

Disclosure Report Cover


Amendment

Yes

☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information																																								
a. Full Name GENIEY YANG FOR COUNTY COMMISSIONER			c. ID Number 82-4510087																																					
b. Mailing Address (include City, State and Zip Code) P.O. BOX 24 CLAREMONT, NC 28610			d. Date Filed 04/30/2018																																					
			e. Phone Number 412 330 9403																																					
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 02/21/2018	4. Period End Date (mm/dd/yy) 04/21/2018	5. Treasurer Full Name TIMOTHY PEOPLES																																					
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																						
<input checked="" type="checkbox"/> Candidate Campaign Party <input type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Expenditure Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td>Organizational</td> <td>Organizational</td> <td>Organizational</td> </tr> <tr> <td>Thirty-five day</td> <td><input checked="" type="checkbox"/> Quarterly</td> <td>Pre-referendum</td> </tr> <tr> <td>Pre-primary</td> <td><input checked="" type="checkbox"/> First</td> <td>Final</td> </tr> <tr> <td>Pre-election</td> <td>Second</td> <td>Supplemental Final</td> </tr> <tr> <td>Pre-runoff</td> <td>Third</td> <td>Annual</td> </tr> <tr> <td>Semi-annual</td> <td>Fourth</td> <td>Special</td> </tr> <tr> <td>Mid Year</td> <td>Semi-annual</td> <td></td> </tr> <tr> <td>Year End</td> <td>Mid Year</td> <td></td> </tr> <tr> <td>Final</td> <td>Year End</td> <td></td> </tr> <tr> <td>Special</td> <td>Final</td> <td></td> </tr> <tr> <td></td> <td>Special</td> <td></td> </tr> </table>			Municipal	State/County	Referendum	Organizational	Organizational	Organizational	Thirty-five day	<input checked="" type="checkbox"/> Quarterly	Pre-referendum	Pre-primary	<input checked="" type="checkbox"/> First	Final	Pre-election	Second	Supplemental Final	Pre-runoff	Third	Annual	Semi-annual	Fourth	Special	Mid Year	Semi-annual		Year End	Mid Year		Final	Year End		Special	Final			Special	
Municipal	State/County	Referendum																																						
Organizational	Organizational	Organizational																																						
Thirty-five day	<input checked="" type="checkbox"/> Quarterly	Pre-referendum																																						
Pre-primary	<input checked="" type="checkbox"/> First	Final																																						
Pre-election	Second	Supplemental Final																																						
Pre-runoff	Third	Annual																																						
Semi-annual	Fourth	Special																																						
Mid Year	Semi-annual																																							
Year End	Mid Year																																							
Final	Year End																																							
Special	Final																																							
	Special																																							
7. Type of Fund (if applicable, check one) "Booster Fund" Building Fund Other:		10. Special Report Name																																						
8. Number of Fundraisers this Report 2																																								
11. Account Information		11. Account Information																																						
a. Financial Institution Full Name BB&T		a. Financial Institution Full Name																																						
b. Purpose CHECKING ACCOUNT FOR CAMPAIGN FUNDS	c. Account Code GY18	b. Purpose	c. Account Code																																					
	d. Period Begin Balance \$ 0		d. Period Begin Balance \$																																					
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.																																								
TIMOTHY PEOPLES Printed Name of Signer		 Signature of Appointed Treasurer		4/30/18 Date																																				
FOR OFFICE USE ONLY																																								
Date Received:	Employee:	Delivery Method																																						
Date Postmarked:	Employee:	Normal Mail																																						
Date Scanned:	Employee:	Registered Mail																																						
Date Data Entered:	Employee:	Hand Delivered																																						
By		Electronically Filed																																						
		Signer has not received mandatory training																																						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.																																								
You must amend the Statement of Organization (CRO-2100A-F) to make committee changes.																																								

Detailed Summary

Amendment

Yes No

Use 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		3. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER		2018 FIRST QUARTER REPORT		82-4510087	
Start of Election Cycle: January 1,		2018		Total this	Total this
				Reporting Period	Election Cycle
4) Cash on Hand at Start				\$ 0	\$ 0
RECEIPTS					
5)	Aggregated Contributions from Individuals	<i>(CRO-1205)</i>	\$ 711.00	\$ 711.00	
6)	Contributions from Individuals	<i>(CRO-1210)</i>	\$ 2021.62	\$ 2123.62	
7)	Contributions from Political Party Committees	<i>(CRO-1220)</i>	\$ 400.00	\$ 400.00	
8)	Contributions from Other Political Committees	<i>(CRO-1230)</i>	\$	\$	
9)	Loan Proceeds	<i>(CRO-1410)</i>	\$	\$	
10)	Refunds/Reimbursements To the Committee	<i>(CRO-1240)</i>	\$	\$	
11)	Other Receipt Sources				
11a)	Interest on Bank Accounts	<i>(CRO-1250)</i>	\$	\$	
11b)	Contributions from Not-for-Profit Organizations	<i>(CRO-1250)</i>	\$	\$	
11c)	Outside Sources of Income	<i>(CRO-1250)</i>	\$	\$	
11d)	Legal Expense Fund – Other Sources	<i>(CRO-1270)</i>	\$	\$	
11 e)	Exempt Purchase Price Sales	<i>(CRO-1265)</i>	\$	\$	
12)	TOTAL RECEIPTS <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>		\$ 3132.62	\$ 3234.62	
EXPENDITURES					
13)	Disbursements				
13a)	Operating Expenditures	<i>(CRO-1310)</i>	\$ 562.43	\$ 664.43	
13b)	Contributions to Candidates/Political Committees	<i>(CRO-1310)</i>	\$	\$	
13c)	Coordinated Party Expenditures	<i>(CRO-1310)</i>	\$	\$	
14)	Aggregated Non-Media Expenditures	<i>(CRO-1315)</i>	\$	\$	
15)	Loan Repayments	<i>(CRO-1420)</i>	\$	\$	
16)	Refunds/Reimbursements From the Committee	<i>(CRO-1320)</i>	\$	\$	
17)	In-Kind Contributions	<i>(CRO-1510)</i>	\$	\$	
18)	TOTAL EXPENDITURES <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>		\$ 562.43	\$ 664.43	
19)	Cash on Hand at End <i>(Add lines 4 and 12 together, then subtract line 18)</i>		\$ 2570.19	\$ 2570.19	
ADDITIONAL INFORMATION					
20)	Non-Monetary Gifts Given to Other Committees	<i>(CRO-1330)</i>	\$		
21)	Outstanding Loans (incl. ones from other campaigns)	<i>(CRO-1430)</i>	\$		
22)	Debts and Obligations owed By the Committee	<i>(CRO-1610)</i>	\$		
23)	Debts and Obligations owed To the Committee	<i>(CRO-1620)</i>	\$		
24)	Account Transfers Within the Committee	<i>(CRO-1720)</i>	\$		
25)	Administrative Support	<i>(CRO-1710)</i>	\$	\$	
26)	Forgiven Loans	<i>(CRO-1440)</i>	\$	\$	
27)	48-Hour Notice Reports Sum	<i>(CRO-2220)</i>	\$	\$	
28)	Contributions to be Refunded	<i>(CRO-1215)</i>	\$	\$	

Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
Add		CREDIT CARD		03/16/2018	\$ 10.00	
Remove						
Add		CREDIT CARD		03/21/2018	\$ 50.00	
Remove						
Add		CREDIT CARD		03/23/2018	\$ 25.00	
Remove						
Add		CREDIT CARD		03/26/2018	\$ 25.00	
Remove						
Add		CREDIT CARD		03/27/2018	\$ 50.00	
Remove						
Add		CASH		03/27/2018	\$ 50.00	
Remove						
Add		CREDIT CARD		03/28/2018	\$ 50.00	
Remove						
Add		CREDIT CARD		03/29/2018	\$ 25.00	
Remove						
Add		CASH		04/01/2018	\$ 50.00	
Remove						
Add		CHECK		04/03/2018	\$ 50.00	
Remove						
Add		CREDIT CARD		04/04/2018	\$ 36.00	
Remove						
Add		CASH		04/04/2018	\$ 50.00	
Remove						
Add		CASH		04/05/2018	\$ 50.00	
Remove						
Add		CASH		04/09/2018	\$ 50.00	
Remove						
Add		CASH		04/11/2018	\$ 50.00	
Remove						
Add		CASH		04/11/2018	\$ 20.00	
Remove						
Add		CREDIT		04/12/2018	\$ 25.00	
Remove						
Add		CREDIT		04/12/2018	\$ 5.00	
Remove						
Add		CREDIT		04/19/2018	\$ 15.00	
Remove						
Add		CREDIT		04/20/2018	\$ 25.00	
Remove						
Add					\$	
Remove						
Add					\$	
Remove						
4. Total only this Page					\$ 711.00	
5. Total of ALL CRO-1205 Pages					\$ 711.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 1 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CAYLON LIKELY 4215 AURELIA ST MOBILE, AL 36609			PARK RANGER			
			c. Employer's Name/Specific Field			
			NPS			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	CREDIT		03/20/2018	\$ 100.00	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KELLY TRAVISON 720 45 TH AVE N SAINT PETERSBURG FL 33703			PROGRAM COORDINATOR			
			c. Employer's Name/Specific Field			
			VERTICAL VENTURES			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	CREDIT		03/21/2018	\$ 100.00	
					\$	
					\$	
3. Contributor Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
STEVEN YANG 2357 JAY CLARK ROAD MORGANTON, NC 28655			IT ADMIN			
			c. Employer's Name/Specific Field			
			FULENWIDER ENTERPRISES			
					e. Election Sum to Date	
					\$ 100	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
	1	CREDIT		03/21/2018	\$ 100.00	
					\$	
					\$	
4. Total only this Page					\$ 300	
5. Total of ALL CRO-1210 Pages					\$ 2021.62	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

Pg 2 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information	Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
LEE VANG 721 WESTOVER HILLS DR CARY, NC 27513	SOCIAL WORKER	
	c. Employer's Name/Specific Field	
	BEACON HEALTH OPTIONS4737	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		03/23/2018	\$ 100.00
					\$
					\$

3. Contributor Information	Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHARLOTTE WILLIAMS 4320 3 RD STREET NORTHWEST HICKORY, NC 28601	PROFESSOR	
	c. Employer's Name/Specific Field	
	LENOIR-RHYNE UNIVERSITY	
		e. Election Sum to Date
		\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		03/26/2018	\$ 250.00
					\$
					\$

3. Contributor Information	Add	Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
CHEENOU YANG 6 FIELDING CT DURHAM, NC 27703	INSURANCE AGENT	
	c. Employer's Name/Specific Field	
	SELF	
		e. Election Sum to Date
		\$ 120.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		03/29/2018	\$ 120.00
					\$
					\$

4. Total only this Page	\$ 470.00
-------------------------	-----------

5. Total of ALL CRO-1210 Pages	\$ 2021.62
(This line must be on line 6 of Detailed Summary Page CRO-1100)	

Contributions from Individuals

Pg 3 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER				82-4510087	
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
GLENN SKAWSKI 150 TOWN SQUARE CIRCLE, APT MOORESVILLE, NC 28117		GEOLOGIST			
		c. Employer's Name/Specific Field			
		RPS			
				e. Election Sum to Date	
				\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		04/03/2018	\$ 250.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LENG VANG 6992 HILDEBRAN MTN AVE CONNELLY SPRINGS, NC 28612		GENERAL MANAGER			
		c. Employer's Name/Specific Field			
		THE HMONG LANGUAGE SOLUTION LLC			
				e. Election Sum to Date	
				\$ 305.62	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT	RALLY SPONSOR	04/07/2018	\$ 305.62
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
DARCIA CRESS 1557 VICTORIAN HILLS CIRCLE CONOVER, NC 28613		NOT EMPLOYED			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 196.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT	MERCHANDISE	03/05/2018	\$ 121.00
	GY18	CHECK		04/05/2018	\$ 75.00
					\$
4. Total only this Page					\$ 751.62
5. Total of ALL CRO-1210 Pages					\$ 2021.62
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 4 of 5 Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER				82-4510087	
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BRAD BEGGS 700 JONATHAN AVENUE KNOXVILLE, TN 37920		EDUCATION			
		c. Employer's Name/Specific Field			
		UNIVERSITY OF TN KNOXVILLE			
				e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		04/10/2018	\$ 200.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RUTH LONG 4207 HEMINGWAY DR HICKORY, NC 28601		UNEMPLOYED			
		c. Employer's Name/Specific Field			
		N/A			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		04/11/2018	\$ 100.00
					\$
					\$
3. Contributor Information Add Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LYNN DORFMAN 102 20 TH AVE NW HICKORY, NC 28601		RETIRED FEDERAL GOVERNMENT EMP			
		c. Employer's Name/Specific Field			
		N/A			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CASH		04/12/2018	\$ 100.00
					\$
					\$
4. Total only this Page					\$ 400.00
5. Total of ALL CRO-1210 Pages					\$ 2021.62
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 5 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER				82-4510087	
3. Contributor Information					
		Add		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ZOOVZ YANG 1057 ROMA AVE SAINT PAUL, MN 55113		RETAILER			
		c. Employer's Name/Specific Field			
		SELF			
				e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Credit		04/16/2018	\$ 100.00
					\$
					\$
3. Contributor Information					
		Add		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					\$
3. Contributor Information					
		Add		Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
					\$
					\$
					\$
4. Total only this Page					\$ 100.00
5. Total of ALL CRO-1210 Pages					\$ 2421.62
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)				2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER				82-4510087	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
CATAWBA COUNTY WOMEN'S DEMOCRATIC PARTY 1612 TATE BLVD SE HICKORY NC, 28602					
				c. Election Sum to Date	
				\$ 400.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
1	CHECK		04/03/2018	\$ 400.00	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information				Add Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 400.00	
5. Total of ALL CRO-1220 Pages				\$ 400.00	
(This line must be on line 7 of Detailed Summary Page CRO-1100)					

Disbursements

Pg 1 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number		
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087		
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information							
Add			Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
Wix.com							
			c. Level Registered (Specify)				
			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	A	02/13/2018	\$84.00	Campaign		
					Website		
				\$			
4. Payee Information							
Add			Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
Claremont Post Office 3327 E Main St Claremont, Nc 28610-8699							
			c. Level Registered (Specify)				
			Federal County:				
			State Municipality:				
					e. Election Sum to Date		
					\$ 33.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
GY18	Debit Card	O	02/13/2018	\$33.00	P.O.Box for		
					6 MONTHS PAID		
				\$			
4. Payee Information							
Add			Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
JAY JAY TROPHIES AND AWA 610 8 TH ST NE HICKORY NC, 28601							
			c. Level Registered (Specify)				
			Federal 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	B	02/14/2018	\$13.91	NAME TAG		
				\$			
5. Total only this Page					\$ 130.91		
6. Total of ALL CRO-1310 Pages					\$ 562.43		
(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	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* - Other							
* Codes require detailed explanation in required remarks field (k)							

Disbursements

Pg 2 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures						
4. Payee Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
STAPLES.COM						
			Federal County:			
			State Municipality:			
					e. Election Sum to Date	
					\$ 233.12	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	DEBIT CARD	B	02/21/2018	\$64.99	BUSINESS CARDS	
GY18	DEBIT CARD	B	04/19/2018	\$168.13	PALM CARDS	
4. Payee Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
JAY JAY TROPHIES AND AWA 610 8TH ST NE HICKORY NC, 28601						
			Federal 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	B	03/12/2018	\$13.91	NAME TAG	
				\$		
4. Payee Information Add Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA COUNTY LIBRARY 2944 S HWY 127 HICKORY NC, 28602						
			Federal County:			
			State Municipality:			
					e. Election Sum to Date	
					\$ 10.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	DEBIT	B	03/29/2018	\$10.00	FLYERS	
				\$		
5. Total only this Page					\$ 257.03	
6. Total of ALL CRO-1310 Pages					\$ 562.43	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Page 3 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
OFFICE DEPOT 1858 CATAWBA VALLEY BLVD HICKORY, NC 28602						
			c. Level Registered (Specify)			
			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	B	03/30/2018	\$57.78	FLYERS	
GY18	DEBIT CARD	B	04/10/2018	\$23.89	FLYERS	
					PAPERS PRINTED	
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FAMILY DOLLAR 1209 16 TH ST NE HICKORY NC, 28601						
			c. Level Registered (Specify)			
			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	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VISTAPRINT						
			c. Level Registered (Specify)			
			Federal County:			
			State Municipality:			
					e. Election Sum to Date	
					\$ 34.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	DEBIT	B	04/04/2018	\$34.05	VERTICAL BANNERS	
				\$		
5. Total only this Page					\$ 127.79	
6. Total of ALL CRO-1310 Pages					\$ 562.43	
(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
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 4

of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
CATAWBA COUNTY LIBRARY 2944 S HWY 127 HICKORY, NC 28602			c. Level Registered (Specify)		e. Election Sum to Date \$ 19.00	
			Federal County:			
			State Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	DEBIT CARD	B	04/06/2018	\$19.00	FLYERS	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ACT BLUE			c. Level Registered (Specify)		e. Election Sum to Date \$ 15.09	
			Federal County:			
			State Municipality:			
f. 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	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MURPHY / WALMART 201 ZELKOVA COURT NORTH WEST, CONOVER, NC 28613			c. Level Registered (Specify)		e. Election Sum to Date \$ 12.61	
			Federal County:			
			State Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	Debit Card	O	04/16/2018	\$12.61	GAS	
				\$		
5. Total only this Page					\$ 46.70	
6. Total of ALL CRO-1310 Pages					\$ 562.43	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising		D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party		H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Pg 5 of 5

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
GENIEY YANG FOR COUNTY COMMISSIONER					82-4510087	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
MURPHY / WALMART 201 ZELKOVA COURT NORTH WEST, CONOVER, NC 28613			c. Level Registered (Specify)		e. Election Sum to Date \$ 12.61	
			Federal County:			
			State Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
GY18	DEBIT CARD	O	04/16/2018	\$12.61	GAS	
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$	
			Federal County:			
			State Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
4. Payee Information						
Add			Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$	
			Federal County:			
			State Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						
					\$ 12.61	
6. Total of ALL CRO-1310 Pages						
					\$	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						