Use this form to general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information L. Committee Information L. Commi	Disclosure Re							Amend	Yes 🕅 No
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CONOVER, NC 28613 C. Penor Number 828-308-4175 2. Report Year 3. Period Start Date (mm/dd/y) 4. Period End Date (mm/dd/y) C. S. Treasurer Full Name 97/24/2019 C. Penor Number 828-308-4175 3. Period Start Date (mm/dd/y) C. Penor Number 828-308-4175 4. Period End Date (mm/dd/y) C. Penor Number 828-308-4175 5. Treasurer Full Name 97/24/2019 C. Penor Number 828-308-4175 C. Penor Number 828-308-4175 S. Treasurer Full Name Referendum Organizational Organi	b. Mailing Address (incl	ude City, State and Zip Code)						d. D	ate Filed
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You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information. 2. Type of Report Owf 1. Committee Full Name (and Fund if applicable) 3. ID Number THE COMMITTEE TO ELECT BRENDA POWELL 2019 MID YEAR - 35 Day SEMI-ANNUAL Total this Total this Start of Election Cycle: January 1, 2019 Reporting Period **Election Cycle** Cash on Hand at Start 821.00 \$ 0.00 RECEIPTS **Aggregated Contributions from Individuals** 770.00 (CRO-1205) \$ 1341.00 **Contributions from Individuals** 2946.21 \$ (CRO-1210) 3196.21 Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds \$ (CRO-1410) Refunds/Reimbursements To the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-for-Profit Organizations \$ (CRO-1250) 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund – Other Sources (CRO-1270) \$ 11 e) Exempt Purchase Price Sales (CRO-1265) \$ **TOTAL RECEIPTS** (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) \$ 3716.21 \$ 4537.21 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 1689.58 \$ 1689.58 13b) Contributions to Candidates/Political Committees (CRO-1310) 0.00 \$ 0.00 13c) Coordinated Party Expenditures 0.00 (CRO-1310) \$ 0.00 Aggregated Non-Media Expenditures 14) \$ (CRO-1315) Loan Repayments 15) \$ (CRO-1420) 16) Refunds/Reimbursements From the Committee \$ (CRO-1320) 17) **In-Kind Contributions** \$ (CRO-1510) 856.21 \$ 856.21 18) **TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 2545.79 \$ 2545.79 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 1991.42 \$ 1991.42 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) \$ \$ Forgiven Loans 26) \$ (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>2</u>

Amendment

2 Yes

No

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

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Aggregated Contributions from Individuals

Page

2 of <u>2</u>

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No

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

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	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession OWNER		d. Comment	.S	
(19051000	elly states as may			OPERATOR				
ROGER S				c. Employer's Name/Sp	ecific Field			
PO BOX	714 ER, NC 28613			AMEGATEX		a Flastion S	1 4a Data	
COMO	2K, NC 20013					e. Election S	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy		k. Amount	
	01	CHECK		-	08/23/20		\$	300.00
							\$	
							\$	
4. Total	l only this Page	e	1235			\$		900.00
	l of ALL CRO	9-1210 Pages	PO_1100			\$		2946.21

Contr	ibutions fro	m Individuals		Pg	_4 of	7_	Yes	No
		vidual contributions		or contributions und	ler \$50 if form CR	O 1205 is n	ot used	
1. Comn	ittee Full Name	and Fund if applica	ble)			2. ID Nu	mber	
COMMI	TTEE TO ELECT	BRENDA POWELL	,					
	ibutor Informatio			Add Re	move		E RIVELII	
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	its	
(include	city, state, & zip)			RETIRED				
MARY F	PHILLIPS			c. Employer's Name/S	pecific Field			
	STWAY DRIVE			PRYSMAN GROU	JP			
NEWTO	N, NC 28658					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK			08/30/2	019	\$	100.00
			Y				\$	
							\$	
3. Contr.	ibutor Informatio	on .		Add Re	move		Manager 1	TE TE YE
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	its	*-
(include	city, state, & zip)			LOCAL GOVT				
WILLIE	KING, JR			c. Employer's Name/Sp	pecific Field			
	E CLINE CRT NV	V		GASTON COUNT				
CONOV	ER, NC 28613					e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CHECK			09/03/2	019	\$	100.00
							\$	
							\$	
	ibutor Informatio			·	move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)			PRESIDENT				
JOE DIL	LARD			c. Employer's Name/Sp	pecific Field			
PO BOX				CATAWBA COU	NTY CHAPTER			
CONOV	ER, NC 28613			1136 VA		e. Election	Sum to Date	
	· · · · · · · · · · · · · · · · · · ·	Y		1		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	01	CASH			09/11/2	019	\$	50.00
	01	CASH			09/18/2	2019	\$	50.00
							\$	
4. Tota	l only this Pag	e				\$		300.00
5. Tota	of ALL CRO	-1210 Pages				\$		2946.21
(This lin	e must be on line 6 of	Detailed Summary Page (CRO-1100)		Ψ		47TU.41

		n Individuals vidual contributions o	ver \$5(Pg O or contributions und		.O 1205 is no	Amendment Yes ot used	No i
		and Fund if applical			A THE STREET	2. ID Nur		
COMMIT	TTEE TO ELECT	BRENDA POWELL						
	butor Informatio			Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Commen	ts	
(include	city, state, & zip)			RETIRED				
DIANA V	WILSON			c. Employer's Name/S	pecific Field			
1036 FYI				NORTH CAROL	INA			
NEWTO	N, NC 28658			EDUCATOR		e. Election S	Sum to Date	
					7	\$	70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	01	CHECK			09/12/2	019	\$	70.00
							\$	
							\$	
100000000000000000000000000000000000000	butor Informatio				emove			
	ie, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession RETIRED	1	d. Commen	ts	
(meruub)	erty, state, co zip,			RETIRED				
	E MATTHEWS			c. Employer's Name/S	pecific Field	1		
	AVENUE PL NE ER, NC 28613			NC STATE		e. Election S	Sum to Data	
CONOVI	ER, 14C 20013							
0.70			1			\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
	01	CASH			08/18/2		\$	50.00
	01	CASH			08/25/2		\$	50.00
	01	CASH			09/11/2	2019 	\$	50.00
	butor Informatio				emove			
	ne, Mailing Address & city, state, & zip)	e Pnone		b. Job Title/Profession	1	d. Commen	ts	
CHRIS PO	OWELL ZIGHT DRIVE			c. Employer's Name/S SOUTHERN SUF		-		
	ILLE, NC 27834			SOUTHERN SUP	GICAL ASSO	e. Election S	Sum to Date	
	,					\$	55.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		IN-KIND	FOC	DD FOR MT/GRT	08/03/2	019	\$	55.00
							\$	
							\$	
	only this Page		(URL)			\$		275.00
5. Total	of ALL CRO	-1210 Pages				\$		2946.21
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100			Ψ		2770.21

		m Individuals ividual contributions	over \$5	Pg O or contributions and			Amendment Yes	No No
		(and Fund if applica			The second second	2. ID Nu		
		BRENDA POWELL						
3. Contr	ibutor Informatio	on		Add Re	move	AL PROCE		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	nts	
(include	city, state, & zip)			PHYSICIAN				
IERRVI	POWELL			c. Employer's Name/Sp	panific Field	-		
	ESTERFIELD PL	,		NOVANT HEALT				
JAMEST	OWN, NC 27282	2				e. Election	Sum to Date	
						\$ 300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
		IN-KIND	FOC	DD FOR MT/GRT	08/03/2	019	\$	300.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Ren	move			86-18-8
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	4
(include	city, state, & zip)			ADMINISTRATO	PR			
AMAND	A FREELAND			c. Employer's Name/Sp	pecific Field			
	NNING DEER			CORNER TABLE				
CONOV	ER, NC 28613					e. Election S	Sum to Date	
						\$	59.59	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND			08/03/2	019	\$	59.59
							\$	
							\$	
	ibutor Informatio			Add Rer	nove	10 5 8 7		FF JE
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Commen	ts	
(пистиче	city, state, & zip)			BSC MANAGER				
TERREN	ICE POWELL			c. Employer's Name/Sp	pecific Field			
	UNBETH DRIVE			WELLS FARGO				
HUNTER	RSVILLE, NC					e. Election S	Sum to Date	
			_			\$	226.89	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
		IN-KIND	T-SI	HIRTS FOR CM	06/08/2	019	\$	226.89
							\$	
							\$	
4. Total	l only this Pag	e	10,100			\$		586.48
5. Total	of ALL CRO	-1210 Pages		\$			2046.21	
(This line	ine must be on line 6 of Detailed Summary Page CRO-1100)							2946.21

		m Individuals	over \$50	Pg O or contributions und			Amendment Yes t used	No No
		(and Fund if applica			2 10 18 1	2. ID Nun		1447
COMMI	TTEE TO ELECT	BRENDA POWELL	,					
3. Contr	ibutor Informatio	on a same		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	S	=======================================
(include	city, state, & zip)			RETIRED				
	IA JOHNSON ISTRANO DRIVI	Ē		c. Employer's Name/S	pecific Field			
	SALEM, NC 27					e. Election S	um to Date	
						\$	120.00	
0.70.1		1	7		-T			
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND	FOC	OD FOR MT/GRT	08/03/2	019	\$	120.00
							\$	
							\$	
3. Contri	ibutor Informatic	on		Add Rei	move			
	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)			DOCTOR				
CODIUM	T 70 4 3 YEFF3 Y							
	NRANKIN HLEY GREEN C'	r xiii		c. Employer's Name/Sp	pecific Field			
	RD, NC 28027	INW		ROWAN CLINIC		e. Election S	um to Data	
CONCO	KD, NC 20027					-		
						\$	94.73	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		IN-KIND	FOC	OR FOR MT/GRT	08/03/2	019	\$	94.73
							\$	
							\$	
	butor Informatio				move			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	S	
(include	city, state, & zip)			-				
				c. Employer's Name/Sp	pecific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	l only this Page	e				\$		214.73
5. Total	of ALL CRO	-1210 Pages	Per ils			Φ.		004601
		Detailed Summary Page C	RO-1100			\$		2946.21

20.1.1					Amen	dment		
Disbursements	Pg	1	of	5		Yes	\boxtimes	No
I lea this form to report arms of the form the consists of	41	,		4	. / 11.1			.,

	TO ELECT BREND	The second secon			2. ID Number
3. Type of Disb			DO 1210 forms for each	o of Diskara	
Operating E			CRO-1310 forms for each indidates/Political Committees		coordinated Party Expenditures
4. Payee Inform		Contributions to Cal	Add	Remove	coordinated Party Expenditures
	ing Address & Phone		b. Coordinated Committee N		d. Comments
	_		b. Cool dinated Committee 14	ame	d. Comments
(include city, state, SIGNAZON, CO			c. Level Registered (Specify)		
4000 East Planc			Federal	County:	
Plano, TX 7507			State	Municipality:	e. Election Sum to Date
114110, 111 700				reamorpanty.	c. Election Sum to Date
f. Account Code	T. Francisco	h. Purpose Code		1	\$ 296.68
I. Account Code	g. Form of Payment	n. rurpose 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	ation		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)		
	ollow Dr, Ste 100		Federal	County:	
Austin, TX 787	58		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
				\$	
4. Payee Inform	ation	A RESIDENCE OF	Add	Remove	
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	-				
	1.0				
STICKERMUL	E		c. Level Registered (Specify)		
336 Forest Aver	nue		Federal	County:	
Amsterdam, NY	12010		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	A	07/12/2019	\$175.48	BUTTONS FOR ADVERTISEMENTS
				\$	ADVERTISEMENTS
5 Total only thi	is Daga				6 022.17
5. Total only thi	CRO-1310 Pages				\$ 923.17
(This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 1689.58
	es (List detailed ex				
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties			H* - Holdin	her Candidate g Public Office Expenses on to Legal Expense Fund
Control of the Contro	e detailed explanati	on in required re	emarks field (k)	Total Control	

Disbursements			
Disbuisements	Pg	2	of <u>5</u>

A	mendment		
	Yes	\boxtimes	No

	'ull Name (and Fun				2. ID Number
	TO ELECT BREND				
3. Type of Disb			CRO-1310 forms for each i		
Operating E		Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
	DY DO ADD OF THE	CTTO IC			
	TY BOARD OF ELI	ECTIONS	c. Level Registered (Specify)		
PO Box 389	2670		Federal	County:	
Newton, NC 28	8658		State	Municipality:	e. Election Sum to Date
					\$ 5.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CASH	TT	07/05/2010		CAMPAIGN OFFICE
01	CASH	H	07/05/2019	\$5.00	FILING FEE
				•	
4 D T 6				\$	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		-		
DIMEGRATION					
PIN STATION			c. Level Registered (Specify)		_
525 W A Street			Federal	County:	
Newton, NC 28	8608		State	Municipality:	e. Election Sum to Date
					\$ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CASH	A	07/19/2019	\$25.00	REGISTER FOR
V1	CASII	A	07/19/2019	\$23.00	PARADE
				\$	
4. Payee Inform	etion		Add		
			b. Coordinated Committee N	Remove	A Comment
	ng Address & Phone		b. Coordinated Committee N	аше	d. Comments
(include city, state,	& zip)		-		
INITED STAT	TEC DOCTAL CEDA	TOP	T ID I (I (C I (C)		_
	ES POSTAL SERV	ICE	c. Level Registered (Specify)		
	t Ave SW, Ste 99		Federal	County:	
Hickory, NC 28	3002		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
01	CARD	I	08/07/2019	\$110.00	POSTAGE STAMPS
V.	Critico	1	00/07/2017	φ110.00	
				\$	
5. Total only th	is Page		Management		\$ 140.00
	CRO-1310 Pages	DESCRIPTION OF STREET			
	9	nmary Page CRO-110	0 if Operating Expenses)		ft 1600.50
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 1689.58
			0 if Coordinated Party Expendite	,	
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)		THE RESERVE OF THE PARTY OF THE
A* - Media	B* - Printing	C* - Fun	draising	D - To Anot	her Candidate
E - Salaries	F* - Equipment	G - Politi	cal Party	H* - Holdin	g Public Office Expenses
I - Postage	J - Penalties	K* - Offi	ce Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other	a datailed	ian in na-duri	amanla field (1)		
Codes requir	e detailed explanat	ion in required r	emarks neid (k)		

Disbursements	ī
Dispursements	

			Amo	enament		
Pg	3	of <u>5</u>		Yes	\boxtimes	N

	ull Name (and Fun				2. ID Number
	TO ELECT BREND				
3. Type of Disbu			CRO-1310 forms for each i		-94
Operating E		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
TAR CET					
TARGET			c. Level Registered (Specify)		
1910 Catawba V	•		Federal	County:	
Hickory, NC 28	3602		State	Municipality:	e. Election Sum to Date
					\$ 42.76
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	K	09/07/2010	¢42.76	THANK YOU
01	CARD	K	08/07/2019	\$42.76	CARDS
				\$	
4 D I					
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)		-		
CANGO OL LID			7 17 11 10 10		4
SAM'S CLUB	o or		c. Level Registered (Specify)		_
2435 US Hwy 7			Federal	County:	
Hickory, NC 28	3602		State	Municipality:	e. Election Sum to Date
					\$ 52.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	K	08/20/2019	\$52.02	WATER, SUPPLIES
V1	CARD	K	08/20/2019	\$52.93	FOR MEETING
				\$	
4. Payee Inform	- At		A 11		
			Add b. Coordinated Committee N	Remove	d. Comments
	ng Address & Phone		D. Cool dinated Committee IV	ame	d. Comments
(include city, state,	& zip)		-		
BUILDASIGN.	COM		a Lavel Desistaned (Cresife)		
	ollow Dr, Ste 100		c. Level Registered (Specify)	County:	-
Austin, TX 787			State	Municipality:	e. Election Sum to Date
71u3tilli, 17t 707	30		State	Municipanty.	© 301.80
					\$ 301.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	A	09/17/2019	\$301.80	SIGNS FOR ADV
				\$	
5. Total only thi	s Page			Bull per Mit	\$ 397.49
6. Total of ALL	CRO-1310 Pages				
			0 if Operating Expenses)		\$ 1689.58
	•		0 if Contrib to Candidates/Politic	,	Φ 1009.36
			0 if Coordinated Party Expenditi	ures)	
	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund			her Candidate
E - Salaries	F* - Equipment		•		g Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donati	on to Legal Expense Fund
	e detailed explanati	ion in required r	emarks field (k)		

TO 4 . W				1 Amendment	
Disbursements	Pg	<u>4</u>	of <u>5</u>	Yes	No.

	ull Name (and Fun				2. ID Number
COMMITTEE '	TO ELECT BREND	A POWELL			
3. Type of Disb	ursement (Plea	ise use separate C	CRO-1310 forms for each	type of Disbursen	ient.)
Operating E	xpenses	Contributions to Ca	ndidates/Political Committees	☐ Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
WALMART			c. Level Registered (Specify)		Ī
201 Zelkova Ct	NW		Federal	County:	
Hickory, NC 28	3613		State	Municipality:	e. Election Sum to Date
					0 1006
					\$ 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	00/12/2010	\$10.26	FOOD FOR MEET
01	CARD	C	09/12/2019	\$18.26	AND GREET
				ф	
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
	E CENTERS, LLC		c. Level Registered (Specify)		
1550 21st Street	Dr SE		Federal	County:	
Hickory, NC 28	3602		State	Municipality:	e. Election Sum to Date
					0 70 60
					\$ 58.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CARD	172	00/01/0010	Φ50. C0	SUPPLIES TO PUT
01	CARD	F	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.CON	Л		c. Level Registered (Specify)		
PO Box 81226			Federal	County:	
Seattle, WA 98	108-1226		State	Municipality:	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
				j. Amount	BACK PACK BAG
01	CARD	A	08/13/2019	\$37.99	FOR ADVERTISING
					FOR ADVERTISING
				\$	
5. Total only thi	s Page			Ma 161 11 1 2	\$ 114.93
6. Total of ALL	CRO-1310 Pages			A CONTRACTOR	
(This line goes in	line 13a of Detailed Sun	mary Page CRO-110	0 if Operating Expenses)		¢ 1600.50
			0 if Contrib to Candidates/Politi		\$ 1689.58
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coordinated Party Expendit	ures)	
	es (List detailed ex	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fund	draising	D - To Anoth	er Candidate
E - Salaries	F* - Equipment		-		Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund
O* - Other			1.0.1101		
Coues require	e detailed explanati	on in required re	emarks neid (k)	THE REAL PROPERTY.	

				Amer	dment		
Disbursements	Pg	5	of 5		Yes	\boxtimes	N
	0	_	-	8.14m	1 44		

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 b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) CORNER TABLE c. Level Registered (Specify) 122 North Main Avenue Federal County: Newton, NC 28658 State Municipality: e. Election Sum to Date 50.00 h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) g. Form of Payment j. Amount k. Required Remarks **BACK PACK** 01 **PAYPAL** Α 09/05/2019 \$50.00 REGISTRATION \$ 4. Payee Information Add Remove b. Coordinated Committee Name a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) SHELETHA HOWZE c. Level Registered (Specify) CHARLOTTE, NC 28201 Federal County: State Municipality: e. Election Sum to Date \$ 63.99 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount T-SHIRTS 01 CASH APP Α 09/10/2019 \$63.99 \$ 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date h. Purpose Code f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) k. Required Remarks j. Amount \$ \$ 5. Total only this Page \$ 113.99 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 1689.58 \$ (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)

					Ame	ndment		
In-Kind Contributions	Рσ	1	of	2		Yes	\boxtimes	No
	* 5	-	O.	=			2.22	

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 da
--

1. Committee Full Name (and Fund if applicable)			2. ID	Number
COMMITTEE TO ELECT BRENDA POWELL				
3. Contributor Information Add	Remove	ELLINE EN PULLEY	E LIBERT	
a. Full Name, Mailing Address & Phone		Contributor	c. Cor	nments
(include city, state, & zip)	-	lividual		
TERRENCE POWELL 14805 DUNBETH DRIVE HUNTERSVILLE, NC 28078	Ca Pa PA	•	d. Ele	ction Sum to Date
	Ot	her Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	уу)	g. Fair Market Amount
IN-KIND		06/07/201	n	\$ 226.89
T-SHIRTS FOR COMMITTEE		00/07/2019	9	\$ 226.89
				\$
				\$
	Remove		S Orași	
a. Full Name, Mailing Address & Phone		Contributor	c. Con	nments
(include city, state, & zip)		lividual		
D. 1999-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		ndidate		
PATRICIA JOHNSON	Pai			
229 CAPISTRANO DRIVE	PA			
WINSTON SALEM, NC 27103		ferendum	d. Ele	ction Sum to Date
	Otl	ner Receipt Source	\$	
e. Description		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
IN-KIND		08/03/2019	9	\$ 120.00
FOOD FOR MEET AND GREET		00,00,201,		TEO.
				\$
				\$
	Remove	PASSIVE DESIGNATION OF		
a. Full Name, Mailing Address & Phone		Contributor	c. Con	nments
(include city, state, & zip)	-	ividual		
CORWIN RANKIN		ndidate		
9688 ASHKEY GREEN CT NW	Pau PA			
CONCORD, NC 28027		ferendum	d Flo	ction Sum to Date
001100110,110 20021		ner Receipt Source	\$	tuon Sun to Date
e. Description	1	f. Date (mm/dd/yy)	vv)	g. Fair Market Amount
IN-KIND				
FOOD FOR MEET AND GREET		08/03/2019	•	\$ 94.73
				\$
4 75 (1) 1 11 12				\$
4. Total only this Page			\$	441.62
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	856.21

In-	Kin	d C	ontri	butions	2
111-	. 1.2.1.11	$\mathbf{u} \cdot \mathbf{v}$.,,,,,,,,		۹

Amendment 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 applicable) 2. ID Number COMMITTEE TO ELECT BRENDA POWELL 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate **CHRIS POWELL** Party 1366 SPEIGHT DRIVE PAC GREENVILLE, NC 27834 Referendum d. Election Sum to Date Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount **IN-KIND** 08/03/2019 55.00 FOOD FOR MEET AND GREET \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) X Individual Candidate JERRY POWELL Party 4611 CHESTERFIELD PL PAC JAMESTOWN, NC 27282 Referendum d. Election Sum to Date Other Receipt Source \$ e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount **IN-KIND** 08/03/2019 \$ 300.00 FOOD FOR MEET AND GREET \$ \$

3. Contributor Information	Remove	
a. Full Name, Mailing Address & Phone	b. Type of Contributor	c. Comments
(include city, state, & zip)	Individual Individual	
	Candidate	
AMANDA FREELAND	Party	
1607 RUNNING DEER	PAC	
CONOVER, NC 28613	Referendum	d. Election Sum to Date
	Other Receipt Source	•

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount	
IN-KIND FOOD FOR MEET AND GREET	08/03/2019	\$ 59.59	
		\$	
		\$	
4. Total only this Page	S S S S S S S S S S S S S S S S S S S	414.59	
5. Total of ALL CRO-1510 Pages	\$	856.21	

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