Di	iscl	osu	re R	eport	Cov	er							
* *		~					 	. •		1		2 1 1	* . 1

Amen	dment	
\boxtimes	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 Inform	nation	Employed Total Land		THE REAL PROPERTY.	医对胆囊 的复数灰色布料器 当
a. Full Name	5.00.0				c. ID Number
Committee to Elect N	Michelle Morgan				HDU42K
b. Mailing Address (inclu	de City, State and Zip Code)		A Property		d. Date Filed
1025 11 th St Cir Dr N Hickory, NC 28601	1W				7/10/2018
mekery, ive been		Sept. 19			e. Phone Number
					828-244-4691
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period l (mm/dd/yy)	End Date	5. Treasurer Full	Name
2018	10/21/2018	12/3	1/2018	Sara Echerd	
6. Type of Committee	e (Check One)	9. Type of Report	(check or	ly one type of report	from one category)
Candidate Campai		Municipal	State/C		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	<i>'</i>	Quarterly	Pre-referendum
Legal Expense Fu					
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff Semi-annual		Third Fourth	Annual Special
		Mid Year		Semi-annual	Special .
Other:		Year End	20 LH	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Special Special		Final	
	The state of the s	1		Special	
11. Account Inform	ition		11. Account	Information	· 2011年
a. Financial Institution F	ull Name	with a stangeline	a. Financial Ins	titution Full Name	
Capital Bank		0	l control		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	JM	М			
Finance			:		A Desired Desire Delayers
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 2913.20				\$
CERTIFICATION					
I certify that the Com	mittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of
the NC General Statu	tes and that no funds are co	ommingled with prob	ibited or other	non-disclosed funds.	I further certify that this report
is somewhote two and	compat and that I have bee	n trained by the NIC S	State Doord of	Clastians	
is complete, true and	correct and that I have bee	n trained by the NC S	State Board of	Elections.	6/12/19
is complete, true and Sara Echerd	correct and that I have bee	n trained by the NC S	Jana 9	Edwel -	6/12/19 Date
is complete, true and	correct and that I have bee	n trained by the NC S	State Board of	Edwel -	6/12/19 Date
is complete, true and Sara Echerd FOR OFFICE USE O	correct and that I have bee	n trained by the NC S	Jana 9	nted Treasurer	Delivery Method
is complete, true and Sara Echerd	correct and that I have bee	n trained by the NC S	Jana 9	nted Treasurer	Normal Mail
is complete, true and Sara Echerd FOR OFFICE USE O	correct and that I have bee Printed Name of Signer NLY	n trained by the NC S	Jana 9	nted Treasurer	Normal Mail Registered Mail Hand Delivered
FOR OFFICE USE Of Date Received:	correct and that I have bee Printed Name of Signer NLY	Employee:	Jana 9	nted Treasurer	Normal Mail Registered Mail
FOR OFFICE USE Of Date Received: Date Postmarked	Printed Name of Signer NLY :	Employee:	Jana 9	nted Treasurer	Normal Mail Registered Mail Hand Delivered Rectronically Filed
FOR OFFICE USE OF Date Received: Date Postmarked Date Scanned: Date Data Entered	Printed Name of Signer NLY d: form cannot be used to ar	Employee: Employee: Employee: Employee:	ignature of Appoi	s the committee addre	Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

CRO-1000 NC State Board of Elections August 2008

Amendment \boxtimes Yes No

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

1. Committee Full Name (and Fund if applicable) 2: Type of Report committee to Elect Michelle Morgan 4rd 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	\$ 2913.20	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 25.00
6) Contributions from Individuals (CRO-1210)	\$ 350.00	\$ 10387.70
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
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$.10	\$.48
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)	\$ 350.10	\$ 11013.18
EXPENDITURES		
13) Disbursements	0.101.00	0 1010166
13a) Operating Expenditures (CRO-1310)	\$ 3181.30	\$ 10101.66
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)	\$	\$ 665.70
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 3181.30	\$ 10931.18
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 82.00	\$ 82.00
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 (CRÓ-1215)	\$	\$

Contributions from Individuals Pg 1 of 1 Amendment | No

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

1. Comm	ittee Full Name (and Fund if applica	ble)		100	· 推薦 (1777)	2. ID Nun	iber	
Committe	ee to Elect Michell	le Morgan						HDU42K	
3. Contri	butor Informatio	on and a second		Add 🔲	Remo	ove	1		50 65 631
a. Full Nan	ne, Mailing Address &	è Phone		b. Job Title/Profe	ession		d. Comment	is	
	city, state, & zip)			医有于运行 管					
Loretta G	ibbons		1	retired					
100 Fawr	ı Run Ct			c. Employer's Na	me/Spec	cific Field			
Georgeto	wn, KY 40325			teacher			AV.		
							e. Election S	um to Date	
							\$	350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/yy	vv)	k. Amount	
	JMM	Cash				10/22/20		\$	50.00
Ш	JMM	Cash				10/24/2	018	\$	50.00
								\$	
3. Contri	butor Informatio	n		Add	Remo	ove	(E) 285	A SPANISH	100
No. 1 1 1 1 1 1 1 1	ne, Mailing Address &			b. Job Title/Profe			d. Comment	s	
	city, state, & zip)		,						
Adrian E				Actor					
25 Bogar	t St, #3N			c. Employer's Na	me/Spec	eific Field			
	, NY 11206		:	Self					
				· · · · ·			e. Election S	um to Date	The T
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i in k	Cind Description		j. Date (mm/dd/yy)		k. Amount	
	JMM	Online	7, 11, 1	i kanja		10/30/20		\$	250.00
	JIVIIVI	Onnic	-	*		10/30/20			250.00
Ш								\$	
								\$	
3. Contri	butor Informatio	on which the state of		Add 🗌	Remo	ove			· Raye
	ne, Mailing Address &	& Phone		b. Job Title/Profe	ession		d. Comment	is	
(include	city, state, & zip)								
					/ ~				
				c. Employer's Na	me/Spec	eific Field			
							e. Election S	um to Date	
							\$	S. J N N W	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Description		j. Date (mm/dd/yy	vv)	k. Amount	
	0	•		8			, , ,	\$	
				4				\$	
				1				\$	
4 70 4	Landy 41.2 D		Contract of the last	Con Baston Research	NAC INC.	WIND WATER	6	Ψ	250.00
The second second second second	only this Page		127		or afficial		\$		350.00
	of ALL CRO						\$		350.00
(This line	must be on line 6 of)	Detailed Summary Page C	RO-1100			\$ EQ. 10E 31.0			

Other Receipt Sources

 $ho_{\mathbf{p}}$ $ho_{\mathbf{p}}$

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

1. Committee F	ull Name (and Fund i	f applicable)		2. ID Number
Committee to E	lect Michelle Morgan		,	HDU42K
3. Type of Recei	ipt Source	(Please use separate CRO-12.		
Interest		Contributions from Not-for-P	rofit Organizations	Outside Sources of Income
4. Contributor l	Information	☐ Add	Remo	ove
	ng Address & Phone		b. Not-for-Profit Federal ID	# d. Comments
(include city, stat	e, & zip)			
Capital Bank				
25 3 rd St NW	601		c. Outside Source Explanation	on
Hickory, NC 28	601			Til and an Clause 45 Do46
				e. Election Sum to Date
				\$.48
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yy	yy) j. Amount
JMM	Draft	2.2. 0.1	11/5/2018	\$.07
D 0.4	D 6	100,73-14		
JMM	Draft	The state of	12/5/2018	\$.03
4. Contributor	Information	☐ Add	☐ Remo	ve
	ng Address & Phone	18 20 20 20 20 20 20 20 20 20 20 20 20 20	b. Not-for-Profit Federal ID	
(include city, stat	e, & zip)	and the same of th		
Capital Bank		Harris Harris		
			c. Outside Source Explanation	on
				e. Election Sum to Date
				\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yy	yy) j. Amount
				\$
				\$
4. Contributor	Information	Add	☐ Remo	ve ve
100 100 100 100 100 100 100 100	ng Address & Phone		b. Not-for-Profit Federal ID	# d. Comments
(include city, stat	e, & zip)			
		a Suit and		
		9 4-11 2	c. Outside Source Explanati	on
		a " > 1		e. Election Sum to Date
		المعالية المستحدد		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yy	yy) j. Amount
				\$
				\$
5. Total only	this Page			\$ 10
The second second second	LL CRO-1250 Pag	zes		
	The state of the s	ary Page CRO-1100 if Interest)		¢ 10
A SOUTH OF THE REAL PROPERTY.		ary Page CRO-1100 if Not-for-Profit Con	tribution)	\$.10
		ary Page CRO-1100 if Outside Sources of		

Dis	bu	rsem	ents
	N W	* 200111	

No

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

10 - 120 - 120 - 1	ull Name (and Fun		PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF		2. ID Number
	lect Michelle Morga		NO 1010 6	chi i	HDU42K
3. Type of Disbu	Contract of the Contract of th		RO-1310 forms for each t		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	1100 4 41	DAY OF THE STATE O	Add	Remove	A Commission
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		100		
Sarah Sacatos					
1768 Fairway D			c. Level Registered (Specify)	0 .	_
Newton, NC 286	638		Federal	County:	The state of the s
			State	Municipality:	e. Election Sum to Date
			Total Charles		\$ 500.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMM	Check	Е	11/19/2018	\$500.00	
				\$	
A. Payee Inform	ation		Add	Remove	Control of the Contro
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	Ş				
Open Door Hom			-		
831 2 nd Ave Pl S			c. Level Registered (Specify)		
Hickory, NC 28			Federal	County:	
inekorj, ive 20	001		State	Municipality:	e. Election Sum to Date
ı E				· · · · · · · · · · · · · · · · · · ·	\$ 300.00
	VI 070	h. Purpose Code	Security States	1	
f. Account Code	g. Form of Payment	n, rurpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMM	Check	0	11/17/2018	\$300.00	
				\$	
4. Payee Inform	ation		Add	Remove	5年。2011年 - 1985年 - 19
a. Full Name, Maili	ng Address & Phone	1. 10.	b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		. day		
Hickory Daily R			4.1		
1100 11 th Ave B	Blvd SE		c. Level Registered (Specify)		
Hickory, NC 28	602		Federal	County:	= =
			State	Municipality:	e. Election Sum to Date
					\$ 965.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMM	Check	A	11/8/2018	\$965.00	Ads
				\$	
5. Total only thi	s Page				\$ 1765.00
	CRO-1310 Pages	the service of the se		19.19	
(This line goes in	line 13a of Detailed Sun		0 if Operating Expenses)		\$ 3181.20
(This line goes in	line 13b of Detailed Sun	ımary Page CRO-110	0 if Contrib to Candidates/Politic	cal Comm)	\$ 3181.30
(This line goes in	line 13c of Detailed Sun	mary Page CRO-110	0 if Coordinated Party Expendite	ures)	
7. Purpose Code	es (List detailed ex			Profession de la la	自己的国际主题 对 中国 15.000000000000000000000000000000000000
A* - Media	B* - Printing	C* - Fun		D - To Anoth	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offi	ce Expenses	Q* - Donatio	n to Legal Expense Fund
	e detailed explanat	ion in required r	emarks field (k)		Santa Mullion Harris

No

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

	ull Name (and Fun			AND THE REAL PROPERTY.	2. ID Number
Committee to El	lect MIchelle Morga	n			HDU42K
3. Type of Disbu	rsement (Plea	se use separate C.	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating Ex	xpenses	Contributions to Can	didates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				
Little Caesars					
1608 US Hwy 3	21 NW		c. Level Registered (Specify)		
Hickory, NC 28	601		Federal	County:	
**			State	Municipality:	e. Election Sum to Date
			Value of the Property of the P		
					\$ 59.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			And the second second		Pizza for
JMM	Debit	K	11/6/2018	\$32.31	Volunteers
		K A	franklanin	40.5	Pizza for
JMM	Debit	K 1755	1.1/6/2018	\$26.75	Volunteers
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	-				
Vantiv (Act Blue					
PO Box 441146			c. Level Registered (Specify)		
Somerville, MA			Federal	County:	
Comer vine, init	02111		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
13.43.4	Duaff	V	10/22/2019	\$500.00	Fnds Disb
JMM	Draft	K	10/22/2018	\$500.00	
JMM	Draft	K	11/5/2018	\$19.77	Fees
			Same Harthall Cale		TO BE STORY OF THE
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,	& zip)				
USPS					
231 Governmen			c. Level Registered (Specify)		
Hickory, Nc 286	502	, , , , ,	Rederal	County:	
			State :	Municipality:	e. Election Sum to Date
					\$ 232.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					7
JMM	Card	I	10/22/2018	\$120.00	
				\$	
					b (00.02
5. Total only thi					\$ 698.83
	CRO-1310 Pages	man Daga CDO 110) if Onasating Eunauses		
, ,	•) if Operating Expenses)) if Contrib to Candidates/Politic	al Camm)	\$ 3181.30
			of Contrib to Canataates/Poutic of Coordinated Party Expenditu		
				n caj	Total Colonia Colonia
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
A* - Media E - Salaries	B* - Printing F* - Equipment				Public Office Expenses
I - Postage	J - Penalties		e Expenses		n to Legal Expense Fund
O* - Other					
* Codes require	e detailed explanati	ion in required re			

Disl	bu	rsen	nent	ts
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No

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

A Pavec Information		ull Name (and Fun			15年7月21年8月1日	2. ID Number
A pave Information						LOSS NOT LOS
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Hyperformance Graphics Address & Phone (include city, state, & zip) Federal County: State County: State Municipality: Eederal Eequived Remarks Add Remove State, St	3. Type of Disbu	irsement (Plea	ise use separate C	RO-1310 forms for each t	vpe of Disbursem	ent.)
B. Coordinated Committee Name D. Coordinated Committee Name D. Comments	Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures
D. Coordinated Committee Name D. Coordinated Committee Nam	4, Pavee Inform	ation	KING SHOW IN THE	Add	Remove	
Control Country Coun	a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments
Hyperformance Graphics 425 McLin Creek Rd N Cornover, NC 28613 State County: State Municipality: e. Election Sum to Date		•				
C. Level Registered (Specify) Federal County: State Municipality: State Municipality: State Municipality: State State State State State State State State State State State State State State State State State State State State State S				1		
Federal County: County: C. Election Sum to Date Sale Municipality: C. Election Sum to Date Sale Municipality: C. Election Sum to Date Sale Sale Municipality: C. Election Sum to Date Sale		•		c. Level Registered (Specify)		1
State					County	-
f. Account Code g. Form of Payment b. Purpose Code list defailed city, state, & zip) 4. Payce Information	Comover, NC 2	0013			•	- Markhai Caina 4- That
E. Account Code G. Form of Payment D. Purpose Code D. Date (mm/dd/yyyy) J. Amount D. Required Remarks				State	Municipanty;	e. Election Sum to Date
E. Account Code G. Form of Payment D. Purpose Code D. Date (mm/dd/yyyy) J. Amount D. Required Remarks						\$ 189.00
A Payce Information			1 D	1 - 2 - 2 - 2	1.	
A Payee Information	f. Account Code	g. Form of Payment	n. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A Payee Information	JMM	Card	В	10/25/2018	\$189.00	
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Walmart 2525 US Hwy 70 SE Card County			-	10,23,2010	Ψ107.00	
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Walmart 2525 US Hwy 70 SE Card County					¢	
A. Payee Information				n la la	Ψ	
(include city, state, & zip) Walmart 2525 US Hwy 70 SE Hickory, NC 28602 Federal	4, Payee Inform	ation		Add	Remove	PER CALL OF STREET, ST
Clevel Registered (Specify) State County: State County: State County: State Stakes & Ties Stakes & Ties State County: State Stakes & Ties Stakes & Ties State State Stakes & Ties	a. Full Name, Mailir	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
C. Level Registered (Specify)		_				
C. Level Registered (Specify)				1		
Hickory, NC 28602 Federal		0 SF		c Level Registered (Specify)		
State Municipality: e. Election Sum to Date \$ 15.43	•				County	
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks stakes & Ties ### Ties	Thekoly, NC 200	002			•	a Floation Count to Date
F. Account Code g. Form of Payment h. Purpose Code J. Date (mm/dd/yyyy) j. Amount k. Required Remarks JMM				State	Municipanty:	e. Election Sum to Date
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JMM Card O 10/29/2018 \$15.43 stakes & Ties 4. Payce Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
JMM Card O 10/29/2018 \$15.43 4. Payce Information			-	71. (1 3. 1 3. 1 3. 1		
4. Payce Information	JMM	Card	0	10/29/2018	\$15.43	Stares & Fles
4. Payce Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lowes Foods 1450 2nd St 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 O 10/29/2018 \$71.60 \$takes & ties 5. Total only this Page f. Total only this Page f. 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate F* - Equipment G - Political Party H* - Holding Public Office Expenses					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Lowes Foods 1450 2nd St 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 O 10/29/2018 \$71.60 \$takes & ties 5. Total only this Page f. Total only this Page f. 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate A* - Media B* - Printing C* - Fundraising D - To Another Candidate F* - Equipment G - Political Party H* - Holding Public Office Expenses	1 Poveo Inform	ation		A AA	Damova	Can state a second
County C			BOURSALLING	The second secon		d Commonts
Lowes Foods 1450 2nd St Hickory, NC 28601 Federal				b. Coordinated Committee N	ame	d. Comments
LOWES FOODS 1450 2nd St Hickory, NC 28601 C. Level Registered (Specify) Federal		& zip)		Safe Lord C		
Hickory, NC 28601 Federal County: Municipality: e. Election Sum to Date						
f. Account Code g. Form of Payment h. Purpose Code j. Date (mm/dd/yyyy) j. Amount k. Required Remarks stakes & ties 5. Total only this Page f. Total only this Page f. 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) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate H* - Holding Public Office Expenses						
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A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses					res)	
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses					STATE OF THE PARTY	And the second of the second section of
O* - Other * Codes require detailed explanation in required remarks field (k)	I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	n to Legal Expense Fund

Disbursements	\mathbf{v}_{12}	υu	13	CIII	CII	13
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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 (Please use separate CRO-1310 forms for each type of Disbursement.)					
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures					
			Add	Remove	
4. Payee Information a. Full Name, Mailing Address & Phone			b. Coordinated Committee N		d. Comments
	_		b. Coordinated Committee N	ame	u. Comments
(include city, state, & zip)					
Facebook					
1 Hacker Way			c. Level Registered (Specify)		
Menlo Park, CA 94025			Federal County:		
			State	Municipality:	e. Election Sum to Date
			12-2 Mars 1 12 September 197		A 771 01
			,		\$ 771.01
f, Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Wittedant Cour	g. r or til or r tij mone		11 2 100 (11111 11 11 13 13 13)	3,122	ads
JMM	Card	A	10/31/2018	\$83.51	dus
				\$	
				D	The second secon
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments
(include city, state, & zip)					
Vantiv					
PO Box 441146			c. Level Registered (Specify)		
Somerville, MA 02144			Federal County:		
			State	Municipality:	e, Election Sum to Date
				······································	or Ended of State of State
					\$ 137.23
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JMM	Draft	О	11/9/2018	\$36.93	100
				\$	
4. Payee Inform	ation	SON SONO FIRE	Add	Remove	THE PROPERTY OF THE REAL PROPERTY OF THE PARTY OF THE PAR
			b. Coordinated Committee Name		d. Comments
ar I arr I tarred, I farming . 2 arr 500 or I more					
(include city, state, & zip)					
ASignco	OL D.I		- Y Positional (Consider		
1320 FAirgrove			c. Level Registered (Specify)		
Conover, NC 28613			Federal County: State Municipality:		
					e. Election Sum to Date
					\$ 2675.00
	,		L	1	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JMM	Card	В	11/27/2018	\$321.00	signs
				\$	
5. Total only this Page					\$ 441.44
6. Total of ALL CRO-1310 Pages					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 3181.30
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					5101.50
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7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)	William St. To	
A* - Media B* - Printing C* - Fundraising D - To Another					
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)					

County Standard County Co.