	n to update information				
1. Committee Info	rmation				c. ID Number
Committee to Elect	t Laura Parnell				c. ID Mumber
	lude City, State and Zip Code)				d. Date Filed
1059 19 th Ave Pl N Hickory, NC 2860					01/03/2019
Thekory, NC 2800	1				e. Phone Number
					828-302-0448
					828-302-0448
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	Full Name
2018	07/03/2018		31/2018	Rose Jump	
6. Type of Commit	tee (Check One)	9. Type of Report	(check o	nly one type of ren	oort from one category)
Candidate Camp		Municipal		County	Referendum
☐ PAC	Referendum	Organizationa	1 📗	Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
Legal Expense F					
7. Type of Fund "Booster Fund"	(if applicable, check one)	Pre-primary Pre-election		First Second	Final Supplemental Final
Building Fund		Pre-runoff		Second Third	Supplemental Final Annual
		Semi-annual		Fourth	Special
		Mid Yea	1 —	Semi-annual	
Other:		Year End	ı 📗	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	raisers this Report	Special		Final	
11. Account Inform	0		11 4	Special	
a. Financial Institution				Information titution Full Name	
SECU			4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	LN	ΤP			
	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 0.00				\$
CERTIFICATION					
					2B, & 22D-22M of Chapter 163 of
					ids. I further certify that this report
1s complete, true and Rose Jump	d correct and that I have been	n trained by the NC	ν_{-} ().	Elections.	01/03/2019
Kose Jump	Printed Name of Signer	S	ignature of Appoin	nted Treasurer	Date
FOR OFFICE USE O			Crrfy		
Date Received:	6-6-3	Employee:			Delivery Method
	THE GET	VEIN	\$		☐ Normal Mail☐ Registered Mail
Date Postmarke	1101	Employee:			Hand Delivered
I	JAN 03	2019			Electronically Filed
Date Scanned		Himmiowa.			1 7
Date Scanned:	- 44	Employee:	=		Signer has not received
Date Scanned: Date Data Enter	red: By	Employee:			Signer has not received mandatory training

Amendment

lease Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

Amendment \boxtimes No

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

	Type of Report		3. ID Number
Committee to Elect Laura Parnell 20	018 4 th Quarter		
Start of Election Cycle: January 1,	2018	Total this Reporting Perio \$ 0.00	
4) Cash on Hand at Start RECEIPTS		\$ 0.00	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,597.38	\$ 1,597.38
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
,	(CRO-1410)	\$	\$
	(CRO-1240)	\$	\$
10) Refunds/Reimbursements To the Committee11) Other Receipt Sources	(CRO-1240)		D.
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.14	\$ 0.14
11b) Contributions from Not-for-Profit Organizations		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and IIe)	\$ 1,597.52	\$ 1,597.52
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,508.52	\$ 1,508.52
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 57.38	\$ 57.38
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1	6 and 17)	\$ 1,565.90	\$ 1,565.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	ct line 18)	\$ 31.62	\$ 31.62
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals	¢5/		Pg	<u>1</u> 0		Amendmen Yes	t 🛭 No
		ividual contributions (or contribut	ions unde	r \$50 11 10rm C	2. ID Nu		
	ee to Elect Laura	1	.DIC)				2, 10 10	unioci	
3 Contri	ibutor Informatio	O.M.	П	Add 🗍	Ren	LOVA			
	ne, Mailing Address			b. Job Title/P		1046	d. Comme	nto	
	city, state, & zip)	& Filone		Retired	TOTESSION		u. Comme	шь	
Ann Gree				Tetired					
895 21st A				c. Employer's	Name/Spe	ecific Field	-		
Hickory,	NC 28601			Education					
							e. Election	Sum to Date	
							\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	1	j. Date (mm/dd/y	ууу)	k. Amount	
	LNP	Draft				09/28/	2018	\$	35.00
								\$	
								\$	
	butor Informatio			Add 🔲	Rem	ove			
	ne, Mailing Address	& Phone		b. Job Title/P	rofession		d. Comme	nts	
(include city, state, & zip) Cliff Moone 2925 8th St Ct NE Hickory, NC 28601				c. Employer's Education	s Name/Spe	cific Field			
							e, Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	1	j. Date (mm/dd/y	ууу)	k. Amount	
	LNP	Draft				09/28/	2018	\$	100.00
								\$	
			<u></u>	<u></u>				\$	
	butor Informatio			Add [Rem	ove	1		
	ne, Mailing Address &	& Phone		b. Job Title/P	rofession		d. Comme	nts	
Joseph In	-			Physician					
	k Bridge Dr	,		c. Employer's					
Conover,	NC 28613			Hickory Al	llergy/As	thma Clinic			
							e. Election	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	1	j. Date (mm/dd/y	ууу)	k. Amount	
	LNP	Draft				09/30/2	2018	\$	250.00

4. Total only this Page \$ 385.00

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$ 1,597.38

		n Individuals vidual contributions o	over \$50	Pg) or contributions under	2 of er \$50 if form CR0		Amendment Yes ot used	No No
		and Fund if applical				2. ID Nun		
Committe	ee to Elect Laura P	'arnell						
3. Contri	ibutor Informatio	n		Add Rem	ove			
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			Professor/Assoc. De	an			
Charlotte 4320 3 rd S				E lauri Nama/Saa	* 00	-		
	St NW NC 28601			c. Employer's Name/Spec				
Inckory,	NC 20001			Lenon Rayne Onive	Asity	e. Election S	um to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	LNP	Draft			10/05/20	018	\$	250.00
							\$	
							\$	
3. Contri	butor Informatio	'n		Add Rem	ove			
a. Full Nam	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired				
Emily Sco								
	e Valley Drive			c. Employer's Name/Spec	cific Field			
New Berr	n, NC 28562			Best Attempt	1	e. Election S	um to Date	
					1			
		4				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yyy	уу)	k. Amount	
	LNP	Draft			10/18/20)18	\$	50.00
							\$	
							\$	
3. Contri	butor Information	n		Add Rem	ove			
a. Full Nam	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	s	#
	city, state, & zip)			Consultant				
Alice Tea								
838 8th St			-	c. Employer's Name/Spec				
Hickory,	NC 28601		ļ	Teague Business Co.	nsulting	e, Election St	um to Date	
			ļ					
			T			\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yyy		k. Amount	
	LNP	Draft			10/1/20	18	\$	25.00
							\$	
							\$	
4. Total	l only this Page	2				\$		325.00

CRO-1210

5. Total of ALL CRO-1210 Pages

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

NC State Board of Elections

1,597.38

		m Individuals	over \$50	Pg Our contributions unde	<u>3</u> of r \$50 if form CR		Amendment Yes t used	No No
1. Comm	ittee Full Name	(and Fund if applica	ble)			2. ID Num	iber	
Committe	ee to Elect Laura	Parnell						
3. Contri	ibutor Informatio	on		Add Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	5	
(include	city, state, & zip)			Owner				
Douglas .	Auer							
1036 15 th	Ave NW			c. Employer's Name/Spe	cific Field			
Hickory,	NC 28601			America Sales & Se	rvice LLC			
						e. Election St	um to Date	
						\$	100.00	
		1	1					
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
	LNP	Draft			10/23/20	018	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rem	ove			
	ne, Mailing Address &		-	b. Job Title/Profession		d. Comments		
(include	city, state, & zip)			Retired				
Kathleen	Medalis							
6501 Har	bor Dr			c. Employer's Name/Spe	cific Field			
Concord,	NC 28025			Education				
						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	
	LNP	Draft			10/23/20)18	\$	75.00
							\$	
							\$	
3. Contri	butor Informatio	m		Add Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	·	
	city, state, & zip)			Retired				
Rachel Pa								
1761 12 th				c. Employer's Name/Spe	cific Field			
Hickory,	NC 28601			Campaign Manager				
						e. Election Su	m to Date	
						\$	102.38	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
	LNP	Check			08/09/20)18	\$	50.00
		In-Kind	Labe	ls	10/16/2	018	\$	52.38
							\$	

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)

277.38

1,597.38

\$

		m Individuals ividual contributions	over \$50	or contribu	Pg tions unde	_4 of er \$50 if form CR(7 O 1205 is no	Amendment Ves	No
1. Comn	nittee Full Name	(and Fund if applica	ble)				2. ID Nun	ıber	
Committe	ee to Elect Laura l	Parnell							
3. Contr	ibutor Informatio	on		Add [Rem	iove			
(include	ne, Mailing Address of city, state, & zip)	& Phone		b. Job Title/ Retired	Profession		d. Comment	s	
	aernii intry Club Rd n, NC 28562			c. Employer	's Name/Spe IC House I				
THE W BOT	n, 110 20002			l crimer i	104601		e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	n	j. Date (mm/dd/yy	yy)	k. Amount	
	LNP	Check				10/25/20	018	\$	100.00
								\$	
								\$	Y
	ibutor Informatio			Add [Rem	iove			
	ne, Mailing Address d	& Phone		b. Job Title/	Profession		d. Comments	S	
Huldah B 1980 11 th	city, state, & zip) Sewley St Ct NW NC 28601			c. Employer's Name/Specific Field Catawba County Schools					
inoxory,	1,6 20001			- Cutu vi cu	county co	110013	e. Election St	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	n	j. Date (mm/dd/yy)	yy)	k. Amount	
	LNP	Check				09/24/20)18	\$	50.00
								\$	
			<u></u>		·			\$	
	butor Informatio			Add [] Rem	ove			
(include	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/ Consultar			d. Comments	5	
Elizabeth 2131 8th S				c. Employer Cabi Sale		cific Field			
THEKOTY,	NC 20001			Caul Sale	3		e. Election St	ım to Date	

\$ 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount LNP \$ Check 09/28/2018 50.00 \$ \$ 4. Total only this Page \$ 200.00 5. Total of ALL CRO-1210 Pages

April 2007

Contributions from Individuals

				Amei	ndment		
Pg	5	of	7		Yes	\boxtimes	No

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

1. Comm	ittee Full Name (and Fund if applica	ble)					2. ID Number			
Committe	ee to Elect Laura F	Parnell									
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nan	ıe, Mailing Address &	& Phone		b. Job Title/Profession				d. Comments			
	city, state, & zip)			Sales							
Robert S.	•										
2131 8th S				c. Employer's Name/Specific Field							
Hickory,	NC 28601			Lowe's	Hardy	vare					
								e. Election S	um to Date		
								\$	50.00		
f Duion	a Assaurt Code	h Form of Downsont	i In V	ind Descrip	. 41 a w		! Data (mm/dd/m		I. A		
f. Prior	g. Account Code	h. Form of Payment	1. 1n-K	ind Descrip	otion		j. Date (mm/dd/yy		k. Amount		
	LNP	Check					09/27/20	D18	\$	50.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Tit				d. Comments	8		
	city, state, & zip)			Retired	Teach	er					
Marilyn F											
	an Springs Dr NW	7		c. Employ		me/Spe	cific Field				
Conover,	NC 28612			Education							
							;	e. Election Su	ım to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	tion		j. Date (mm/dd/yy	yy)	k. Amount		
	LNP	Check					09/29/20)18	\$	100.00	
									\$		
									\$		
3. Contri	butor Informatio	n		Add		Rem	ove				
a. Full Nam	e, Mailing Address &	Phone		b. Job Tit	le/Profe	ession		d. Comments			
(include o	eity, state, & zip)			Retired							
Cindy Da											
	ıbridge Ct			c. Employ		me/Spec	cific Field				
Lenoir, N	C 28645			Educati	on						
								e. Election Su	ım to Date		
								\$	40.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Descrip	tion		j. Date (mm/dd/yyy	/y)	k. Amount		
	LNP	Check					09/29/20	018	\$	40.00	
									\$		
									\$		
	only this Page							\$		190.00	
	of ALL CRO-	- C						\$		1,597.38	
(This line	must be on line 6 of L	Detailed Summary Page C.	RO-1100)								

=		n Individuals vidual contributions o	over \$50	Pg) or contributions unde		7 O 1205 is no	Amendment Ves t used	⊠ No	
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Number			
Committe	ee to Elect Laura I	Parnell							
3. Contri	butor Informatio	n		Add Rem	iove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)			Accounting					
Rose Jum 546 Boxy	-			- EII-N/C	:0 - F1-13				
	NC 28638			c. Employer's Name/Spo Doug Sprinkle, Acc					
Tradson, 1	20030			Doug Sprinkle, rec	Odificant	e. Election S	um to Date		
						\$	95.00		
		T.					93.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Aind Description	j. Date (mm/dd/yy)		k. Amount		
	LNP	Check			10/19/20	018	\$	95.00	
							\$		
							\$		
3. Contri	butor Informatio	n		Add Rem	iove		1		
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s		
	city, state, & zip)			Retired					
Larry Jun	-			- Faraka ada Nasa /Gas					
546 Boxw	NC 28638			c. Employer's Name/Spe USPS	ecine Field	ī.			
11445011, 1	20030			ODI D		e. Election Sum to Date			
						\$	100.00		
		1	1		1.5.4.4.4.4		r		
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy)	-	k. Amount		
Ш	LNP	Cash			10/23/20	018	\$	50.00	
	LNP	Cash			10/25/2	018	\$	50.00	
							\$		
3. Contri	butor Informatio	n		Add Rem	ove				
	e, Mailing Address &	Phone		b. Job Title/Profession		d. Comments	S		
	city, state, & zip)			Teacher					
	Sean Parnell 1059 19 th Ave P1 NW			c. Employer's Name/Spe	scific Field				
	US9 19" Ave PI NW Lickory, NC 28601			Jenkins Elementary					
						e. Election Su	um to Date		
						\$			

\$
\$ 215.00
1,597.38
4

i. In-Kind Description

h. Form of Payment

Cash

f. Prior

g. Account Code

LNP

j. Date (mm/dd/yyyy)

10/19/2018

20.00

k. Amount

		_	_			_
₽		- 4	from	T1 :		. 1
	ntrini	ITIANG	Trom	Ina		
					Y I LI LI C	

		n Individuals			Pg		7	Yes	No No
		vidual contributions		or contributions u	under	\$50 if form CR			
1. Comm	ittee Full Name (and Fund if applica	ble)				2. ID Num	ıber	
Committe	ee to Elect Laura I	Parnell							
	butor Informatio			Add 🔲	Remo	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profess	sion		d. Comments	S	
(include Laura Pai	city, state, & zip)			Education					
	Ave Pl NW			c. Employer's Name	e/Spec	rific Field			
	NC 28601			Caldwell Count					
							e. Election St	um to Date	
							\$	5.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description		j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Filin	g Fee		07/03/2	018	\$	5.00
								\$	
								\$	No.
	butor Informatio			Add 🔲 🛚	Remo	ove			
	ne, Mailing Address &	¿ Phone		b. Job Title/Profess	ion		d, Comments	S	
(include	city, state, & zip)								
				c. Employer's Name	e/Spec	ific Field			
							e. Election Su	um to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description		j. Date (mm/dd/yy	yy)	k. Amount	
								\$	
								\$	
								\$	
	butor Informatio			Add 🔲 1	Remo	ve			
	e, Mailing Address &	Phone		b. Job Title/Professi	ion		d. Comments	5	
(include o	city, state, & zip)								
				c. Employer's Name	e/Speci	ific Field			
							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	
								\$	
								\$	
								\$	
4. Total	only this Page						\$		5.00
5. Total	of ALL CRO-	-1210 Pages					¢		1 507 29

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

1,597.38

\$

Amendment

Other Receipt Sources

Pg	1	of

Ameno	lment		
	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 leect Laura Parnell	if applicable)			2. II	Number
3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		CHO TO THE TOTAL OF THE TOTAL O		D-1000 - 1000 -	(D)	· company on
3. Type of Rece	ipt Source	(Please use separate CRO-1			-	tside Sources of Income
Interest		Contributions from Not-for	r-Prom Organiz			uside sources of income
4. Contributor	STRAIN, SHE SHE SHE SHE SHE	☐ Add	b Nat Foul	Rem		d. Comments
	ing Address & Phone		b. Not-for-	Prolit Federal II	<i>)</i> #	d. Comments
(include city, state State Employee			-			
145 North High			c. Outside S	Source Explanat	ion	
Granite Falls, N						
2.5						e. Election Sum to Date
						\$.01
f. Account Code	g. Form of Payment	h. In-Kind Description	i	. Date (mm/dd/y	ууу)	j. Amount
LNP	credit			09/20/201	8	\$.01
						\$
4. Contributor	Information	Add		Rem	ove	
a. Full Name, Maili	ng Address & Phone		b. Not-for-l	Profit Federal II) #	d. Comments
(include city, stat	e, & zip)					
State Employee	s Credit Union					
145 North High	land Avenue		c. Outside Source Explanation			
Granite Falls, N	C 28630					
						e. Election Sum to Date
						\$.06
f. Account Code	g. Form of Payment	h. In-Kind Description	i	. Date (mm/dd/y	ууу)	j. Amount
LNP	Credit			10/16/201	8	\$.05
						\$
4. Contributor	Information	Add		Rem	ove	
a. Full Name, Maili	ng Address & Phone		b. Not-for-l	Profit Federal II) #	d. Comments
(include city, stat	e, & zip)					
State Employee	s Credit Union					
145 North High			c. Outside S	Source Explanat	ion	
Granite Falls, N	C 28630					e. Election Sum to Date
						\$.14
f. Account Code	g. Form of Payment	h. In-Kind Description	i	. Date (mm/dd/y	ууу)	j. Amount
LNP	Credit			11/19/201	8	\$.08
				11/17/201		·
						\$
5. Total only	this Page					\$.14
	LL CRO-1250 Pag	zes				
(This line goes in (This line goes in	line 11a of Detailed Summ line 11b of Detailed Summ	ary Page CRO-1100 if Interest) ary Page CRO-1100 if Not-for-Profit Co ary Page CRO-1100 if Outside Sources				\$.14

Amendment									
of 5	Yes	\boxtimes	No						

Disbursements

			Pg	<u>1</u>	of	<u>5</u>	\Box	Yes
the committee	for;	operating	expenses,	contri	butions to	candida	te/politi	cal

	eport expenditures oordinated party ex		ee for; operating expenses,	contributions to ca	andidate/political
1. Committee Ful					2. ID Number
Committee to Ele		и и присавие)			2. ID INIMOCE
3. Type of Disbur		se use senarate C	CRO-1310 forms for each t	vne of Dishurseme	ent.)
Operating Exp			ndidates/Political Committees		rdinated Party Expenditures
4. Payee Informa			Add	Remove	, ,
a. Full Name, Mailing			b. Coordinated Committee Na		d. Comments
(include city, state, &					
Office Depot	F /				
1858 Catawba Va	ılley Blvd.		c. Level Registered (Specify)		
Hickory, NC 2860	-		Federal 🖂	County:	
• •			State	Municipality:	e. Election Sum to Date
					n 21.02
					\$ 31.02
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LNP	Debit	K	10/07/18	\$31.02	Postcards
1.111	Deoit	IX.	10/07/10	\$51.02	for mailing
				\$	
4. Payee Informa	tion		Add	Remove	
a. Full Name, Mailing			b. Coordinated Committee Na		d. Comments
(include city, state, &			Di Goot Million Commission I to		
Data Genomix	zip)				
https://mail.yahoo	com/neo/		c. Level Registered (Specify)		
launch?.src=ym&			Federal	County:	
iddifeitsic jines.	reason mye		State	Municipality:	e. Election Sum to Date
				mamorpanis.	
					\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LNP	Debit	A	11/02/2018	\$50.00	advertising
				\$	
4. Payee Informat	tion		Add	Remove	
a. Full Name, Mailing	Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, &	zip)				
United States Post	tal Service				
101 Fairway Ave.			c. Level Registered (Specify)		
Hudson, NC 2863	8		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 566.00
f. Account Code g	z. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
i. Account code	g. Porm of rayment		i. Date (iiiii/dd/yyyy)	j. Amount	postage to mail
LNP	check	I	10/20/2018	\$315.00	cards
				\$	
5 Total only this	Dogo			J L	\$ 396.02
5. Total only this 6. Total of ALL C					\$ 390.02
	_	mary Paga CRO-110	0 if Operating Expenses)	i	
_	-		0 if Contrib to Candidates/Politic	al Camm)	\$ 1508.52
-	_		0 if Coordinated Party Expenditu		
7. Purpose Codes					
A* - Media	B* - Printing	C* - Fund		D - To Another	r Candidate
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage			our rurey	AA AAOIGING	and and a state of the state of
O* - Other	J - Penalties		ce Expenses		to Legal Expense Fund

Disbursements	Pg	<u>2</u>	of	<u>5</u>	Yes	\triangleright
		4 14 41			41.4 / 41/1 4	

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)

	un Name (and Fun	d II applicable)			2. ID Number
	lect Laura Parnell			2	
3. Type of Disbu			RO-1310 forms for each		
Operating E		Contributions to Car	ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	Vame	d. Comments
(include city, state,					
State Employees					
145 North High			c. Level Registered (Specify)		
Granite Falls, N	C 28630		Federal 🖂	County:	
74			State	Municipality:	e. Election Sum to Date
					\$ 11.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LNP	Debit	K	09/05/2018	\$7.00	to purchase
LINI	Deon	IX.	09/03/2016	\$7.00	checks
LNP	Debit	K	8/20/2018	\$1.00	bank fee
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	-				
Highland Avenu					
883 Highland A			c. Level Registered (Specify)		
Hickory, NC 28			Federal 🛛	County:	
inckory, ive 20	002		State	Municipality:	e. Election Sum to Date
					\$ 53.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LNP	Debit	С	10/15/2018	\$53.18	wine night for
LAT	Boon		10/15/2010	Ψ33.10	fundraising
				\$	
4. Payee Inform			Add	Remove	
a. Full Name, Mailir	ng Address & Phone	-	b. Coordinated Committee N	lame	d. Comments
(include city, state,					
Raise the Money					
www.raisethemo	oney.com		c. Level Registered (Specify)		
PO Box 26466			Federal 🖂	County:	
Little Rock, Ark	ansas 72221	ļ	State	Municipality:	e. Election Sum to Date
					\$ 70.37
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
LNP	Debit	С	11/07/2018	\$70.37	website fees
				\$	
5. Total only thi	s Page				\$ 131.55
	CRO-1310 Pages				Ψ 101100
	_	marv Page CRO-1100	0 if Operating Expenses)		
_		· -	0 if Contrib to Candidates/Politic	cal Comm)	\$ 1508.52
		. 0	0 if Coordinated Party Expendite	ŕ	
	s (List detailed ex				L
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate
E - Salaries	F* - Equipment	G - Politic			Public Office Expenses
I - Postage	J - Penalties		ce Expenses		n to Legal Expense Fund
O* - Other			_		
* Codes require	detailed explanati	on in required re	emarks field (k)		

Amei	idment	
	Yes	\boxtimes

No

Dis	hin	rsem	ents
	uu		

Pg	3		of	<u>5</u>		

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

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number		
Committee to Elect Laura Parnell									
3. Type of Disbu	arsement (Plea	ise use separate C	RO	0-1310 forms for each	ype of Disburseme	ent.)			
Operating E				ates/Political Committees			d Party Expenditures		
4. Payee Inform			A	dd 🗍	Remove				
	ng Address & Phone		-	. Coordinated Committee N		d. Co	mments		
(include city, state,			-	Coordinated Committee 1		ui co			
America Sales a			1						
1036 15 th Ave. 1				Level Registered (Specify)					
			E.		Country				
Hickory, NC 28	001		Federal County:			TI 4: C 4 D 4			
			₽	State	Municipality:	e. Ele	ection Sum to Date		
						\$	159.50		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
LNP	Debit	0		09/10/2018	\$159.50	t-shi	rts for		
LNP	Deon	U		09/10/2018	\$139.30	poll	volunteers		
					ė.				
					\$				
4. Payee Inform	ation		A	dd	Remove				
	ng Address & Phone		-	Coordinated Committee N		d. Co	mments		
(include city, state,	_								
Go Daddy	s. zip)		1						
www.godaddy.c	om			Level Registered (Specify)					
100 Mathilda Pl			-	Federal	County:	-			
			-			. 171			
Sunnyvalle, CA	94080		₽	State	Municipality:	e. Ele	ction Sum to Date		
						\$ 3	35.98		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
LNP	Debit	С		09/10/2018	\$17.99	fund	raising		
LNP Debit	Debit	С		11/06/2018	\$17.99	fund	raising		
4. Payee Information Add Remove					Remove				
	ng Address & Phone		-	b. Coordinated Committee Name			mments		
(include city, state,			-	COOTESTANDO COMMINETO I		ui Co	initione.		
State Employees			1						
145 North Highl				Level Registered (Specify)					
_			C.		Constru				
Granite Falls, N	C 20030		۱H	Federal County:					
			L	State	Municipality:	e. Ele	ction Sum to Date		
						\$ 1	1.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
LNP	Debit	K		11/19/2018	\$3.00	bank	fees		
					\$				
E Total and 41.5	g Dago				1	\$	198.48		
5. Total only thi			_			Ф	190.40		
	CRO-1310 Pages	b CDO 110	0:04	Oi F					
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 1508.52							1508.52		
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)									
			_		res)				
	es (List detailed exp		, ,		TD 70 1 11		* 1 .		
A* - Media B* - Printing C* - Fund					D - To Another				
E - Salaries F*- Equipment G - Politic I - Postage J - Penalties K*- Offic							gal Expense Fund		
O* - Other	o i channos	A - Olik	12	Ареносо	Q - Dolladoll	to Le	gar expense runu		
	e detailed explanati	on in required re	ema	rks field (k)					

				Amendment		
Disbursements	Pg	<u>4</u>	of 5	Yes	\boxtimes	No
	_	- 4 '1 4'	, –	11.1 (/ 11.0 1		

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 Laura Parnell							
3. Type of Disb	ursement (Plea	ise use separate C	CRO	-1310 forms for each i	type of Disbursen	ient.)	
Operating E	xpenses	Contributions to Car	ndida	ates/Political Committees	☐ Co	ordinate	ed Party Expenditures
4. Payee Inform	ation		A	.dd 🔲	Remove	. ,	
a. Full Name, Mailing Address & Phone			b.	Coordinated Committee N	ame	d. Co	mments
(include city, state,	_						
Hallmark Creat			1				
1930 Catawba V			c.	Level Registered (Specify)		1	
Hickory, NC 28602		Federal County:			1		
111011013,110 2	3002				Municipality:	e Fle	ection Sum to Date
					ividinoipanty.	C. ER	cetton Sum to Date
						\$	11.77
f, Account Code	g. Form of Payment	h. Purpose Code	\perp	i. Date (mm/dd/yyyy)	j. Amount	l. De	quired Remarks
1, Account Code	g. Form of Layment	in ruspose code	\rightarrow	1. Date (Himbuthyyyy)	j. Amount	_	nk-You Cards
LNP	Debit	K	- 1	10/07/2018	\$11.77	Illai	iik-10u Carus
			-			-	
					\$		
4 Dessey Terformer	-4*		<u> </u>	dd 🗍	Remove	-	
4. Payee Inform			1			T	
	ng Address & Phone		D.	Coordinated Committee N	ame	d. Co	mments
(include city, state,			4				
Signs on the Ch	-		_			1	
11525A Stoneho	ollow Dr.		c.	Level Registered (Specify)			
Suite 100				Federal	County:		
Austin, TX 787	758			State	Municipality:	e. Ele	ection Sum to Date
						\$	216.41
			L		·	ا ا	210.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		j. Amount	k. Re	quired Remarks
LNP	Debit	О		10/07/2018	\$216.41	Yard	1 Signs
LINF	Deon	0		10/0//2016	\$210.41		
					6		
					\$		
4. Payee Inform	ation		A	dd 📗	Remove		
a. Full Name, Maili	ng Address & Phone		b.	Coordinated Committee N	ame	d. Co	mments
(include city, state,	=						
PS Print			1				
2861 Madela Pk	wv		c.	Level Registered (Specify)			
Oakland, CA 94	=		\vdash	Federal	County:	1	
oumand, or r			۱F	State	Municipality:	e Ele	ection Sum to Date
			-	Julia	manopane,		
						\$ 2	245.69
f, Account Code	g. Form of Payment	h. Purpose Code	┺	i, Date (mm/dd/yyyy)	j. Amount	lı Do	quired Remarks
i, Account Code	g. Form of Fayment	in runpose code	\rightarrow	i. Date (iiiii/du/yyyy)	j. Amount	2 sic	
LNP	Debit	K		10/09/2018	\$189.76		
			\rightarrow			_	cards
LNP	Debit	K		10/09/2018	\$55.93	Paln	n Cards
							152.05
5. Total only thi						\$	473.87
	CRO-1310 Pages						
_	line 13a of Detailed Sum		-			\$	1,508.52
(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)							
			_		ures)		
	es (List detailed exp						
A* - Media	B* - Printing	C* - Fund			D - To Anoth		
E - Salaries F* - Equipment G - Political							C Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce L	xpenses	Q* - Donatio	n to Le	egal Expense Fund
	e detailed explanati	on in required re	ems	rks field (k)			

Dish	ursements	
	ui scilicilis	

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 it applicable) 2. ID Number							
	lect Laura Parnell							
3. Type of Disb				0-1310 forms for each				
Operating E		Contributions to Ca		dates/Political Committees	Co	pordinated Party Expenditures		
4. Payee Inforn	nation			Add	Remove			
a. Full Name, Mailing Address & Phone			b	o. Coordinated Committee I	Name	d. Comments		
(include city, state, & zip)								
Lowes Foods #245								
260 14 th Ave. N	E		c	Level Registered (Specify)				
Hickory, NC 28	3601		I	Federal 🖂	County:			
				State	Municipality:	e. Election Sum to Date		
						\$ 57.60		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LNP	Debit	0		11/07/2018	\$25.09	fuel		
LNP	Debit	0		11/07/2018	\$32.51	food for		
						pollsters		
4. Payee Inform			_	Add	Remove			
	ng Address & Phone		b	. Coordinated Committee N	Name	d. Comments		
(include city, state,			-					
United States Po								
101 Fairway Av			C.	Level Registered (Specify)				
Hudson, NC 28	538		<u> </u>	Federal 🔲	County:			
			L	State	Municipality:	e. Election Sum to Date		
						\$ 566.00		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LNP	Debit	I		10/29/2018	\$251.00	postage		
					\$			
4. Payee Inform	ation			\dd \	Remove			
	ng Address & Phone		-	. Coordinated Committee N		d. Comments		
	-		0.	. Coordinated Committee 1	taine	u. Comments		
(include city, state,	& ZIP)		+					
				Level Registered (Specify)		+		
			T.	Federal	County:	-		
			۱þ	= =	•	- Floritan S. a.t. P. (
			1	State	Municipality:	e. Election Sum to Date		
	ai:			311		\$		
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
					\$			
					\$			
5. Total only thi	s Page					\$ 308.60		
	CRO-1310 Pages					200.00		
		mary Page CRO-110	0 if	Operating Expenses)				
(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) \$ 1508.52								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
	es (List detailed ex		_		7	<u> </u>		
A* - Media	B* - Printing	C* - Fund			D - To Anoth	er Candidate		
E - Salaries	F* - Equipment					Public Office Expenses		
I - Postage	J - Penalties	K* - Offic				on to Legal Expense Fund		
O* - Other				•	-			
* Codes require detailed explanation in required remarks field (k)								

In-Kind

					Amer	idment		
d Contributions	Pg	1	of	<u>1</u>		Yes	\boxtimes	No
rm to report non-monetary contributions, donations								

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)			2. ID	Number	
Committee to Elect Laura Parnell					
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Con	mments	
(include city, state, & zip)	Indi	ividual			
Rachel Parnell	Can	ndidate			
1761 12 th St NE	Part	.y			
Hickory, NC 28601	PAC	3			
	Refe	erendum	d. Elec	ction Sum to Date	
	Oth	er Receipt Source	\$	102.38	
e. Description		f. Date (mm/dd/yyy	уу)	g. Fair Market Amount	
Labels from Office Depot		10/16/2018		\$ 52.38	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Con	nments	
(include city, state, & zip)	Indi	vidual			
Laura Parnell	Can	didate			
1059 19th Ave Pl NW	Part				
Hickory, NC 28601	PAC				
		erendum	d. Election Sum to Date		
	Othe	er Receipt Source	\$	5.00	
e. Description		f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	
Filing Fee		07/03/2018	;	\$ 5.00	
				\$	
				\$	
3. Contributor Information Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C		c. Con	nments	
(include city, state, & zip)		vidual			
		didate			
	Part				
	PAC				
		erendum	d. Elec	ction Sum to Date	
	Othe	er Receipt Source	\$		
e. Description		f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page			\$	57.38	
5. Total of ALL CRO-1510 Pages			ď		
(This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	57.38	