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 Infor	mation						
a. Full Name					c. ID Number		
Committee to Elect	Kyle J. Hayman						
	1.6% 6% 177 6 13						
	ude City, State and Zip Code)				d. Date Filed		
P.O. Box 432 Conover, NC 28613					10/23/2019		
Collovel, NC 28013					e. Phone Number		
					828-466-1306		
2. Report Year	3. Period Start Date (mm/d	4. Period l	End Date	5. Treasurer Full N	Jama		
2. Report 1 car	5. I et lou Stal t Date (mind	(mm/dd/yy)	* * * * * * * * * * * * * * * * * * *		Name		
2019	9/25/19	10/	21/19	Kyle J. Hayman			
6. Type of Committe	ee (Check One)	9. Type of Report	(check on	ly one type of report f	rom one category)		
Candidate Campa	ign Party	Municipal	State/C	County	Referendum		
PAC	Referendum	Organizational		Organizational	Organizational		
Independent Expenditure	Joint Fundraiser	Thirty-five day	. .	Quarterly	Pre-referendum		
Legal Expense Fu	and						
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual		Fourth	Special		
		Mid Year		Semi-annual			
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Funda	raisers this Report	Special		Final			
	None			Special			
11. Account Inform	ation		11. Account	Information			
a. Financial Institution F	'ull Name		a. Financial Inst	itution Full Name			
Peoples Bank							
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
Campaign	187	5					
	d. Period Begin Balance				d. Period Begin Balance		
	u. reriou begin baiance				u. reriod begin baiance		
	\$ 51.40				\$		
CERTIFICATION							
I certify that the Com	mittee or Fund is in compli	ance with all applica	ble provisions	of Article 22A, 22B, &	& 22D-22M of Chapter 163 of		
					further vertify that this report		
is complete/true and	corregt and that I have been	trained by the NCS	tate Board of	Elections.	(0)		
Dyle V	J. Hayman		l (1.)	Tuyman	10/23/2019		
	Printed Name of Signer	/ S/	gnature of Appoin	ted Tolasurer	Date		
FOR OFFICE USE O	NLY						
Date Received:	DEDE	Employee:		<u>D</u>	elivery Method		
Normal Mail Registered Mail							
Date Postmarked	l:	Employee:	7		Hand Delivered		
	Flectronically Filed						
Date Scanned:		Employee:	-		Signer has not received		
Date Data Entere	ed: By	Employee:			mandatory training		
Please Note: This	s form cannot be used to am	end committee infor	mation such as	the committee address	s, 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 SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

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			VŁ	Amei	ndment		/
Pg	1	of		网	Yes	A	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 11. Committee Full Name (and Fund if applicable) 2. ID Number 8 Committee to Elect Kyle J. Hayman X Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Sales Letters David Lee Harris P.O. Box 43 c. Employer's Name/Specific Field Conover, NC 28613 Precision Cushion, Inc. 828-302-0435 Conover, NC 28613 e. Election Sum to Date 250.00 k. Amount f. Prior i. In-Kind Description g. Account Code h. Form of Payment j. Date (mm/dd/yyyy) П In kind 10/21/2019 \$ Letters 250.00 П \$ \$ 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Owner Popcorn to hand out at Cornelia Allman National Night Out P.O. Box 835 c. Employer's Name/Specific Field Conover, NC 28613 A-Jewels 828-461-6565 Conover, NC 28613 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 In kind 10/01/2019 \$ 100.00 Popcorn \$ \$ 3. Contributor Information Add' Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) 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 \$ 350.00 5. Total of ALL CRO-1210 Pages

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

350.00

\$

In.	Kind	Co	ntrib	utions
111-		1 (

			Amendment	
Pg	1	of	1 Yes Yes	No

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 a	ipplicable)			2. ID	Number Number
Committee to Elect Kyle J. Hayman					
3. Contributor Information	Add	Remove			
a. Full Name, Mailing Address & Phone	J Auu		Contributor	c. Cor	mments
(include city, state, & zip)			ividual	VI 00.	micho
David Lee Harris			didate		
P.O. Box 43		Part	ty		
Conover, NC 28613		PAC	*		
828-302-0435		Ref	erendum	d. Ele	ection Sum to Date
		Oth	er Receipt Source	\$	250.00
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Letters			10/21/2019		\$ 250.00
					\$
		2 10 10 10 10			\$
3. Contributor Information	Add 🔲	Remove			
a. Full Name, Mailing Address & Phone		b. Type of (c. Con	mments
(include city, state, & zip)		→ =	vidual		
Cornelia Allman			didate		
P.O. Box 835		Part			
Conover, NC 28613		PAC			
828-461-6565			erendum	d. Election Sum to Date	
	111	Uth	er Receipt Source	\$	100.00
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
Popcorn to hand out at National Night O	ıt		10/01/2019)	\$ 100.00
					\$
					\$
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. Election Sum to Date	
			er Receipt Source	\$	5000 Data to 2 110
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
			,	*/	\$
					\$
					\$
4. Total only this Page		9 2 1 1 2		\$	350.00
5. Total of ALL CRO-1510 Pages					
(This line must be on line 17 of Detailed Summa	ry Page CRO-1100)			\$	350.00