Sources

			Amer	idment			
Pg	1	of	1 🗀	Yes	\boxtimes	No	

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

	'ull Name (and Fund it lect Michelle Morgan	applicable)	E 18 30		2.	. ID Number HDU42K		
3. Type of Rece	ipt Source	(Please use separate CRO-12						
Interest		Contributions from Not-for-	Profit Orgar	nizations		Outside Sources o	fincome	
4. Contributor		Add A	h Nu C	D CAT A	Remove	1.0		
(include city, state	ing Address & Phone		D. Not-10	r-Profit Fed	eral ID#	d. Commen	ts	
Capital Bank	ic, or zip)		1					
25 3 rd St NW			c. Outsid	le Source Ex	planation			
Hickory, NC 28	3601							
						e. Election S	Sum to Date	
						\$.27		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mi	m/dd/yyyy)	j. Amount		
JMM				07/03	3/2018	\$.06	
JMM				08/0	3/2018	\$.08	
4. Contributor	Information	☐ Add			Remove	1000		
	ng Address & Phone		b. Not-fo	r-Profit Fed		d. Commen	ts	
(include city, stat	te, & zip)							
Capital Bank								
25 3 rd St NW			c. Outsid	e Source Ex	planation			
Hickory, NC 28	6601					- FR - 4' C	No. 10 No. 11	
						e. Election S		
		7				\$.02	7	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mr	n/dd/yyyy)	j. Amount		
JMM				09/0	5/2018	\$.08	
JMM				10/0	3/2018	\$.05	
4. Contributor	Information	☐ Add			Remove	ANTINE C	14 15 15 15 15 15 15 15 15 15 15 15 15 15	
	ng Address & Phone		b. Not-for	r-Profit Fed	eral ID#	d. Commen	ts	
(include city, stat	e, & zip)							
			a Outsid	e Source Ex	nlanation			
			c. Outside	c Source Ex	ріанаціон			
						e. Election S	um to Date	
						\$		
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mr	n/dd/yyyy)	j. Amount		
						\$		
						\$		
5. Total only	5. Total only this Page \$.27							
(This line goes in (This line goes in	5. Total of ALL CRO-1250 Pages (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)							

			1. Committee Full Name (and Fund if applicable)								
	lect Michelle Morga				HDU42K						
3. Type of Disbu			CRO-1310 forms for each								
Operating E		Contributions to Car	ndidates/Political Committees	☐ Co	ordinated Party Expenditures						
4. Payee Inform	ation		Add	Remove	STATE OF THE STATE OF THE STATE OF						
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee	e Name	d. Comments						
(include city, state,	& zip)										
Act BLue											
PO Box 441146	i		c. Level Registered (Speci	fy)							
Somerville, MA	. 02144		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						
A . recount code	g. r or in or r ayment				sevice fee						
JMM	Online	Α	08/01/2018	\$9.87	Sevice ice						
					sevice fee						
JMM	Online	A	09/01/2018	\$12.39	SCVICE ICE						
4 Dones Inform	don		Add	Domovio							
4. Payee Inform				Remove	SANTER DESCRIPTION OF THE SANTER SERVICES						
	ng Address & Phone		b. Coordinated Committee	e Name	d. Comments						
(include city, state,	& zip)										
Act Blue					-						
PO Box 441146			c. Level Registered (Speci								
Somerville, NC 02144			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						
			10/01/2010		service fee						
JMM	online	Α	10/01/2018	\$8.26							
					service fee						
JMM	online	A	07/05/2018	\$3.75	301 1100 100						
4. Payee Inform	ation		Add	Remove							
	ng Address & Phone		b. Coordinated Committee	1152.4 11.7	d, Comments						
			, coordinated committee		a. communi						
(include city, state, Facebook	& ZIP)		No on A								
			c. Level Registered (Speci	c .\	-						
1 Hacker Way	04005				-						
Menlo Park, CA	. 94023		Federal _	County:	The state of the s						
			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 thi	e Page	Sexual News	STATE OF THE PARTY	WHEN THE PROPERTY OF	\$ 129.94						
	CRO-1310 Pages				Ψ 127131						
		ımarv Page CRO-110	0 if Operating Expenses)								
_	=	· -	0 if Contrib to Candidates/Po	olitical Comm)	\$ 4307.94						
	-		0 if Coordinated Party Expen								
	7, Purpose Codes (List detailed expenditure code in (h.) above)										
A* - Media	B* - Printing	C* - Fund	4	D - To Anoth	er Candidate						
E - Salaries	F* - Equipment				Public Office Expenses						
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund						
O* - Other			0 1 2 2								
* Codes require	e detailed explanati	on in required re	emarks field (k)	1 TO	A STATE OF THE PARTY OF THE PAR						

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No

Disb	ur	se	me	en	ts
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Pg <u>2</u>

of %

Amendment Yes

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\sim	

No

	ull Name (and Fun		ipris	Control of the Contro			Telest.	2. ID Number
Committee to E	lect Michelle Morga	n						HDU42K
3. Type of Disbi	rsement (Plea	se use separate C	RO-	-1310 forms for ea	ch ty	pe of Disbursem	ent.)	
Operating E	xpenses	Contributions to Can	ndida	tes/Political Committee	es	Coo	ordinate	d Party Expenditures
4. Payee Inform	ation		A	dd		Remove		A CALL SECTION
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name					mments
(include city, state,	& zip)				_ =====================================			
Hickory Crawda	nds							
PO Box 1268			c. Level Registered (Specify)					
Hickory, NC 28	603			Federal County:				
828-322-3000				State		Municipality:	e. Ele	etion Sum to Date
							Φ.	250.00
							\$ 2	250.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks
JMM	online	A		07/27/2018		\$250.00	Gam	e Ads
						\$		
4. Payee Inform	ation	Topic Die Maria	A	10	GE (55)	Remove	HW.	
	ng Address & Phone		1	Coordinated Commit	tee No	72.4	d. Co	mments
(include city, state,	•		D.	Coordinated Committee	100 140	inc .	u. Co	шисть
VistaPrint	& Zip)		-					
95 Hayden Ave			0.1	Level Registered (Spec	oifu)			
	02421		C, 1	Federal Special	city)	County:		
Lexington, MA	02421		=		\dashv	*	o Filo	ction Sum to Date
			┝┕	State		Municipality:	e. Lie	ction Sum to Date
							\$ 1	1663.68
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks
JMM	online	В	07/02/2018		\$80.74	flyer	s/signs	
JMM	online	В		07/19/2018		\$151.39	flyer	s/signs
4. Payee Inform	ation		A	dd Market Market	DE MOS	Remove	SWEET ST	The same of the sa
	ng Address & Phone	Carl, and Arthur and and	1	Coordinated Committ	tee Na	6 116 BL C.	d. Co	mments
(include city, state,	_		-					
VistaPrint	oc zip)							
95 Hayden Ave			(c.)	Level Registered (Spec	cifv)			
Lexington, MA	02421			Federal		County:		
Dexington, WA	02421		=	State	=	Municipality:	e Ele	ction Sum to Date
			-	j State		wanierparity.	C. Este	ction built to bate
							\$ 1	663.68
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount		quired Remarks
JMM	online	В		07/26/2018		\$107.20	flyer	s/signs
JMM	online	В		07/30/2018		\$121.89	flyer	s/signs
5. Total only thi	e Page	SOUS CARRIES	54400	VALUE OF THE	2700		\$	711.22
	CRO-1310 Pages		NO.		THE STATE OF		Ψ	/ 11.22
		mary Page CRO-1100	0 if C	Ingratina Evngusos)		A PROPERTY OF		
(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) \$ 4307.94							4307.94	
(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* - Fund			100	D - To Anothe	er Cano	lidate
E - Salaries	F* - Equipment							Office Expenses
I - Postage	J - Penalties	K* - Offic						gal Expense Fund
O* - Other	~ ~ ~ ~			of the same of the				
* Codes require	e detailed explanati	on in required re	ema	rks field (k)		3000 3000 3000		

Disbursements Pg 3 of 9

			Amendment		
Pg	<u>3</u>	of 🦞	Yes	\boxtimes	No

	ull Name (and Fun		A STATE OF THE STA		2. ID Number
Committee to E	lect Michelle Morga	n			HDU42K
3. Type of Disb	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursem	ent.)
Operating E			ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	nation	of the library of the	Add	Remove	Health much with the color of the
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state, Lowes Foods #2	& zip)				
260 14 th Ave N	W		c. Level Registered (Specify)		
Hickory, NC 28	3601		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	С	07/10/2018	\$103.45	food for fundraiser
JMM	card	С	09/04/2018	\$10.69	food for fundraiser
4. Payee Inform	ation		Add	Remove	A SECOND PROPERTY OF THE PARTY OF
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Focus Newspap	& zip)			7	
264 1stAve NW			c. Level Registered (Specify)		
Hickory, NC 28	601		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 Inform	ation	· 图图频应图图	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Focus Newspap					
264 1st Ave NW	•	8	c. Level Registered (Specify)		
Hickory, NC 28	601		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 thi	s Page		Control of the State of Control		\$ 744.14
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)					
				TO SERVICE STATE OF THE SERVIC	NATION OF THE PARTY OF THE PART
A* - Media E - Salaries I - Postage O* - Other	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				
	e detailed explanati	on in required re	emarks field (k)	CALL STATE	MICH. WORK TO WELL SHOW

				Amer	dment
Disbursements	Pg	<u>4</u>	of 🔮		Yes

	ull Name (and Fun-				2. ID Number
Committee to E	lect Michelle Morga	n			HDU42K
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	pe of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Cod	ordinated Party Expenditures
4. Payee Inform	ation	Well-Something in the	Add	Remove	A CONTRACTOR OF THE PARTY OF TH
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Vista Print	& zip)				
95 Hayden Ave			c. Level Registered (Specify)		
Lexington, MA	02421		Federal	County:	
			State	Municipality:	e. Election Sum to Date
				1	\$ 1663.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMM	online	В	08/09/2018	\$222.95	flyers/signs
JMM	online	В	08/10/2018	\$51.35	flyers/signs
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
Vista Print 95 Hayden Ave Lexington, MA			c. Level Registered (Specify)	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	В	09/04/2018	\$102.68	flyers/signs
				\$.	
4. Payee Inform	ation		Add	Remove	
AC INC. I COMPANY	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, a	-		8 1		
1 Hacker Way			c. Level Registered (Specify)		
Menlo Park, CA	94025		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 thi	s Page	No. of the last of	Property and the second	The state of the s	\$ 492.33
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)					\$ 4307.94
7. Purpose Code	es (List detailed ex	enditure code in ((h.) above)	A STATE OF THE STA	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fund G - Politic K* - Offic			er Candidate Public Office Expenses n to Legal Expense Fund
	e detailed explanati	on in required re	emarks field (k)	STATE OF STATE	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLU

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No

					Amer	idment		
Disbursements		Pg	<u>5</u>	of 🧕		Yes	\boxtimes	No

V	ull Name (and Fun		988	S CANDED THE RESE		2. ID Number
Committee to Elect Michelle Morgan HDU42K						
3. Type of Disbu	and the same of th	se use separate C	RO	-1310 forms for each t	vpe of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndida	ates/Political Committees	☐ Coo	ordinated Party Expenditures
4. Payee Inform	ation		A	.dd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)					
Sams Club						
2435 US Hwy 7	0 SE		c.	Level Registered (Specify)		
Hickory, NC 28	602			Federal	County:	
•				State	Municipality:	e. Election Sum to Date
						4 202.00
						\$ 302.20
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TMAN 4	and	0		10/16/219	\$202.20	food for
JMM	card	С		10/16/218	\$302.20	fundraiser
					\$	
					Ф	
4. Payee Inform	ation		A	dd 🔲	Remove	
a. Full Name, Maili	ng Address & Phone		b,	Coordinated Committee N	ame	d. Comments
(include city, state,	-					
USPS	4.6					
231 Governmen	t Ave SW		c.	Level Registered (Specify)		
Hickory, NC 28	602		Г	Federal	County:	
J.,			۱Ē	State	Municipality:	e. Election Sum to Date
			Ш,		-	\$ 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 Inform	affan Salasa	SECOND SECOND	A	dd	Remove	
			Cont	Coordinated Committee N	E P42 12 3 10 21	d. Comments
	ng Address & Phone		D.	Coordinated Committee 14	ame	u. comments
(include city, state,	& zip)		4			
USPS 231 Governmen	4 Ann CVV		-	Level Registered (Specify)		
			С.		Country	
Hickory, NC 28	002		-	Federal	County:	TELL ALL CONTRACTOR AND
11			<u>L</u>	State	Municipality:	e. Election Sum to Date
				Colored high		\$ 112.00
£ A C- A-	- P	h. Purpose Code	1		1 . A.m.a.m.4	t. Deguined Demontes
f. Account Code	g. Form of Payment	n, 1 ui pose Code	-	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMm	card	I		110/03/2018	\$35.00	
					\$	
5. Total only thi	s Page	APP IN THE REAL PROPERTY.	The second	The state of the s	A STATE OF THE STATE OF	\$ 414.20
The second secon	CRO-1310 Pages			CALL TO STATE		
(This line goes in line 13g of Detailed Summary Page CRO-1100 if Operating Expenses)					Ф 4207.04	
(This line goes in	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ 4307.94					\$ 4307.94
(This line goes in	line 13c of Detailed Sun	amary Page CRO-110	0 if (Coordinated Party Expendite	ires)	
7. Purpose Code	es (List detailed ex	penditure code in	(h.)	above)		
A* - Media	B* - Printing	C* - Fun	drai	sing	D - To Anothe	
E - Salaries	F* - Equipment					Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce E	expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes require	e detailed explanat	ion in required r	ems	arks field (k)		The second second

		AlliCi	ndment		
Disbursements Pg 6	of 🥸		Yes	\boxtimes	No

1. Committee Full Name (and Fund if applicable) 2. ID Number							
4	Committee to Elect Michelle Morgan HDU42K						HDU42K
3. Type of Disbu				0-1310 forms for each t			
Operating E		Contributions to Car	_	dates/Political Committees		ordinate	d Party Expenditures
4. Payee Inform	1000	A profit to the Re	-	Add	Remove		
	ing Address & Phone		b	. Coordinated Committee N	ame	d. Co	omments
(include city, state,	& zip)						
Facebook							
1 HAcker Way			c.	. Level Registered (Specify)			
Menlo Park, CA	94025		Ī	Federal	County:		
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				;		\$ 3	357.07
	-					Ф	337.07
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
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JIVIIVI	Onnie	A		10/01/20106	\$138.99		
Y	anlina	A		20/12/2019	47.0 0	facel	book ads
JMM	online	Α		09/12/2018	\$7.06		
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1	ing Address & Phone		1.00	. Coordinated Committee Na		d. Co	mments
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Newton, NC 286			F	Federal Federal	County:		
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			느	_ State	Municipatity.	e. Die	ction Sum to Date
						\$ 1	100.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		quired Remarks
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4. Payee Inform	ation		A	√dd □	Remove		
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(include city, state, &	& zip)						
Asign Co							
1320 Fairgrove	Church Rd]	c.	Level Registered (Specify)			
Conover, NC 28		1/	F	Federal	County:		
,		1	=	State	Municipality:	e. Ele	ection Sum to Date
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	es (List detailed exp				D. C. Austle	(a) 1	WAR PURSUE NO.
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I - Postage	J - Penalties	K* - Offic					Office Expenses
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	e detailed explanati	on in required re	em	arks field (k)	20 3 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carte of	A STATE OF STATE OF

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DISH	mi seiii	CIIII

Pg <u>7</u>

of <u>9</u>

Amendment Yes

No No

3. Type of Disbursement Please use separate CRO-1310 forms for each type of Disbursement. Coordinated Party Expenditures Coordinated Party Expenditures 4. Paye to Information Add Remove 5. Full Name, Mailing Address & Phone (include city, state, & zip) PO Box 441 146 Somerville, MA 02144		ull Name (and Fun				2. ID Number
Querating Expenses						HDU42K
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A. Full Name, Mailing Address & Phone (Include city, state, & 2ip)	Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures
Vantiv eCommerce Funds	4. Payee Inform	ation		Add	Remove	
Vantive Commerce Funds Act Blue	a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
Act Blue	(include city, state,	& zip)				
PO Box 441146	Vantiv eComme	erce Funds				
State	Act Blue			c. Level Registered (Specify)		
S 100.30 S	PO Box 441146			Federal	County:	
Account Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks	Somerville, MA	02144		State	Municipality:	e. Election Sum to Date
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JMM						\$ 100.30
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A Payee Information	3					service fee
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f. Account Code JMM online K 10/10/2018 \$5.24 service fee 4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Renegade Squirrel Asheville, NC Asheville, NC Asheville, NC Asheville, NC i. Date (mm/dd/yyyy) j. Amount k. Required Remarks service fee b. Coordinated Committee Name d. Comments c. Level Registered (Specify) Federal County: Federal County: State Municipality: e. Election Sum to Date \$ 199.99	Somervine, MA	02144			Municipanty.	e. Election Sum to Date
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Asheville, NC C. Level Registered (Specify) County: State				-		
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\$ 199.99	Asneville, NC				-	- Flord's - Com to Date
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	1. Account Code	g. Form of Payment	n. r ur pose Code	1. Date (mm/dd/yyyy)	J. Amount	
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5. Total only this Page \$ 240.43	5. Total only thi	s Page	Jan Bridge		A DEPOSIT OF THE PARTY OF	\$ 240.43
6. Total of ALL CRO-1310 Pages						
(This line goes in line 13g 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) \$ 4307.94	_	-			eal Comm)	3 4307.94
(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)					14次日生 中外百	
A* - Media B* - Printing C* - Fundraising D - To Another Candidate	AL	B* - Printing	C* - Fund			
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses	E - Salaries	F* - Equipment	G - Politic	cal Party		
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund		J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other * Codes require detailed explanation in required remarks field (k)		detailed and in the		om antra Gold (14)	MARINE WATER TO THE	2 V (# 22)

Disbursements	

Ame	ndment
	Yes

No

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	ull Name (and Fun		H. O. Chief To B. C. Walley	THE RESERVE OF	2. ID Number
Committee to E	lect Michelle Morga	n			HDU42K
3. Type of Disb	ursement (Plea	se use separate C	RO-1310 forms for each t	pe of Disbursen	ient.)
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	· 计图 · 经股份 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 · 图 ·
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments
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Van Nuys, CA			Federal	County:	-
van ivays, CA	71400		State	•	e. Election Sum to Date
			State	Municipality:	e. Election Sum to Date
					\$ 109.63
	- AD	h. Purpose Code			
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(include city, state,	& zip)				
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A D T C				D	
4. Payee Inform	2-22-14		Add	Remove	TO SELL SOME THE HIS BUT INSTALL
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
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			0 if Coordinated Party Expenditu	resj	The American State of the State
7. Purpose Codes (List detailed expenditure code in (h.) above) A*-Media B*-Printing C*-Fundraising D-To Another Candidate					
A* - Media E - Salaries	B* - Printing				
I - Postage	F* - Equipment J - Penalties	G - Politic			g Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					
	e detailed explanati	on in required r	emarks field (k)		

The state of the s				Amendment		
Disbursements	Pg	9	of 9	Yes	\boxtimes	No
		-	<u>-</u>			

	full Name (and Fun				2. ID Number		
Committee to E	lect Michelle Morga	n			HDU42K		
3. Type of Disb		ise use separate C	CRO-1310 forms for each type of Disbursement.)				
Operating E	Expenses	Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures		
4. Payee Inform	aation		Add	Remove			
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(include city, state,	& zip)						
	y Democratic Part						
1612 Tate Blvd	SE		c. Level Registered (Specify)				
Hickory, NC 28	3602		Federal	County:			
•			State	Municipality:	e. Election Sum to Date		
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
201				1	Tickets		
JMM	check	О	09/27/2018	\$50.00	1 Textess		
w	4.				Tickets		
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7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	B* - Printing F* - Equipment	G - Politic			Public Office Expenses		
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund		
O* - Other							
* Codes require	e detailed explanati	on in required re	emarks field (k)	CONTRACTOR NO. 10	THE PARTY OF THE P		

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	within 1	orvi 7 da	ivs	ne com	of fulfa.	
1. Committee Full Name (and Fund if applicable)		.,,,,,	D Number			
Committee to Elect Miche	lle	n	18Vaan	H	DUYZK	
	Remove	•				
a. Full Name, Mailing Address & Phone	b. Type	of (Contributor	c. Co	mments	
(include city, state, & zip)		Indi	ividual			
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2002 Maildage at sealth Clorks	14	Part	•			
Melissa Gibson 2832 Unilders Nursery circle		PAC	erendum	a El	notion Com. 4. D. 1.	
Connelly Spring Rd NC	1 =	Other Receipt Source		d. Election Sum to Date		
28612 828-310-9866 e. Description			\$ 80.00			
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In-Kind Contributions

Amendment