## **Disclosure Report Cover**

Amendment
Yes ANo

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information

1. Committee Informat	ion	LONG STATE		PERSONAL	989539519525-0	STATE STORY OF STREET
a. Full Name	THE PARTY OF THE P	STATE OF STATE OF	CONTRACTOR OF STREET	holosop	A STATE OF THE PARTY OF THE PAR	c. ID Number
GENIEY YANG FOR C	COUNTY COMMISSIONER					82-4510087
b. Mailing Address (include (	City, State and Zip Code)				***	d. Date Filed
P.O. BOX 24						04/30/2018
CLAREMONT, NC 286	510					
						e. Phone Number
						412 330 9403
(i)						412 530 5405
2. Report Year	3. Period Start Date (mm/dd/y	A VONES S. Seed Faller or Service Local	End Date		5. Treasurer l	Pull Name
	MITTOUR DESIGNATION OF THE PARTY OF	(mm/dd/yy)				
2018	02/21/2018	04	/21/2018		TIMOTHY P	EOPLES
6. Type of Committee (	Check One)	9. Type of R	eport (che	eck only	one type of rep	ort from one category)
Candidate Campaign	Party	Municipal		State/Co	enty	Referendum
PAC	Referendum	Organizationa	d	Or	ganizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	ry	XQu	arterly	Pre-referendum
Legal Expense Fund		ì				
7. Type of Fund	(if applicable, check one)	Des monerons				1
	ty uppredote, theth oney	Pre-primary			X First	Final
*Booster Fund*		Pre-election			Second	Supplemental Final
Building Fund		Pre-runoff			Third	Annual
		Semi-annual			Fourth	Special
		Mid Year		Ser	mi-annual	
Other:		Year End			Mid Year	10. Special Report Name
		Final			Year End	Tot opecial report trame
8. Number of Fundraise		SENTENTS				
o, Number of Fundraise	rs tals Report	Special		Fin		
2					ecial	
11. Account Information  1. Financial Institution Full N	AND THE RESIDENCE AND THE RESIDENCE AND THE PROPERTY OF THE PARTY OF T		11. Accoun		The state of the s	Market Street Street Street Street
BB&T	ame .		a. Financial I	nstitution	Full Name	
b. Purpose	c. Account Code		D			I to see
CHECKING	GY18		b. Purpose			c. Account Code
	GIII		1			
ACCOUNT FOR						
CAMPAIGN	d. Period Begin Balance					d. Period Begin Balance
FUNDS	<b>S</b> 0					5
CERTIFICATION						
						22D-22M of Chapter 163 of the
	that no funds are commingled				ed funds. I furt	her certify that this report is
complete, true and correct	t and that I have been trained b	by the NC State	Board of Ele	ections.		
						11/2 110
TIMOTHY PEOI	PLES	$\subset$	/><			7/30/18
Pr	rinted Name of Signer		ignature of App	ointed Tre	easurer	Date
FOR OFFICE USE ONLY						
Date Received:	***************************************	Employee:	4			Delivery Method
IT.	OE OE ON E				55.58	Normal Mail
Date Postmarked		Employee:	XXX			Registered Mail
	3	1111				Hand Delivered
Date Scanned:	APR 3 0 2018	Employee:				Electronically Filed
	L Charles W. L. Lidd U	LI Project	-		-	
Data Data Estara 1						Signer has not received
Date Data Entered	3y	Employee:	-		-	mandatory training
ļ						
Please Note: This fo						ss, treasurer, assistant treasurer,
	custodian of b	ooks informatio	n, or accoun	t inform	ation.	The second secon
Vov	u must amend the Statement of	Organization (	CRO-2100A	-E) to m	sake committee	changes.

## **Detailed Summary**

Amendment

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

	ll Name (and Fund if applicable)	2. Type of Repor	t	3. ID 1	Number
GENIEY YANG	FOR COUNTY COMMISSIONER	2018 FIRST QUA REPORT	ARTER	82-451	0087
Start of Electi	on Cycle: January 1,	2018	Total	this	Total this
			Reporting	g Period	Election Cyc
4)	Cash on Hand at Start		\$ 0		\$ 0
RECEIPTS					
5)	Aggregated Contributions from Individuals	(CRO-1205)	\$ 711.0	0	\$ 711.00
6)	Contributions from Individuals	(CRO-1210)	\$ 2021.	62	\$ 2123.62
7)	Contributions from Political Party Committees	(CRO-1220)	\$ 400.0	0	\$ 400.00
8)	Contributions from Other Political Committees	(CRO-1230)	\$		\$
9)	Loan Proceeds	(CRO-1410)	\$		\$
10)	Refunds/Reimbursements To the Committee	(CRO-1240)	\$		\$
11)	Other Receipt Sources	-			
11a)	Interest on Bank Accounts	(CRO-1250)	\$		\$
11b)	Contributions from Not-for-Profit 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, 1.		\$ 3132.6		\$ 3234.62
EXPENDITUE					
13)	Disbursements				
13a)	Operating Expenditures	(CRO-1310)	\$ 562.43		664.43
13b)	Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$
13e)	Coordinated Party Expenditures	(CRO-1310)	\$		\$
14)	Aggregated Non-Media Expenditures	(CRO-1315)	\$	-	5
15)	Loan Repayments	(CRO-1420)	\$	_	8
16)	Refunds/Reimbursements From the Committee	(CRO-1320)	s		
17)	In-Kind Contributions	(CRO-1510)	6	_	
18)	TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$ 562.43		5 664.42
19)	Cash on Hand at End (Add lines 4 and 12 together, then subtrace		\$ 562.43 \$ 2570.1		6 664.43 6 2570.19
DDITIONAL	INFORMATION		2570.1		2370.19
20)	Non-Monetary Gifts Given to Other Committees	(CRO-1330)	s		
21)	Outstanding Loans (incl. ones from other campaigns)		\$		
22)	Debts and Obligations owed By the Committee	(CRO-1610)	\$	8	
23)	Debts and Obligations owed To the Committee			- 8	
24)	Account Transfers Within the Committee	(CRO-1620)	\$		
25)		(CRO-1720)	\$		
	Administrative Support	(CRO-1710)	\$	\$	
26)	Forgiven Loans	(CRO-1440)	\$	\$	
27)	48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
28)	Contributions to be Refunded	(CRO-1215)	\$	\$	

# **Aggregated Contributions from Individuals**

Amendment Yes No

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

	A Decree of the Land of Section 1997 and 1997 an			
	utor Information			
Amend	b. Account Code	c. Form of Payment	d. In-Kind Description e. Date (mm/dd/y	
Add		CREDIT CARD	03/16/2018	\$ 10.0
Remove				
Add		CREDIT CARD	03/21/2018	\$ 50.0
Remove				0.050
Add		CREDIT CARD	03/23/2018	\$ 25.0
Remove		anenie aunn	00 10 (1001)	0050
Add		CREDIT CARD	03/26/2018	\$ 25.0
Remove				
Add		CREDIT CARD	03/27/2018	\$ 50.0
Remove			20.000000	0.500
Add		CASH	03/27/2018	\$ 50.0
Remove		CDEDE CAR	20,000,000	0.500
Add		CREDIT CARD	03/28/2018	\$ 50.0
Remove		annom a :	04 10 11 11	
Add		CREDIT CARD	03/29/2018	\$ 25.0
Remove				
Add		CASH	04/01/2018	\$ 50.0
Remove				
Add		CHECK	04/03/2018	\$ 50.0
Remove				
Add		CREDIT CARD	04/04/2018	\$ 36.0
Remove			24/24/2016	0.500
Add	_	CASH	04/04/2018	\$ 50.0
Remove		- CLOSE	04/05/2016	0.500
Add		CASH	04/05/2018	\$ 50.0
Remove			04/00/0015	0.500
Add		CASH	04/09/2018	\$ 50.0
Remove				0.500
Add		CASH	04/11/2018	\$ 50.0
Remove		0.1077	04/11/0016	0.000
Add		CASH	04/11/2018	\$ 20.0
Remove		ODEDIZ	04/10/2016	0.050
Add		CREDIT	04/12/2018	\$ 25.0
Remove		ODEDE:	04/10/2017	0 6500
Add		CREDIT	04/12/2018	\$ \$5.00
Remove		ODEDA	04/10/2017	0 6160
Add		CREDIT	04/19/2018	\$ 15.0
Remove		ODEDIT	04/20/2018	8 \$ 25.0
Add		CREDIT	04/20/2018	3 3 23.0
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Add				\$
Remove				\$
Add				•
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	only this Page of ALL CRO-120			\$ 711.00 \$ 711.00

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COL	ILFIDU	HOUS	пош	111	ш	710	ши	٠.

butions from Individuals	Pg	1	of	5_	Amenda	nent	
					Yes	No	

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number 82-4510087 GENIEY YANG FOR COUNTY COMMISSIONER 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PARK RANGER CAYLON LIKELY c. Employer's Name/Specific Field 4215 AURELIA ST NPS MOBILE, AL 36609 e. Election Sum to Date 100.00 j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount CREDIT 03/20/2018 100.00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PROGRAM COORDINATOR KELLY TRAVISON 720 45<sup>TH</sup> AVE N . Employer's Name/Specific Field SAINT PETERSBURG FL 33703 VERTICAL VENTURES . Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CREDIT 03/21/2018 100.00 \$ 3. Contributor Information Add Remove b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) IT ADMIN STEVEN YANG c. Employer's Name/Specific Field 2357 JAY CLARK ROAD MORGANTON, NC 28655 FULENWIDER ENTERPRISES . Election Sum to Date 100 . Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description k. Amount CREDIT 03/21/2018 100.00 \$ 300 4. Total only this Page \$ \$ 2021.62 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210 NC State Board of Elections April 2007

Contributions	from	Individuals	

	Pg	2	of .	5_	Amendr	nent	
					Yes	No	
er \$50 or contrib	utione 1	ınder \$50 i	f form (	PO 12	05 is no	t nce	4

a this form to report individual contribution

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2-19 parties (1901) No.	Name, Mailing Add		b. Job Title/Profession		d. Com	nents	
(inclu	ıde city, state, & zip	)	SOCIAL WORKER				
LEE V	ANG				┙		
721 W	ESTOVER HIL	LS DR	c. Employer's Name/Speci	fic Field	50		
CARY	, NC 27513		BEACON HEALTH	OPTIONS4737			
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	de city, state, & zip		PROFESSOR		U. CUIII	reuts	<del></del>
CHAR	LOTTE WILLL	AMS					
	RD STREET NO		c. Employer's Name/Speci	fic Field			
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	de city, state, & zip		INSURANCE AGEN	Т			
	NOU YANG						
	DING CT AM, NC 27703		c. Employer's Name/Specif	ic Field			
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		6 of Detailed Summary P					
RO-1	210		NC State Board of Elec	tions			April 2007

## **Contributions from Individuals**

Use this form to report individual contributions over \$50 or contributio	ns under \$50 if form CRO 1205 is not used
1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	me (and Fund if appli	cable)		in Colombia	umber	
		COUNTY COMMISSI			8	2-45100	87
3. Coi	tributor Inform	ation	Add Rem	ove			
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	ide city, state, & zip)		GEOLOGIST				
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MOOI	RESVILLE, NC 2	28117	RPS				
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	de city, state, & zip)		GENERAL MANAC	GER	ur comm	CHO	
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	IILDEBRAN MT	'N AVE	c. Employer's Name/Spec	ific Field			
CONN	ELLY SPRINGS	, NC 28612	THE HMONG LAN	GUAGE	1		
			SOLUTION LLC		e. Electio	n Sum to	Date
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	ICTORIAN HILI	LS CIRCLE	c. Employer's Name/Speci	fic Field	1		
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					\$	196.0	0
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m						\$	02 (22
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	al of ALL CR				\$		2021.62
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RO-12	(10		NC State Board of Election	ıs		1	April 2007

Contributions from Inc	dividuals
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Pg	_4	of	5	Amend	nent	
				Yes	No	

se t	his	form to repor	t individual	contributions over \$	50 or contributions und	ler \$50	if form	CRO	1205 is not used
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	l Name (and Fund if a	pplicable)		2. ID Number		
GENIEY YANG F	OR COUNTY COMM	ISSIONER		82	2-4510087	
3. Contributor In	formation	Add Rer	move			
a. Full Name, Mailing	Property and Proposed State of the State of	b. Job Title/Profession	nove	d. Com	ments	
(include city, state,	& zip)					
BRAD BEGGS		EDUCATION		1		
00 JONATHAN	AVENUE	c. Employer's Name/Speci				
KNOXVILLE, TN	37920	UNIVERSITY OF TO	٧	1		
		KNOXVILLE		e. Electi	on Sum to Date	
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(include city, state, &	k zip)	UNEMPLOYED				
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GY18  Contributor Inf Full Name, Mailing, (include city, state, & YNN DORFMAN 02 20 <sup>TH</sup> AVE NW IICKORY, NC 286  Prior g. Account Co	CREDIT  COMMITTED  COM	Add Rem b. Job Title/Profession RETIRED FEDERAL GOVERNMENT EMP c. Employer's Name/Specifi	04/11/20 nove ic Field j. Date (mm/dd/yyy	d. Comm e. Electio \$	k. Amount \$ 100.00 \$ \$ \$ sents    Sum to Date   100.00     K. Amount   \$ 100.00     \$   \$   \$   \$   \$   \$   \$   \$   \$	

Con	tributions fr	om Individuals	Pg	<u>5</u> of	5 Amendment Yes No
Use th	is form to report i	ndividual contributions	s over \$50 or contribution	ns under \$50 if form C	RO 1205 is not use
1. Cor	nmittee Full Nan	ne (and Fund if applic	cable)	CHARLEST AND	Number
GENII	EY YANG FOR C	COUNTY COMMISSION	ONER		82-4510087
3. Con	tributor Inform	ation	Add Rem	ovio	
	Name, Mailing Addre		b. Job Title/Profession		ments
	de city, state, & zip)		RETAILER	d. Cor	ments
_	Z YANG		RETAILLER		
	ROMA AVE		c. Employer's Name/Spe	eific Field	
	PAUL, MN 551	13	SELF	cinc Field	
	111015, 1111 551		BELF	<u> </u>	
l				**************************************	tion Sum to Date
			1	- 5	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Credit		04/16/2018	\$ 100.0
				04/10/2018	1000
					\$
					\$
3. Con	tributor Informa	tion	Add Remo	NVA	SOCIETATION STORY
	ame, Mailing Addre	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	b. Job Title/Profession	d. Com	
			100000000000000000000000000000000000000	-	
				e. Elect	ion Sum to Date
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
				J (	
					\$
					\$
					\$
A STATE OF THE PARTY OF THE PAR	ributor Informa		Add Remo	ve	
	ame, Mailing Addres	s & Phone	b. Job Title/Profession	d, Com	ments
(includ	e city, state, & zip)				
			c. Employer's Name/Spec	ific Field	
					on Sum to Date
				\$	
ъ.					
Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					9

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)

100.00

2421.62

\$

\$

Use this form to r	report contributions from a	a political party		
	Name (and Fund if applic		2.	ID Number
	FOR COUNTY COMMISSION		_	82-4510087
3. Contributor Info a. Full Name, Mailing		Add Ren	move	
a. Full Name, Mailing A (include city, state, &			<u> </u>	Comments
	NTY WOMEN'S DEMOCRA	ATIC		
PARTY	III WOMEN DELICIONE	ATIC		
1612 TATE BLVD	SE		c. I	Election Sum to Dat
HICKORY NC, 28				\$ 400.00
			Ε	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y) h. Amount
1	CHECK		04/03/2018	\$ 400.00
				\$
		$\neg$		
				\$
		$\dashv$		-
3. Contributor Info		Add Rem	nove	
a. Full Name, Mailing A		Aud Rein		Comments
(include city, state, &				ошшень.
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy	y) h. Amount
d. Account Code	e. Form of Payment	f. In-Kind Description	lg. Date (mm/dd/yyy	A h Amount
				\$
				\$
				\$
3. Contributor Info		Add Rem	iove	
a. Full Name, Mailing A			b. C	Comments
(include city, state, &	zip)			
			_	
			2000	lection Sum to Date
			\$	8
d. Account Code	P Payment	er mal Description	1 7 / ////	- L
I. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
		$\dashv$	-	- 3
				_
				\$
	C 10 940 80 000 000 000 000 000 000 000 000 00	_		\$
4. Total only this			\$	-200.0000000000000000000000000000000000
	CRO-1220 Pages		\$	400.00
(This line must be on li	line 7 of Detailed Summary Page C	CRO-1100)		

Contributions from Political Party Committees  $_{Pg}$ 

Amendment

Yes

1. Committee	Full Name (and Fur	d if applicable)			2. ID Number
GENIEY YAY	NG FOR COUNTY C	OMMISSIONER			82-4510087
3. Type of Dis	bursement (Please i	use separate CRO	1-1310 forms for each	type of Disbu	rsement.)
	ating Expenses		Candidates/Political Commi		ordinated Party Expenditures
4. Payee Infor			Add	Remove	
a. Full Name, Ma	iling Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, stat	e, & zip)				1
Wix.com					_
			c. Level Registered (Spe		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 84.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT CARD	Α	02/13/2018	\$84.00	Campaign
		0.000			Website
				s	
				ď	
4. Pavee Infor	metion		Add		
The state of the s	iling Address & Phone		b. Coordinated Commit	Remove	ld Comments
a. run Name, Ma (include city, state			o. Coordinated Commit	есе глаше	d. Comments
Claremont Pos					
3327 E Main S					-
Claremont, No			c. Level Registered (Specify)		
28610-8699			Federal County:		
20010-0055			State	0.7270.00	El di C d D d
			State	Municipality:	e. Election Sum to Date
					\$ 33.00
			<u> </u>		
f. Account Code GY18	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
G118	Debit Card	0	02/13/2018	\$33.00	P.O.Box for
					6 MONTHS PAID
				\$	
				0	
4. Payee Infor			Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committ	ee Name	d. Comments
include city, state	, & zip)				
	PHIES AND AWA			market and the second second	
610 8 <sup>TH</sup> ST NE	3		c. Level Registered (Spec	ify)	
HICKORY NO	C, 28601		Federal County:		1
			State	Municipality:	e. Election Sum to Date
					\$ 13.91
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	Debit Card	В	02/14/2018	\$13.91	NAME TAG
				1	1
					-
				\$	
				1	
. Total only th					\$ 130.91
	L CRO-1310 Pages				\$ 562.43
(This line goes in	n line 13a of Detailed Sum	mary Page CRO-1100	) if Operating Expenses)		
(This line goes in	n line 13b of Detailed Sum	mary Page CRO-1100	) if Contrib to Candidates/	Political Comm)	
			if Coordinated Party Expe		
	les (List detailed exp				
* - Media	B* - Printing		- Fundraising	D - To Anoth	per Candidata
- Salaries	F* - Equipment		- Political Party		g Public Office Expenses
- Postage	J - Penalties		- Office Expenses		on to Legal Expense Fund
)* - Other	CONTRACTOR			v Donath	regai Expense Fund
	e detailed explanatio	n in required say	narks field (b)		
POLISIO		in required rei	nai no neiu (K)	Note of the Control of St.	

Pg 2

- 6 6

Amendment

Yes No

	1. Committee Full Name (and Fund if applicable)							
GENIEY YAN	G FOR COUNTY C	OMMISSIONER			82-4510087			
3. Type of Dish	oursement (Please u	se separate CRO	-1310 forms for each	type of Disbu	rsement.)			
	ting Expenses		andidates/Political Commi		rdinated Party Expenditures			
4. Payee Inform	mation		Add	Remove				
	ling Address & Phone		b. Coordinated Commit		d. Comments			
(include city, state								
STAPLES.CO			1					
51111 220.00			c. Level Registered (Spe	oifu)				
			Federal					
				County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 233.12			
					2170-74-31X-000000010300000-0			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
GY18	DEBIT CARD	В	02/21/2018	\$64.99	BUSINESS CARDS			
GY18	DEDIT CARD	D	04/10/2010	6160.12	DALMGARDO			
G116	DEBIT CARD	В	04/19/2018	\$168.13	PALM CARDS			
4. Payee Inform	nation		Add	Remove				
a. Full Name, Mai	ling Address & Phone		b. Coordinated Commit	tee Name	d. Comments			
(include city, state,	, & zip)							
	PHIES AND AWA		1		1			
610 8TH ST N								
HICKORY NC.	5		c. Level Registered (Specify)					
28601	U.		Federal County:					
20001			il a case and	County:				
			State	Municipality:	e. Election Sum to Date			
					\$ 13.91			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
GY18	Debit Card	В	03/12/2018	\$13.91	NAME TAG			
				\$				
	-	-		- *				
				A Commence of the Commence of				
4. Payee Inform	nation		Add	Remove				
	ing Address & Phone		b. Coordinated Commit	tee Name	d. Comments			
i. Full Name, Mail	& rin)							
i. Full Name, Mail Include city, state,	& Zip)		1					
include city, state,	OUNTY LIBRARY				1			
include city, state,	DUNTY LIBRARY		c. Level Registered (Spe	cify)	1			
include city, state, CATAWBA CC 2944 S HWY 1	OUNTY LIBRARY 27		c. Level Registered (Spec					
include city, state, CATAWBA CC	OUNTY LIBRARY 27		Federal	County:	a Floriton Sum to Data			
include city, state, CATAWBA CC 2944 S HWY 1	OUNTY LIBRARY 27				e. Election Sum to Date			
include city, state, CATAWBA CC 2944 S HWY 1	OUNTY LIBRARY 27		Federal	County:	e. Election Sum to Date \$ 10.00			
include city, state, CATAWBA CC 2944 S HWY 1	OUNTY LIBRARY 27		Federal	County:				
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC	DUNTY LIBRARY 27 , 28602 g. Form of Payment	h. Purpose Code	Federal	County:				
include city, state, CATAWBA CC 2944 S HWY 1	DUNTY LIBRARY 27 , 28602	h. Purpose Code	Federal State	County: Municipality:	\$ 10.00			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC	DUNTY LIBRARY 27 , 28602 g. Form of Payment		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:	\$ 10.00  k. Required Remarks			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC	DUNTY LIBRARY 27 , 28602 g. Form of Payment		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount \$10.00	\$ 10.00  k. Required Remarks			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC	DUNTY LIBRARY 27 , 28602 g. Form of Payment		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:	\$ 10.00  k. Required Remarks			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC Account Code GY18	g. Form of Payment DEBIT		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount \$10.00	\$ 10.00  k. Required Remarks  FLYERS			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC Account Code GY18	g. Form of Payment DEBIT		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount \$10.00	\$ 10.00  k. Required Remarks			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC Account Code GY18	g. Form of Payment DEBIT		Federal State  i. Date (mm/dd/yyyy)	County: Municipality:  j. Amount \$10.00	\$ 10.00  k. Required Remarks  FLYERS			
CATAWBA CO 2944 S HWY 1 HICKORY NC Account Code GY18  Total only th	g. Form of Payment DEBIT	В	Federal State  i. Date (mm/dd/yyyy) 03/29/2018	County: Municipality:  j. Amount \$10.00	\$ 10.00 k. Required Remarks FLYERS  \$ 257.03			
CATAWBA CO 2944 S HWY 1 HICKORY NO Account Code GY18  Total only th Total of ALL (This line goes in	DUNTY LIBRARY 27 , 28602  g. Form of Payment DEBIT  is Page , CRO-1310 Pages	B  mary Page CRO-1100	Federal State  i. Date (mm/dd/yyyy) 03/29/2018  Dif Operating Expenses)	County: Municipality:  j. Amount \$10.00	\$ 10.00 k. Required Remarks FLYERS  \$ 257.03			
CATAWBA CO 2944 S HWY 1 HICKORY NO CACCOUNT Code GY18  Total only the Total of ALL (This line goes in	g. Form of Payment DEBIT  is Page CRO-1310 Pages line 13a of Detailed Sum.	mary Page CRO-1100	Federal State  i. Date (mm/dd/yyyy) 03/29/2018  0 if Operating Expenses) 0 if Contrib to Candidates/	County: Municipality:  j. Amount \$10.00	\$ 10.00 k. Required Remarks FLYERS  \$ 257.03			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC CACCOUNT CODE GY18  5. Total only th 6. Total of ALL (This line goes in (This line goes in	g. Form of Payment DEBIT  is Page CRO-1310 Pages line 13a of Detailed Sum. line 13c of Detailed Sum.	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	Federal State  i. Date (mm/dd/yyyy) 03/29/2018  0 if Operating Expenses) 0 if Contrib to Candidates/	County: Municipality:  j. Amount \$10.00	\$ 10.00 k. Required Remarks FLYERS  \$ 257.03			
include city, state, CATAWBA CO 2944 S HWY 1 HICKORY NO . Account Code GY18  5. Total only th 5. Total of ALL (This line goes in (This line goes in This line goes in Code goes goes goes goes goes goes goes goe	g. Form of Payment DEBIT  is Page CRO-1310 Pages line 13a of Detailed Sumuline 13c of Detailed Sumuline 13c of Detailed Sumuline 13c of Detailed Sumuline 13c of Detailed exp	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100	i. Date (mm/dd/yyyy) 03/29/2018 0 if Operating Expenses) 0 if Contrib to Candidates/ 0 if Coordinated Party Exp	County: Municipality:  j. Amount \$10.00  \$  Political Comm) enditures)	\$ 10.00  k. Required Remarks  FLYERS  \$ 257.03  \$ 562.43			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC CACCOUNT CODE GY18  5. Total only the formation of ALL (This line goes in (This line goes in (This line goes in Left of ALL This line goes in Purpose Code The Code	g. Form of Payment DEBIT  g. Form of Payment DEBIT  is Page CRO-1310 Pages tine 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed exp B*- Printing	mary Page CRO-1100 mary Page CRO-1100 enditure code in (C*	i. Date (mm/dd/yyyy) 03/29/2018 0 if Operating Expenses) 0 if Contrib to Candidates/ 0 if Coordinated Party Exp (h.) above) 5 - Fundraising	County: Municipality:  j. Amount \$10.00  \$  Political Comm) enditures)	\$ 10.00  k. Required Remarks  FLYERS  \$ 257.03  \$ 562.43			
include city, state, CATAWBA CO 2944 S HWY 1 HICKORY NO CACCOUNT CODE GY18  5. Total only the 6. Total of ALL (This line goes in (This line goes in (This line goes in 2. Purpose Cod * - Media 5. Salarics	g. Form of Payment DEBIT  g. Form of Payment DEBIT  is Page CRO-1310 Pages tine 13a of Detailed Sum tine 13c of Detailed	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 enditure code in ( C*	i. Date (mm/dd/yyyy) 03/29/2018 0 if Operating Expenses) 0 if Contrib to Candidates/ 0 if Coordinated Party Exp (h.) above) 5 - Fundraising - Political Party	County: Municipality:  j. Amount \$10.00  \$  Political Comm) enditures)  D - To Anoth H* - Holdin	\$ 10.00  k. Required Remarks  FLYERS  \$ 257.03  \$ 562.43  her Candidate g Public Office Expenses			
include city, state, CATAWBA CC 2944 S HWY 1 HICKORY NC CACCOUNT CODE GY18  5. Total only th 6. Total of ALL (This line goes in (This line goes in	g. Form of Payment DEBIT  g. Form of Payment DEBIT  is Page CRO-1310 Pages tine 13a of Detailed Sum line 13c of Detailed Sum line 13c of Detailed Sum es (List detailed exp B*- Printing	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 enditure code in ( C*	i. Date (mm/dd/yyyy) 03/29/2018 0 if Operating Expenses) 0 if Contrib to Candidates/ 0 if Coordinated Party Exp (h.) above) 5 - Fundraising	County: Municipality:  j. Amount \$10.00  \$  Political Comm) enditures)  D - To Anoth H* - Holdin	\$ 10.00  k. Required Remarks  FLYERS  \$ 257.03  \$ 562.43			

Pg <u>3</u>

.C E

Amendment

Yes

	Full Name (and Fun				2. ID Number
GENIEY YAN	NG FOR COUNTY C	OMMISSIONEF	Ł		82-4510087
3. Type of Dis	bursement <i>(Please 1</i>	ise separate CR(	0-1310 forms for each	1 type of Disbu	rsement.)
Opera	ating Expenses		Candidates/Political Commi		ordinated Party Expenditures
4. Payee Infor			Add	Remove	
	iling Address & Phone		b. Coordinated Commit	ttee Name	d. Comments
(include city, state					
OFFICE DEP					_
	BA VALLEY BLVD		c. Level Registered (Spe	<u>Al</u>	
HICKORY, N	C 28602		Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 81.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT CARD	В	03/30/2018	\$57.78	FLYERS
					7
GY18	DEBIT CARD	В	04/10/2018	\$23.89	FLYERS
		+	OWINE	-	
. n . T .					PAPERS PRINTED
4. Payee Infor	A CONTRACTOR OF THE PROPERTY O		Add	Remove	
	iling Address & Phone		b. Coordinated Commit	itee Name	d. Comments
(include city, state					
FAMILY DOL					
1209 16 <sup>TH</sup> ST			c. Level Registered (Spe	orifu)	
HICKORY NO	•		ti Devel Management (-)	city	h
28601			Federal	County:	
			State	Municipality:	e. Election Sum to Date
			//		\$ 12.07
					-
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	Debit Card	K	04/02/2018	\$12.07	ENVELOPES
		+	0.000	Ψ12.0.	- BITTELLIA
	+	+			
				_\s	
					f
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committ	tee Name	d. Comments
(include city, state	, & zip)				
VISTAPRINT			1		1
			c. Level Registered (Spec	cify)	
			Federal	County:	†
			State	Municipality:	e. Election Sum to Date
			Contraction of the Contraction o		\$ 34.05
					J-4.05
	g. Form of Payment	Is Dumasa Cada	Pote (-m/dd/mm)	l	1 D 1 1 D 1
Account Code	g. Furm or a syme	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks VERTICAL
f. Account Code		■ 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	04/04/2019	\$34.05	BANNERS
f. Account Code GY18	DEBIT	В	04/04/2018	•	II
	DEBIT	В	04/04/2018	+	DAININERS
	DEBIT	В	04/04/2018		DANNERS
	DEBIT	В	04/04/2018	\$	BANNERS
GY18		В	04/04/2018	\$	DANNERS
		В	04/04/2018	\$	\$ 127.79
GY18  5. Total only th		В	04/04/2018	\$	
GY18  5. Total only th  6. Total of ALI	nis Page LCRO-1310 Pages			\$	\$ 127.79
GY18  5. Total only th  6. Total of ALI  (This line goes in	nis Page L CRO-1310 Pages n line 13a of Detailed Sum	mary Page CRO-110	00 if Operating Expenses)		\$ 127.79
GY18  5. Total only th 6. Total of ALI (This line goes in (This line goes in	nis Page L CRO-1310 Pages In line 13a of Detailed Sum.	mary Page CRO-1100	00 if Operating Expenses) 00 if Contrib to Candidates/.	Political Comm)	\$ 127.79
5. Total only the formula of ALI (This line goes in	nis Page L CRO-1310 Pages In line 13a of Detailed Sum. In line 13b of Detailed Sum. In line 13c of Detailed Sum.	mary Page CRO-110 mary Page CRO-110 mary Page CRO-1100	00 if Operating Expenses) 00 if Contrib to Candidates/ 10 if Coordinated Party Exp	Political Comm)	\$ 127.79
5. Total only the formula of ALI (This line goes in	nis Page L CRO-1310 Pages In line 13a of Detailed Sum.	mary Page CRO-110 mary Page CRO-110 mary Page CRO-1100	00 if Operating Expenses) 00 if Contrib to Candidates/ 10 if Coordinated Party Exp	Political Comm)	\$ 127.79
5. Total only the 6. Total of ALI (This line goes in (This line goes in 7. Purpose Cod A* - Media	nis Page L CRO-1310 Pages In line 13a of Detailed Sum. In line 13b of Detailed Sum. In line 13c of Detailed Sum.	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in	00 if Operating Expenses) 00 if Contrib to Candidates/ 10 if Coordinated Party Exp	/Political Comm) penditures)	\$ 127.79
5. Total only the 6. Total of ALI (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries	nis Page L CRO-1310 Pages In line 13a of Detailed Sum In line 13c of Detailed Sum Ites (List detailed exp B*-Printing F*-Equipment	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in	00 if Operating Expenses) 00 if Contrib to Candidates/. 10 if Coordinated Party Exp (h.) above)	/Political Comm) penditures)  D - To Anoth	\$ 127.79 \$ 562.43
5. Total only the 6. Total of ALI (This line goes in (This line goes in 7. Purpose Cod A* - Media	nis Page L CRO-1310 Pages In line 13a of Detailed Sum In line 13b of Detailed Sum In line 13c of Detailed Sum Its (List detailed exp	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in Cr	00 if Operating Expenses) 00 if Contrib to Candidates/ 00 if Coordinated Party Exp (h.) above) *- Fundraising	/Political Comm) penditures)  D - To Anoth H* - Holding	\$ 127.79 \$ 562.43 her Candidate g Public Office Expenses
5. Total only the 6. Total of ALI (This line goes in (This line goes in 7. Purpose Cod A* - Media E - Salaries 1 - Postage D* - Other	nis Page L CRO-1310 Pages In line 13a of Detailed Sum In line 13c of Detailed Sum Ites (List detailed exp B*-Printing F*-Equipment	mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in Cri	00 if Operating Expenses) 00 if Contrib to Candidates. 10 if Coordinated Party Exp (h.) above) * - Fundraising - Political Party * - Office Expenses	/Political Comm) penditures)  D - To Anoth H* - Holding	\$ 127.79 \$ 562.43

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of <u>5</u>

Amendment

No

Yes

	1. Committee Full Name (and Fund if applicable)							
GENIEY YAI	NG FOR COUNTY C	OMMISSIONER			82-4510087			
3. Type of Dis	bursement ( <u>Please u</u>	se separate CRO	-1310 forms for each	type of Disbu	rsement.)			
	ating Expenses		andidates/Political Commit		rdinated Party Expenditures			
4. Payee Infor	mation		Add	Remove				
a. Fuli Name, Ma	iling Address & Phone		b. Coordinated Commit	tee Name	d. Comments			
include city, stat	e, & zip)							
CATAWBA C	OUNTY LIBRARY				1			
2944 S HWY	127		c. Level Registered (Spe	cify)				
HICKORY, N	C 28602		Federal	County:	7			
			State	Municipality:	e. Election Sum to Date			
					\$ 19.00			
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
GY18	DEBIT CARD	В	04/06/2018	\$19.00	FLYERS			
			0 11 001 2010	413.00	T ET ENG			
	-							
		_		\$				
. Payee Infor	mation		Add	Remove				
. Full Name, Ma	iling Address & Phone		b. Coordinated Committ	tee Name	d. Comments			
nclude city, state	e, & zip)							
ACT BLUE								
			c. Level Registered (Spec	cify)				
			Federal	County:	1			
			State	Municipality:	e. Election Sum to Date			
					\$ 15.09			
					-			
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
GY18	ACH DEBIT	O	04/06/2018	\$15.09	MERCHANT FEES			
~	110111212111		0 1700/2010	\$15.05	WILKCHANT TELS			
				\$				
				\$				
			Add	\$ Remove				
	mation lling Address & Phone		Add b. Coordinated Committe	Remove	d. Comments			
Full Name, Mai	ling Address & Phone			Remove	d. Comments			
. Full Name, Mai nclude city, state	lling Address & Phone e, & zip)			Remove	d. Comments			
. Full Name, Mai nclude city, state MURPHY / W	lling Address & Phone c, & zip) ALMART			Remove ee Name	d. Comments			
Full Name, Mai nclude city, state MURPHY / W 201 ZELKOV	lling Address & Phone c, & zip) ALMART	613	b. Coordinated Committ	Remove ee Name	d. Comments			
Full Name, Mai nclude city, state MURPHY / W 201 ZELKOV	iling Address & Phone c, & zip) 'ALMART A COURT	6613	b. Coordinated Committe c. Level Registered (Spec	Remove ee Name	d. Comments  e. Election Sum to Date			
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. Full Name, Mai nclude city, state MURPHY / W 201 ZELKOV. NORTH WES	iling Address & Phone c, & zip) 'ALMART A COURT T, CONOVER, NC 28		b. Coordinated Committ  c. Level Registered (Spec Federal State	Remove ee Name  lify)  County: Municipality:	e. Election Sum to Date \$ 12.61			
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Pg 5

of <u>5</u>

Amendment

Yes No

1. Committee	Full Name (and Fun	d if applicable)			2. ID Number
GENIEY YAN	NG FOR COUNTY C	OMMISSIONER			82-4510087
3. Type of Dis	bursement <i>(Please u</i>	se separate CRO	-1310 forms for each	type of Disbu	rsement)
	ting Expenses		Candidates/Political Commi		ordinated Party Expenditures
4. Payee Infor	mation		Add	Remove	
a. Full Name, Ma	iling Address & Phone		b. Coordinated Commit	tee Name	d. Comments
(include city, state					
MURPHY/W	'ALMART				
201 ZELKOV	A COURT		c. Level Registered (Spe	cify)	
NORTH WES	T, CONOVER, NC 2	8613	Federal	County:	
			State	Municipality:	e. Election Sum to Date
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	CRO-1310 Pages				\$
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(This line goes in	line 13b of Detailed Sum	nary Page CRO-1100	) if Contrib to Candidates/	Political Comm)	
(This line goes in	line 13c of Detailed Sum	nary Page CRO-1100	if Coordinated Party Exp	enditures)	
7. Purpose Cod	es (List detailed exp	enditure code in	(h.) above)		
* - Media	B* - Printing		- Fundraising	D - To Anoth	ner Candidate
E - Salaries	F* - Equipment		- Political Party		g Public Office Expenses
- Postage	J - Penalties	K*	- Office Expenses		on to Legal Expense Fund
)* - Other					ResCP 070