Disclosure Re	-								Yes No
		port and committee	nformat	ion, must be	signed	and sub	mitted along with c	ther c	letailed forms.
Do not use this form									
1. Committee Infor	rmatioi								
a. Full Name	TZ 1 T	11						С.	ID Number
Committee to Elect	Kyle J	. Hayman							
b. Mailing Address (inc	lude City	, State and Zip Code)						d.	Date Filed
P.O. Box 432								9	27/19 3/20/19
Conover, NC 28613	3								INCOM
								е. ;	Phone Number
									828-466-1306
2. Report Year	3. Per	iod Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer Ful	l Nan	1e
2019		7/1/19		9/2	24/19		Kyle J. Hayman		
6. Type of Commit	tee (Ch	eck One)	9. Typ	e of Report	(0	heck on	ly one type of repor	tfron	one category)
Candidate Camp	aign [	Party	Municip	pal		State/Co	ounty	Re	ferendum
PAC		Referendum	4	Organizational			Organizational		Organizational
Independent Expenditure		Joint Fundraiser	N KJ	Mairty-five day	/		Quarterly		Pre-referendum
Legal Expense F	und			V 1					
7. Type of Fund	(if app	licable, check one)		Pre-primary			First		Final Final
"Booster Fund"				Pre-election			Second		Supplemental Final
Building Fund				Pre-runoff		H	Third		Annual
				Semi-annual Mid Year		Ш,	Fourth Semi-annual		Special
Other:				Year End			Mid Year	10	. Special Report Name
			lH	Final			Year End	10	. Special Acport Name
8. Number of Fund	raisers	this Report		Special		∏ F	Final		
	None						Special		
11. Account Inform				1.3	11. A	count I	nformation		
a. Financial Institution	Full Nam	e			a. Fina	ncial Insti	itution Full Name		
Peoples Bank									
b. Purpose		c. Account Code			b. Purp	ose		c	. Account Code
Campaign		187	75				GENT KIN	10	
		d. Period Begin Balance	:			III SI	EP <b>27</b> 2019	d	. Period Begin Balance
		\$ 0.00			J J J Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z				3
CERTIFICATION						Ву			
I certify that the Con	nmittee	or Fund is in compli	ance wit	h all applica	ble pro	visions c	of Article 22A, 22B	, & 22	2D-22M of Chapter 163 of
								. I fur	ther certify that this report
is complete, true and	T 11		trained	by the NCS	tate Bo	1 / /	Otto management contribution		9/27/19
Nyle -		d Name of Signer		- 1)	0	// / 1-	lysan		49/11/
FOR OFFICE USE C		rd Name of Signer		/ 31	gnature	и Арропи	reasurer		Date
	er angel			P1				Deliv	very Method
Date Received: Employee:								Normal Mail	
Date Postmarke	d:			Employee:					Registered Mail
Tovalevally								$\mathbb{H}$	Hand Delivered
Date Scanned:				Employee:				H	Electronically Filed Signer has not received
									mandatory training
Date Data Enter	ed:			Employee:					

Amendment

**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-E) to make committee changes.

## **Detailed Summary**

Use this form to summarize all disclosure and active forms as	44-4-4-1	e :	Yes No
Use this form to summarize all disclosure reporting forms an  1. Committee Full Name (and Fund if applicable)	3. ID Number		
Committee to Elect Kyle J. Hayman	2. Type of Report 35-Day		J. ID INIMOCI
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1209.20	\$ 1209.20
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
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 Organization	ns <i>(CRO-1250)</i>	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	11d and 11e)	\$ 1209.20	\$ 1209.20
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1048.60	\$ 1048.60
13b) Contributions to Candidates/Political Committee	ees (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)	\$ 109.20	\$ 109.20
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 1157.80	\$ 1157.80
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 51.40	\$ 51.40
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)	\$	\$

Amendment

Use this	form to report ind	lividual contributions of	ver \$5	0 or contribu	utions un	der \$50 if form Cl	RO 1205 is:	not used		
Use this form to report individual contributions over \$50 or contributions under \$50 if form CR  1. Committee Full Name (and Fund if applicable)								2. ID Number		
Commit	tee to Elect Kyle J	. Hayman								
3. Conti	ributor Informati	on		Add [	Re	emove		IN THE		
a. Full Name, Mailing Address & Phone				b. Job Title/Profession			d. Comments			
	(include city, state, & zip)				Claims M	anager				
Kyle J. I	_									
P.O. Box 432 Conover, NC 28613					pecific Field					
Conover	, NC 28613			NC Farm						
				Insurance	Compar	ıy	e. Election	Sum to Date		
							\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-R	Kind Descripti	on	j. Date (mm/dd/y	ууу)	k. Amoun	t	
	1875	Draft				08/05/2	2019	\$	1,100.00	
								\$		
								\$		
	ibutor Informatio			Add .	Re	move	80.12 1	Harris III		
	ne, Mailing Address	& Phone		b. Job Title/	Profession		d. Commer	ıts		
	city, state, & zip)			School Co	ounselor		Business	cards		
Tammy I	•									
P.O. Box				c. Employer's Name/Specific Field Newton-Conover High School						
Conover,	NC 28613									
							e. Election Sum to Date			
							\$	109.20		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	n	j. Date (mm/dd/yy	уу)	k. Amount		
	ABONE (J.	Wedlet King	Busi	ness cards		08/03/2	019	\$	32.19	
	48981 KJ	Besset Kind	Busin	ness cards		09/21/2	2019	\$	77.01	
								\$		
	butor Informatio			Add		nove				
	ie, Mailing Address & city, state, & zip)	k Phone		b. Job Title/I	Profession		d. Commen	ts		
(merauc)	city, state, or zip,									
				c. Employer'	s Name/Sp	ecific Field				
							e. Election S	Sum to Date		
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	n.	j. Date (mm/dd/yy	yy)	k. Amount		
								\$		
								\$		
								\$		
4. Total	only this Page				n Iwa		\$		1,209.20	
5. Total	of ALL CRO-	1210 Pages	JEW,							
4.		etailed Summary Page CR	0-1100)				\$		1,209.20	

**Contributions from Individuals** 

Amendment

							1	·····	
Disbursem	ents			Pg	. (	ľ	Amendment Yes	No No	
		from the commit	tee for; operating expe		contributions to	candida		No No	
_committees and	coordinated party e	xpenditures.	ore real, epocations only	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Variatata	to, pontious		
1. Committee	2. ID Number								
	Elect Kyle J. Hayma								
3. Type of Dist			CRO-1310 forms for e		e <sup>materia</sup>				
Operating		Contributions to Ca	mdidates/Political Committe	ees		oordinated	Party Expenditures	3	
4. Payee Inform			Add b. Coordinated Commi	tter N	Remove	110			
(include city, state	ling Address & Phone		b. Coordinated Commi	ttee IN	ате	a. Con	nments		
Sign Factory D									
1202 Industrial			c. Level Registered (Sp	ecify)					
Wilkesboro, N	C 28697		Federal	Π	County:				
			State	$\boxtimes$	Municipality:	e. Elec	tion Sum to Date		
							0.40.60		
					·	\$ 1,	,048.60		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	7)	j. Amount		uired Remarks		
1875	Check	О	08/05/2019		\$1,048.60	Camp	aign signs		
					\$				
4. Payee Inform	nation		Add	П	Remove	STATE !			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Commit	ttee Na		d. Com	ments		
(include city, state,	& zip)								
			c. Level Registered (Spe						
			Federal	닏	County:				
			State	Ц_	Municipality:	e. Election Sum to Date			
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	)	j. Amount	k. Regr	uired Remarks		
					\$				
					Ф				
					\$				
4. Payee Inform	nation		Add		Remove				
a. Full Name, Maili	ng Address & Phone		b. Coordinated Commit	tee Na		d. Com	ments		
(include city, state,	& zip)								
			c. Level Registered (Spe	cify)					
			Federal		County:	771			
			State	Ш	Municipality:	e. Electi	ion Sum to Date		
						\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		j. Amount	k. Regu	iired Remarks		
						1			
					\$				
					\$				
5 Total only the	is Dogo						1.040.60		
5. Total only the						\$	1,048.60		
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						1			
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$	1,048.60		
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expe						
	es (List detailed exp								
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund			D - To Anoth				
E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses					H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund				
01 01		51110			Z - Dullatio	" to nega	whense Land	1	

I - Postage O\* - Other

\* Codes require detailed explanation in required remarks field (k)

				Amen	dment		
In-Kind Contributions	Pg	of	(		Yes	X	No
Igo this form to report non-monotony contributions, denotions		 4 - 41		C	1		

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 Kyle J. Hayman						
3. Contributor Information	Add	Remove		Spring.		
a. Full Name, Mailing Address & Phone		b. Type o	f Contributor	c. Con	nments	
(include city, state, & zip)		☐ I	ndividual			
Tammy Hayman			andidate			
P.O. Box 432			arty			
Conover, NC 28613			AC			
		h-nort	eferendum	d. Ele	ction Sum to Date	
			ther Receipt Source	\$	109.20	
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
Business cards			08/03/2019	9	\$ 32.19	
Business cards			09/21/201	9	\$ 77.01	
					\$	
3. Contributor Information	Add	Remove		E LA		
a. Full Name, Mailing Address & Phone		b. Type o	f Contributor	c. Con	nments	
(include city, state, & zip)		Ir	dividual			
			andidate			
		_	arty			
			AC			
		tread	eferendum	d. Elec	ction Sum to Date	
			ther Receipt Source	\$		
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
					\$	
					\$	
					\$	
3. Contributor Information	Add	Remove				
a. Full Name, Mailing Address & Phone			Contributor	c. Com	nments	
(include city, state, & zip)		In	dividual			
		<u></u>	andidate			
			arty			
			AC			
			eferendum	d. Elec	tion Sum to Date	
			ther Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
					\$	
					\$	
					\$	
4. Total only this Page		Like to a like	Large all the same	\$	109.20	
5. Total of ALL CRO-1510 Pages			The Letter State of			
(This line must be on line 17 of Detailed Summ	gen Page CPO.1100)			\$	109.20	