Disclosure Re	eport	Cover						Amen	dment Yes
Use this form for ge	eneral r	eport and committee	informat	tion, must be	signed	and sub	mitted along with o	other de	etailed forms.
Do not use this form									
1. Committee Info	rmatio	n						-	
a. Full Name Committee to Elect	Duan d	- D11			_			c. II	D Number
Committee to Elect	Brena	a Powell							
b. Mailing Address (inc	lude Cit	y, State and Zip Code)						d. D	Pate Filed
159 8th Ave SW COnover, NC 2861	3								10/7/2019
								e. P	hone Number
									828-308-4175
2. Report Year	3. Per	riod Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Ful	l Nam	e
2019		7/1/2019		9/28/2019 Alfreda W Powe			11		
6. Type of Commit	tee (Ch	neck One)	9. Tvr	e of Report	(c	heck on	ly one type of repor	rt from	one category)
Candidate Camp		Party	Munici		,	State/C			erendum
PAC	Ī	Referendum		Organizationa	l		Organizational		Organizational
Independent Expenditure		Joint Fundraiser	\boxtimes	Thirty-five day	y	(Quarterly		Pre-referendum
Legal Expense F 7. Type of Fund		olicable, check one)		Pre-primary		П	First		Final
"Booster Fund"	15 22	,,	lĦ	Pre-election		Ħ	Second	۱Ħ	Supplemental Final
Building Fund			lH	Pre-runoff		Ħ	Third	١Ħ	Annual
				Semi-annual		Ħ	Fourth	ΙĦ	Special
				Mid Year	r		Semi-annual		•
Other:				Year End	ı		Mid Year	10.	Special Report Name
				Final			Year End		
8. Number of Fund	raisers	this Report		Special		I I	Final		
	0						Special		
11. Account Inform	ation						nformation		
a. Financial Institution	Full Nan	ne			a. Finai	ncial Insti	itution Full Name		
BB&T									
b. Purpose		c. Account Code			b. Purp	ose		С.	Account Code
Campaign Finance		01							
		d. Period Begin Balance						d.	Period Begin Balance
		\$ 1261.00						\$	
CERTIFICATION									
I certify that the Cor	nmittee	or Fund is in compli	ance wit	th all applica	ble prov	visions o	of Article 22A, 22B	, & 22	D-22M of Chapter 163 of
									her certify that this report
		t and that I have been	trained	by the NC	tate Ho	ard of E	lecylons.		
_Alfreda Po					NH	ywi		10/7/2	2019
		ed Name of Signer		Si	ignature o	f Appoint	ed Treasurer		Date
FOR OFFICE USE O	DNLY							Dalia	ery Method
Date Received:		MEGE] W [Employee:					Normal Mail
Date Postmarke	đ:	- In net	7 2019	Employee:					Registered Mail Hand Delivered
Date Scanned:		Ш		Employee:					Electronically Filed Signer has not received
Date Data Enter	ed:	Ву		Employee:				_	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.

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 N	umber
THE COMMITTEE TO ELECT BRENDA POWELL	2019 MID YEAR SEMI ANNUAL				
Start of Election Cycle: January 1,	2019		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	1261.00	\$	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	520.50	\$	1381.50
6) Contributions from Individuals	(CRO-1210)	\$	2856.21	\$	3256.21
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			Bando all co		
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	
11b) Contributions from Not-for-Profit Organiza	tions (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,	llc, lld and lle)	\$	3376.71	\$	4637.71
EXPENDITURES		il.			
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	1663.06	\$	1663.06
13b) Contributions to Candidates/Political Comm	nittees (CRO-1310)	\$	0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
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)	\$	886.21	\$	886.21
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,		\$	2549.27	\$	2549.27
19) Cash on Hand at End (Add lines 4 and 12 together, then so		\$	2088.44	\$	2088.44
ADDITIONAL INFORMATION		de la			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
Outstanding Loans (incl. ones from other campai	gns) <i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$		818	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$		5.50	
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)	\$		\$	

Aggregated Contributions from Individuals

Page

<u>1</u> of <u>1</u>

Ame	ndment	
\boxtimes	Yes	No

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

	Committee Full N					2. ID	Number
CC	OMMITTEE TO E	LECT BRENI	OA POWELL				
3. 0	Contributor Infor	mation					
a. A	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy)	yy)	f. Amount
믐	Add Remove	01	CASH		07/04/2		\$ 40.00
F	Add Remove	01	CASH		07/04/2	2019	\$ 25.00
Ħ	Add Remove	01	CASH		07/04/2	019	\$ 20.00
불	Add	01	CASH		07/04/2	019	\$ 20.00
\exists	Remove Add	01	CASH		07/04/2		
H	Remove Add						
Ħ	Remove	01	CASH		07/06/2	019	\$ 20.00
\exists	Add Remove	01	CASH		07/21/2	019	\$ 25.00
\exists	Add Remove	01	CHECK		07/24/2	019	\$ 25.00
믐	Add Remove	01	CHECK		07/25/2	019	\$ 50.00
A	Add Remove	01	CASH		08/01/2	019	\$ 20.00
Ħ	Add	01	CASH		08/03/2	019	\$ 5.00
불	Remove Add	01	CHECK		09/11/2		\$ 50.00
	Remove Add	01	CASH				
	Remove Add				09/20/20		\$ 20.00
Ā	Remove Add	01	CASH		08/03/20	019	\$ 20.00
	Remove	01	CASH		08/03/20	019	\$ 10.00
	Add Remove	01	CASH		08/04/20	019	\$ 5.00
믐	Add Remove	01	CASH		08/04/20	019	\$ 50.00
믐	Add Remove	01	CASH		08/04/20	019	\$ 10.00
R	Add Remove	01	CHECK		08/26/20)19	\$ 25.00
Ħ	Add	01	CASH		09/10/20)19	\$ 20.00
불	Remove Add	- 01	PAYPAL		07/01/20		\$.50
님	Remove Add						
☐ 4 T	Remove otal only this	Dago	CASH		09/13/20		\$ 40.00
						\$	520.50
	otal of ALL C		ages nmary Page CRO-1100)			\$	520.50

Contributions from Individuals

		in individuals		۸ 	Pg			Yes	No
		ividual contributions ((and Fund if applica)		or contribu	tions una	er \$50 ii form Cr	2. ID Nu		
		BRENDA POWELI					## HED 1140	*****	
				4 13 F	7 n.				
100000000000000000000000000000000000000	ibutor Informations, Mailing Address			Add b. Job Title/	-	nove	d. Commer	nts	
	city, state, & zip)	2 1010		DOCTOR			di Comme		
	N RANKIN HLEY GREEN C'	TNW		c. Employer ROWAN		ecific Field	-		
	RD, NC 28027	1 1444		ROWIN	CLITTIC		e. Election Sum to Date		
							\$	94.73	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	L Kind Description	n	j. Date (mm/dd/y	ууу)	k. Amount	
		IN-KIND	FOO	DD FOR MT	/GRT	08/03/2	019	\$	94.73
								\$	
$\overline{}$								\$	
3. Contr	ibutor Informatio	on		Add [7 Ren	nove			
	ne, Mailing Address			b. Job Title/	11000000		d. Commen	its	
(include	city, state, & zip)			RETIRED)				
TOTA NEA 3	WII CON			c. Employer'	la Nama/En	anifia Field	+		
	DIANA WILSON 036 FYE DRIVE			NC EDUC		echic Field			
	N, NC 28658						e. Election	Sum to Date	
							\$	70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descriptio	n	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK				09/12/2	019	\$	70.00
								\$	
								\$	
3. Contr	ibutor Informatio	on 1		Add [] Ren	nove			
	ne, Mailing Address d	& Phone		b. Job Title/I			d. Commen	ts	
(include	city, state, & zip)			RETIRED)				
JOANN I	M TYSON			c. Employer'	s Name/Sp	ecific Field			
	T LANE			GREAT V	VEST FIN	NANCIAL			
WILLIN	GBORO, NJ 0806	54					e. Election S	Sum to Date	
		·r	_				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	n	j. Date (mm/dd/yy		k. Amount	
	01	CHECK	-			07/08/2	019	\$	100.00
								\$	
4 5750							1	\$	
	only this Page						\$		264.73
	of ALL CRO	•	ma ***				\$		2856.21
(Ints une	e must be on line o of i	Detailed Summary Page C	KU-1100)					

Amendment

		m Individuals	over \$50	or contr	ibutior	Pg is unde	of er \$50 if form CR	O 1205 is no	Amendment Yes of used	☐ No
1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nun	nber	
COMMI	TTEE TO ELECT	BRENDA POWELL								
3. Contr	ibutor Informatio	on		Add		Ren	nove			
l .	ne, Mailing Address	& Phone		b. Job Ti				d. Comment	ts	
(include	city, state, & zip)			TRUC	K DK	VER				
ALBERT	Γ KENNEDY			c. Emplo	yer's N	ame/Sp	ecific Field			
	RRETT FARM RI)		UNK						
NEWTO	N, NC 28658							e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK		07/14/2019 \$				\$	100.00	
									\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Comment	S	
(include	city, state, & zip)			RETIR	ED					
CHARLI	ES BOCK			c. Emplo	yer's Na	me/Sp	ecific Field			
	ERWALK RD	^		NEW-0	CON (CITY S	SCHOOLS			
STONY	POINT, NC 2867	8						e. Election S	um to Date	
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK					08/03/2	019	\$	150.00
									\$	
									\$	
	butor Informatio			Add		Rem	nove			
	ne, Mailing Address &	Phone		b. Job Tit				d. Comment	5	
(include	city, state, & zip)			TECH	NICIA	N				
ALFRIK	A WILLIAMS			c. Employ	yer's Na	me/Spe	ecific Field			
	NW AVE UNIT	64		COMM	ISCOF	Έ				
HICKOR	Y, NC 28601							e. Election St	ım to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	
	01	CASH					08/03/20	019	\$	50.00

CRO-1210 NC State Board of Elections April 2007

08/10/2019

\$

\$

\$

\$

50.00

350.00

2856.21

01

4. Total only this Page

5. Total of ALL CRO-1210 Pages

CASH

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

					Amei	ıdment	
Contributions from Individuals	Pg	_3	of	7_	\boxtimes	Yes	No
Use this form to report individual contributions over \$50 or contributions	s under	\$50 if for	m CRO	1205 is n	ot used		

1. Committee Full Name (and Fund if applicable)								2. ID Number			
COMMI	TTEE TO ELECT	T BRENDA POWELI	_								
3. Contr	ibutor Informati	on		Add		Rem	ove				
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Comme	nts		
(include	city, state, & zip)			RETIF	RED						
ED 43777					1 37	//	100 TH 13				
	IE MATTHEWS AVENUE PL NE			NC ST		ıme/Spe	cific Field	_			
	ER, NC 28613			NC 31	AIL			e. Election	Sum to Date		
	,							•	250.00		
								\$	350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount		
	01	CHECK		08/11/20			019	\$	300.00		
	01	CASH		08/11/20			019	\$	50.00		
									\$		
3. Contr	ibutor Informati	on		Add		Rem	ove	11/2			
a. Fuli Nar	ne, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Comments			
(include	city, state, & zip)			CONS	TRUC'	ΓΙΟΝ					
BOB MATTHEWS 210 1 ST AVENUE S							cific Field				
CONOVER, NC 28613			OWNE		CON	STRUCTION	e Election	Sum to Date			
CONOV	EIG, 110 20015			OWINE	J1C						
								\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	01	CHECK					08/23/20	019	\$	250.00	
									\$		
									\$		
3. Contri	butor Informatio	on .		Add		Rem	ove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	tle/Profe	ession		d. Commen	ts		
(include	city, state, & zip)			OWNE							
DOCED	CITTIE			OPER.		40					
ROGER PO BOX				c. Emplo			entic Field				
	ER, NC 28613			ZIVILO	7 1 1 1.71			e. Election S	Sum to Date		
	,							¢	300.00		
f. Prior	g. Account Code	h. Form of Payment	i In-Ki	ind Descri	ntion		j. Date (mm/dd/yyy	\$	k. Amount		
			1, 111 10	ina Descrip	puon					200.00	
	01	CHECK					08/23/20	719	\$	300.00	
									\$		
									\$		
4. Total	only this Pag	9						\$		900.00	
	of ALL CRO	-1210 Pages	DO 1100			ĬĦ		\$		2856.21	

Contributions from Individuals Pg 4 of 7 Amendment Yes Incomplete Solid form CRO 1205 is not used.

OSC UIIS	torin to report mu	avidual continuutions	OVEL DO	o or com	Iounon	2 min	1 \$50 II IOIIII CIV	.0 1203 13 1	iot uscu	
1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber	
COMMI	TTEE TO ELECT	Γ BRENDA POWELI	_							
3. Contr	ibutor Informati	on		Add		Rem	iove			
a. Full Na	me, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Comme	nts	
(include	city, state, & zip)			RETIF	RED					
MADNI	DIIII I IDG			a Emple		16				
	PHILLIPS STWAY DRIVE			PRYS!			cific Field	-		
	N, NC 28658			IKIS	IVIZII	JROU	ı	e. Election	Sum to Date	
	,							\$	100.00	
4 P 1		1, 7	1							
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	iption		j. Date (mm/dd/yy		k. Amount	
Ш	01	CHECK					08/30/2	019	\$	100.00
									\$	
									\$	
3. Contr	ibutor Informati	on		Add		Rem	ove	MILL H		
a. Full Nar	me, Mailing Address	& Phone		b. Job Ti	itle/Prof	ession		d. Commer	nts	1
(include	city, state, & zip)			LOCA	L GOV	/T				
WILL ID	VDIC ID			-	1 87	10	100 771 11	-		
	KING, JR E CLINE CRT NV	3.7		GAST			cific Field	1		
	ER, NC 28613	w		GAST	ON CC	UNI	<u> </u>	e Election	Sum to Date	
CONOV	ER, NC 20013									
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK					09/03/2	019	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	tle/Profe	ession		d. Commen	its	
(include	city, state, & zip)			PRESI	DENT					
JOE DIL	I ADIN			a Employ	varie No	ma/Sna	cific Field			
PO BOX							TY CHAPTER			
	ER, NC 28613			1136 V				e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	01	CASH					09/11/20	019	\$	50.00
	01	CASH					09/18/2	019	\$	50.00
									\$	
4. Total	only this Pag	e line in the line						\$	All	300.00
	of ALL CRO		no 1100					\$		2856.21
(I his une	musi be on line o of	Detailed Summary Page C	KU-1100	,						

										1	
Contr	ibutions fro	m Individuals					_		_	Amendmen Yes	_
			¢£()	4:	Pg	5	of			
		ividual contributions		or contri	outions	under	550 II IOF	m CR	7		
1. Comn	nttee Full Name	(and Fund if applica	ble)						2. ID Nun	nber	
COMMI	TTEE TO ELECT	BRENDA POWELI	ı								
3. Contr	ibutor Informati	on		Add		Remo	/e				
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession d. Comments							
(include	city, state, & zip)			WRITE	R						
	MITCHELL			c. Employ			ic Field				
	379 7 TH STREET NW				SELF-EMPLOYED						
HICKOR	HICKORY, NC 28601								e. Election S	um to Date	
									\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion	j	. Date (mn	ı/dd/yy	уу)	k. Amount	
	01	PAYPAL					07	7/01/20	019	\$	100.00
										\$	
										\$	
3. Contri	ibutor Informatio	on		Add		Remov	e				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Titl	e/Profe	ssion			d. Comment	8	
(include	city, state, & zip)			RETIRE	ED						
FRANKI	FRANKIE MATTHEWS			c. Employer's Name/Specific Field							
$612~2^{ND}$ A	12 2 ND AVENUE PL NE			NC STATE							
CONOVI	ER, NC 28613								e. Election S	um to Date	

	01	CASH			08/25/	2019	\$	50.00
	01	CASH			09/11/	2019	\$	50.00
3. Contri	ibutor Informatio	n		Add Remove		The Same		
a. Full Nan	ne, Mailing Address &	Phone	****	b. Job Title/Profession		d. Comme	ents	
(include	city, state, & zip)			CMA				
CHRIS P	CHRIS POWELL		c. Employer's Name/Specific Field					

i. In-Kind Description

				\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
		IN-KIND	FOOD FOR MT/GRT	08/03/2019	\$	55.00
					\$	

SOUTHERN SURGICAL ASSO

4. Total only this Page	· ·	305.00
	Ψ	303.00
5. Total of ALL CRO-1210 Pages		2856.21
(This line must be on line 6 of Detailed Summary Page CRO-1100)	φ	2630.21

f. Prior

g. Account Code

01

1366 SPEIGHT DRIVE

GREENVILLE, NC 27834

h. Form of Payment

CASH

\$

e. Election Sum to Date

j. Date (mm/dd/yyyy)

08/18/2019

150.00

k. Amount

50.00

Contra	ibutions fue	Tu dividuala					Amendmen	_
		n Individuals	0.50	Pg	6 of	7	∑ Yes	∐ No
-				or contributions unde	er \$50 if form CR			
1. Comm	ittee Fun Name (and Fund if applica	bie)			2. ID Nun	ober	
COMMI	TTEE TO ELECT	BRENDA POWELL	1					
3. Contri	ibutor Informatio	on		Add Ren	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
(include	city, state, & zip)			PHYSICIAN				
TEDDA C	ACTURE V			7 1 1 1 1	10 TI 11	-		
JERRY P	OWELL ESTERFIELD PL			c. Employer's Name/Spo NOVANT HEALT				
	OWN, NC 27282			NOVANT HEALT	Н	e. Election S	um to Data	
JAMEST	OWIN, INC 27282							
						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND	FOC	D FOR MT/GRT	08/03/2	019	\$	300.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	nove			
a. Full Nam	ie, Mailing Address &	è Phone		b. Job Title/Profession		d. Comments	ş	
(include	city, state, & zip)			ADMINISTRATO	?			
	A FREELAND			c. Employer's Name/Spe	ecific Field			
1607 RUNNING DEER CC			CORNER TABLE					
CONOVER, NC 28613					e. Election St	um to Date		
						\$	59.59	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		INI-KINID	FOO	D FOR MT/GRT	08/03/20	010	•	50 50

					\$	226.89	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy)	/y)	k. Amount	
		IN-KIND	T-SHIRTS FOR CM	06/08/20	19	\$	226.89
						\$	
						\$	
4. Total	only this Page	e			\$		586.48
	of ALL CRO	-1210 Pages	PDO 1100)		\$		2856.21

Add

b. Job Title/Profession

BSC MANAGER

WELLS FARGO

c. Employer's Name/Specific Field

Remove

3. Contributor Information

(include city, state, & zip)

TERRENCE POWELL

HUNTERSVILLE, NC

14805 DUNBETH DRIVE

a. Full Name, Mailing Address & Phone

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

\$

\$

d. Comments

e. Election Sum to Date

		m Individuals ividual contributions	over \$50	Pg or contributions und		O 1205 is no	Amendment Yes ot used	☐ No
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Number		
COMMI	TTEE TO ELECT	BRENDA POWELI	,					
3. Centr	ibutor Informati	on		Add Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			RETIRED				
DATRIC	IA IOIDIGON			- 70 - 1 - 1 N - 10	*** TO \$ 1	-		
	IA JOHNSON ISTRANO DRIV	C		c. Employer's Name/Sp FEDEX	pecific rieid	-		
	I SALEM, NC 27			FEDEX		e. Election S	Sum to Date	
***************************************	, 51122111, 110 27	105						
						\$	120.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND	FOC	D FOR MT/GRT	08/03/2	019	\$	120.00
							\$	
						= = = = = = = = = = = = = = = = = = = =	\$	
3. Contri	buter Information	on		Add Re	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession	d. Comments			
(include	city, state, & zip)			RETIRED				
				OWNER/OPERAT				
	A POWELL AVENUE SW			c. Employer's Name/Sp	-			
	ER, NC 28613			ECKERD DRUGS J&B VENDING	•	e. Election Sum to Date		
CONOVI	LK, NC 20015			J&D VENDING		e. Election Sum to Date		
						\$	5.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND	FILI	NG FEE	07/05/20	019	\$	5.00
						\$		
							\$	
3. Contri	butor Informatio	en e		Add Ren	nove		THE JOS	
a. Full Nam	e, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)			RETIRED				
BRENDA POWELL				OWNER/OPERAT				
DDENIE A	DOMETI			c. Employer's Name/Sp				

25.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount IN-KIND **REG FOR PARADE** 07/19/2019 \$ 25.00 \$ \$ 4. Total only this Page \$ 150.00 5. Total of ALL CRO-1210 Pages

J&B VENDING

CRO-1210

CONOVER, NC 28613

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

2856.21

e. Election Sum to Date

\$

Disbursements

Pg <u>1</u>

of <u>5</u>

Amendment

Yes

N

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

	ull Name (and Fun				2. ID Number		
	TO ELECT BREND						
3. Type of Disb		se use separate C	RO-1310 forms for each i	type of Disburser	nent.)		
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures							
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state,	& zip)						
SIGNAZON.CO	OM		c. Level Registered (Specify)				
4000 East Planc	Suite A		Federal	County:			
Plano, TX 750'	74		State	Municipality:	e. Election Sum to Date		
					\$ 296.68		
f. Account Code	g Form of Poursant	h. Purpose Code	1. D. (())				
1. Account Code	g. Form of Payment	n. 1 di post Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CARD	В	07/02/2019	\$296.68	BUSINESS CARDS		
					DOOR HANGERS		
				\$			
4. Payee Inform	nation		Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
BUILDASIGN.			c. Level Registered (Specify)				
11525A Stoneh	ollow Dr, Ste 100		Federal	County:			
Austin, TX 787	758		State	Municipality:	e. Election Sum to Date		
					\$ 451.01		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CARD	A	07/05/2019	\$451.01	ADVERTISEMENTS SIGNS		
				\$	520115		
4. Payee Inform	ation		Add	Remove			
-	ng Address & Phone		b. Coordinated Committee N		d. Comments		
(include city, state,	•		Di Coot dinated Committee 14	unic	d. Comments		
(include city, state)	W 21p)						
STICKERMUL	E		c. Level Registered (Specify)		1		
336 Forest Aver			Federal	County:			
Amsterdam, NY			State	Municipality:	e. Election Sum to Date		
,							
					\$ 175.48		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CARD	Α	07/12/2019	\$175.48	BUTTONS FOR		
					ADVERTISEMENTS		
				\$			
5. Total only thi		Carlow Market	Employ Control of the Control	Territoria.	\$ 923.17		
	CRO-1310 Pages						
		-	0 if Operating Expenses)		\$ 1663.06		
			if Contrib to Candidates/Politic	,	1000.00		
) if Coordinated Party Expenditu	ures)			
	es (List detailed ex			IF.			
A* - Media	B* - Printing	C* - Fund			ner Candidate		
E - Salaries I - Postage	F* - Equipment J - Penalties				g Public Office Expenses		
O* - Other	J - F CHAILIES	K" - UIII	ce Expenses	Q^ - Donati	on to Legal Expense Fund		
the state of the s	e detailed explanati	on in required re	emarks field (k)	as leaving as to			
		4	(-7				

TOLI				Amendment	
Disbursements	Pg	2	of 5		No
Use this form to report expenditures from the committee for; operating ex	penses,	contr	ibutions to cand	lidate/political	

committees and coordinated party expenditures.							
	ull Name (and Fun				2. ID Number		
	COMMITTEE TO ELECT BRENDA POWELL						
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
Operating E		Contributions to Ca	ndidates/Political Committees	Co	ordinated Party Expenditures		
4. Payee Inform	ation		Add	Remove	When the state of		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
			1				
TARGET			c. Level Registered (Specify)		1		
1910 Catawba V	/allev Blvd SE		Federal	County:	+		
Hickory, NC 28	•		State	Municipality:	e. Election Sum to Date		
,,,,,,,	3002			winnerparity.	e. Election Sum to Date		
					\$ 42.76		
f. Account Code	g. Form of Payment	h. Purpose Code	: Data (man/Hd/man)	1	1.0 1.10		
i. Account Code	g. For air of Tayment	m r ur post cout	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CARD	K	08/07/2019	\$42.76	THANK YOU		
					CARDS		
				\$			
4. Payee Inform		是《音音》	Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
SAM'S CLUB			c. Level Registered (Specify)				
2435 US Hwy 7	0 SE		Federal	County:			
Hickory, NC 28	3602		State	Municipality:	e, Election Sum to Date		
				1 3			
					\$ 52.93		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
0.1	CARD	Tr	0.0.10.0.10.0.1.0		WATER, SUPPLIES		
01	CARD	K	08/20/2019	\$52.93	FOR MEETING		
			Ē.				
				\$			
4. Payee Inform	ation	· 是看天主动。	Add	Remove			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,	& zip)						
BUILDASIGN.	COM		c. Level Registered (Specify)		1		
11525A Stoneho	ollow Dr, Ste 100		Federal	County:			
Austin, TX 787			State	Municipality:	e. Election Sum to Date		
,,					301.80		
					\$ 301.80		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				J. Pinoune	SIGNS FOR ADV		
01	CARD	Α	09/17/2019	\$301.80	SIGNS FOR ADV		
				\$			
5. Total only thi	s Page	A ROTTE BOOK			\$ 397.49		
	CRO-1310 Pages				\$ 371.47		
		marv Page CRO-110	0 if Operating Expenses)				
			0 if Contrib to Candidates/Politic	al Comm)	\$ 1663.06		
			o if Contrib to Canadates/Foutic O if Coordinated Party Expenditu				
	es (List detailed exp			i coj	THE RESERVE OF THE PARTY OF THE		
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				2 201111101			
* Codes require detailed explanation in required remarks field (k)							

Disbursements		Pg	<u>3</u>	of <u>5</u>	
Use this form to report expenditures from the commit	tee for; operating ex	kpenses,	contribut	ions to car	ndidate/political
committees and coordinated party expenditures.					
1. Committee Full Name (and Fund if applicable)		THE PART			2. ID Number
COMMITTEE TO ELECT BRENDA POWELL					
3. Type of Disbursement (Please use separate (CRO-1310 forms fo	r each t	vpe of Dis	bursemen	nt.)
	andidates/Political Comm				dinated Party Expenditures
4. Payee Information	Add		Remove		
a. Full Name, Mailing Address & Phone	b. Coordinated Com	mittee N	ame		d. Comments
(include city, state, & zip)					
WALMART	c. Level Registered (Specify)			
201 Zelkova Ct NW	Federal		County:		

COMMITTEE TO ELECT BRENDA POWELL						
3. Type of Disb			CRO-1310 forms for each		ursement.)	
Operating Expenses Contributions to Candidates/Political Committees					Coordinated Party Expenditures	
4. Payee Inform			Add	Remove		
a. Full Name, Mailing Address & Phone			b. Coordinated Committee Name		d. Comments	
(include city, state,	& zip)					
WALNARD						
WALMART	2.117.1		c. Level Registered (Spec			
201 Zelkova Ct			Federal _	County:		
Hickory, NC 2	3613		State	Municipality	y: e. Election Sum to Date	
					\$ 18.26	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CARD	С	09/12/2019	\$18.26	FOOD FOR MEET	
01	CARD		09/12/2019	\$10.20	AND GREET	
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee		d. Comments	
(include city, state,	-					
	E CENTERS, LLC		c. Level Registered (Speci	ify)		
1550 21st Street	Dr SE		Federal	County:		
Hickory, NC 28	3602		State	Municipality	y: e. Election Sum to Date	
					\$ 58.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CARD	F	00/21/2010	\$50.60	SUPPLIES TO PUT	
O1	CARD	Г	09/21/2019	\$58.68	UP BANNER	
				\$		
4. Payee Inform	ation		Add	Remove		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Name		d. Comments	
(include city, state,	& zip)					
AMAZON.COM	Л		c. Level Registered (Speci	fy)		
PO Box 81226			Federal	County:		
Seattle, WA 98	108-1226		State	Municipality	y: e. Election Sum to Date	
					\$ 37.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CARD	A	08/13/2019	\$37.99	BACK PACK BAG FOR ADVERTISING	
	_				TORADVERTISING	
				\$	E	
5. Total only thi	is Page				\$ 114.93	
6. Total of ALL	CRO-1310 Pages		F ROW OF SERVICE		**************************************	
			0 if Operating Expenses)		\$ 1663.06	
			0 if Contrib to Candidates/Po		\$ 1003.00	
			0 if Coordinated Party Exper	iditures)		
	es (List detailed ex			17 1 1 1		
A* - Media E - Salaries	B* - Printing	C* - Fund			Another Candidate	
I - Postage	F* - Equipment J - Penalties		cal Party		olding Public Office Expenses	
O* - Other	o - 1 charties	K - OIII	te Expenses	Q" - D0	onation to Legal Expense Fund	
	e detailed explanati	on in required re	emarks field (k)			

					Amendment
Disbursements	Pg	4	of	5	⊠ Yes □ No
Use this form to report expenditures from the committee form an autiliar			4.	_	1.1 / 1.2 1

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

	ull Name (and Fun				2. ID Number
	TO ELECT BREND	A POWELL			
3. Type of Disb			CRO-1310 forms for each t	ype of Disbursen	nent.)
Operating E		Contributions to Car	ndidates/Political Committees	Co	pordinated Party Expenditures
4. Payee Inform			Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
CORNER TAB			c. Level Registered (Specify)		
122 North Main			Federal	County:	
Newton, NC 28	3658		State	Municipality:	e. Election Sum to Date
					\$ 50.00
0.1 (0.1	- an	h Duamara Cada			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT	A	09/05/2019	\$50.00	BACK PACK
					REGISTRATION
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	_		b. Coordinated Committee 14	3 HI C	u. Comments
(include city, state,	St Zip)		-		
SHELETHA HO	OWZE		c. Level Registered (Specify)		-
CHARLOTTE,			Federal	County:	-
· · · · · · · · · · · · · · · · · · ·	110 20201		State	Municipality:	e. Election Sum to Date
				manorpanty.	
					\$ 63.96
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	DEBIT	A	09/10/2019	\$63.96	T-SHIRTS
**			03/10/2013	Ψ05.70	
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	•		Di Cool amatea Committee 14	inc	u. Comments
(include city, state,	Sc Zip)				
UNITED STAT	ES POSTAL SERV	ICE	c. Level Registered (Specify)		1
	MENT AVE SW, ST		Federal	County:	
HICKORY, NC		2,,,	State	Municipality:	e. Election Sum to Date
					\$ 110.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
0.1	CARD		00/07/0010	0110.00	POSTAGE STAMPS
01	CARD	1	08/07/2019	\$110.00	
				6	
				\$	
5. Total only thi		Leave of the	A STATE OF THE STA		\$ 223.96
	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 1663.06
			0 if Contrib to Candidates/Politic		1003.00
			0 if Coordinated Party Expenditu	res)	
	es (List detailed ex			ates. Service	
A* - Media E - Salaries	B* - Printing	C* - Fund		D - To Anoth	
I - Postage	F* - Equipment J - Penalties		cai Party ce Expenses		g Public Office Expenses on to Legal Expense Fund
O* - Other	o i onamos	ax - Offic	ee Anpenses	A - Dollatif	n to negai expense rund
* Codes require	e detailed explanati	on in required re	emarks field (k)	Developed To be To	

To 1					Amendment
Disbursements	Pσ	5	of	5	X Yes N
Use this form to report arms diturns for all the second to	- 5	<u>~</u>	01	=	

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 BRENDA POWELL								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures								
4. Payee Information			Add	Remove				
a. Full Name, Mailing Address & Phone		b. Coordinated Committee N	ame	d. Comments				
(include city, state,	& zip)							
TERRENCE POWELL			c. Level Registered (Specify)					
14805 DUNBE	TH DRIVE		Federal	County:	1			
HUNTERSVILLE, NC 28078		State	Municipality:	e. Election Sum to Date				
					\$.31			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	DAVDAY				FEES			
	PAYPAL		07/01/2019	\$.31				
				\$				
4. Payee Inform	ation		Add	Remove	Mark Report of the Park Control of the Park			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N		d. Comments			
(include city, state,	-							
			1					
LAMAR MITC	HELL		c. Level Registered (Specify)					
379 7 TH STREE			Federal	County:				
HICKORY, NC 28601		State	Municipality:	e. Election Sum to Date				
			wantopuity.	c. Election Sum to Date				
					\$ 3.20			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
	PAYPAL		7/01/2019	\$3.20	FEES			
	MIIAL		7/01/2019	\$3.20				
				\$				
4. Payee Information			Add	Remove				
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments			
(include city, state,	& zip)							
			c. Level Registered (Specify)					
			Federal County:					
			State	Municipality:	e. Election Sum to Date			
					\$			
					3			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
		1		\$				
				\$				
5. Total only thi	is Page	ATTERNATION CONTRACTOR		A EVOR III I	0 2.51			
	CRO-1310 Pages				\$ 3.51			
		nmary Page CRO-1100	0 if Operating Expenses)					
				al Comm	\$ 1663.06			
(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* - Fund		D - To Anoth	ou Condidata			
E - Salaries	F* - Equipment				g Public Office Expenses			
I - Postage	J - Penalties		ce Expenses		on to Legal Expense Fund			
O* - Other				2 3 3 3 3 3	to hegai haponoe I and			
* Codes require detailed explanation in required remarks field (k)								

In-Kind Contributions						Pg 1 of	3	Yes No		
Use this form to report non-monetary	contrib	outions, d	onations.	goods or				· —		
Use CRO-1215 if In-Kind Contribution	ons wer	re or will	be refunde	ed within	7 da	ys.		or raine.		
1. Committee Full Name (and Fund			Des L	Chillian Co.		EXAMELEN	2. II	Number		
COMMITTEE TO ELECT BRENDA										
3. Contributor Information		Add	E I B	Remove	•					
a. Full Name, Mailing Address & Phone					e of C	Contributor	c. Co	mments		
(include city, state, & zip)				\square		vidual				
TERRENCE POWER I					didate					
TERRENCE POWELL					Part					
14805 DUNBETH DRIVE				PAC		1.171	C C			
HUNTERSVILLE, NC 28078						erendum	d. Ele	ection Sum to Date		
					Otne	er Receipt Source	\$ 226.89			
e. Description				-i= _		f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
IN-KIND						06/07/2019	9	\$ 226.89		
T-SHIRTS FOR COMMITTEE						00/07/201		Ψ 220.07		
								\$		
								\$		
3. Contributor Information		Add		Remove						
a. Full Name, Mailing Address & Phone	homed					Contributor	c. Coi	mments		
(include city, state, & zip)				\boxtimes		vidual				
					Can	didate				
PATRICIA JOHNSON					Part	y				
229 CAPISTRANO DRIVE					PAC					
WINSTON SALEM, NC 27103						Referendum		d. Election Sum to Date		
					Othe	er Receipt Source	\$	120.00		
e. Description						f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
IN-KIND						08/03/2019	0	\$ 120.00		
FOOD FOR MEET AND GREET						08/03/2019		\$ 120.00		
								\$		
								\$		
3. Contributor Information	10 50	Add		Remove		E Part March				
a. Full Name, Mailing Address & Phone			-			Contributor	c. Co	nments		
(include city, state, & zip)					Indi	vidual				
					Can	didate				
CORWIN RANKIN					Part	У				
9688 ASHKEY GREEN CT NW					PAC					
CONCORD, NC 28027						rendum	d. Election Sum to Date			
					Othe	er Receipt Source	\$	94.73		
e. Description				-		f. Date (mm/dd/yy	уу)	g. Fair Market Amount		
IN-KIND						08/03/2019		\$ 94.73		
FOOD FOR MEET AND GREET						06/03/2019		φ 24./3		
								\$		

CRO-1510

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

\$

441.62

886.21

In-Kind Contributions	In.	.Kind	Con	trihi	itions	
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					Amer	ndment	
nd Contributions	Pg	2	of	3		Yes	No
form to report non-monetary contributions, donations, of	goods or services n	rovide	to the	ommi	ttee or f	ind	

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 BRENDA POWELL						
		_				
	Remove		7.45			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		of Contributor	c. Coi	mments		
(include city, state, & zip)	-	ndividual Candidate				
CHRIS POWELL		Party				
1366 SPEIGHT DRIVE	_	PAC				
GREENVILLE, NC 27834		Referendum	d. Ele	ection Sum to Date		
	🗀 (Other Receipt Source		55.00		
			\$	55.00		
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount		
IN-KIND		08/03/2019	9	\$ 55.00		
FOOD FOR MEET AND GREET		00.00.201		4 00.00		
				\$		
				\$		
3. Contributor Information Add	Remove		11-7-11			
a. Full Name, Mailing Address & Phone		of Contributor	c. Cor	nments		
(include city, state, & zip)		ndividual				
JERRY POWELL		Candidate				
4611 CHESTERFIELD PL		Party PAC				
JAMESTOWN, NC 27282		Referendum	d. Election Sum to Date			
		Other Receipt Source				
		,ui =	\$	300.00		
e. Description	f. Date (mm/dd/yy	yy)	g. Fair Market Amount			
IN-KIND FOOD FOR MEET AND GREET	08/03/2019		9 \$ 300.00			
				\$		
				\$		
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone	b. Type of Contributor		c. Comments			
(include city, state, & zip)	-	ndividual				
AMANDA FREELAND		Candidate				
1607 RUNNING DEER		arty PAC				
CONOVER, NC 28613		Referendum	d. Election Sum to Date			
- · · · · · · · · · · · · · · · · · · ·		Other Receipt Source	\$ 59.59			
e. Description	1	f. Date (mm/dd/yy	vv)	g. Fair Market Amount		
IN-KIND						
FOOD FOR MEET AND GREET	08/03/2019)	\$ 59.59			
				\$		
				\$		
4. Total only this Page	MIE VI		\$	414.59		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	886.21		

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or servi		e com	mittee or fund.	
1. Committee Full Name (and Fund if applicable)	WILLIAM F GG	y 6.	2. II	Number	
COMMITTEE TO ELECT BRENDA POWELL		Port of the Control o		Tidinot	
3. Contributor Information Add	Remove		HILL		
a. Full Name, Mailing Address & Phone	b. Type of C	Contributor	c. Co	mments	
(include city, state, & zip)	Indi	vidual			
	Can	didate			
BRENDA POWELL	Part	y			
159 8 TH AVENUE SW	PAC)			
CONOVER, NC 28613	Refe	erendum	d. Election Sum to Date		
	Othe	er Receipt Source	\$ 5.00		
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
IN-KIND		07/05/2019	3	\$ 5.00	
FILING FEE		07/03/2013	,	\$ 5.00	
				\$	
				\$	
	Remove				
a. Full Name, Mailing Address & Phone	b. Type of C		c. Cor	mments	
(include city, state, & zip)	Indi	vidual			
		didate			
BRENDA POWELL	Part	•			
159 8 TH AVENUE SW	PAC				
CONOVER, NC 28613		erendum	d. Ele	ection Sum to Date	
	Cthe Other	er Receipt Source	\$	25.00	
e. Description	1	f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
IN-KIND		07/19/2019)	\$ 25.00	
REGISTRATION FOR PARADE					
				\$	
				\$	
	Remove			PHE NEW TO BE STORY	
a. Full Name, Mailing Address & Phone	b. Type of C		c. Cor	mments	
(include city, state, & zip)	1 =	vidual			
		didate			
	Part				
	PAC				
		erendum	d. Ele	ection Sum to Date	
		er Receipt Source	\$		
e. Description		f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page			\$	30.00	

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

In-Kind Contributions

\$

886.21

Amendment