Amendment

Disclosure Report Cover

Yes

 $_{\rm X}$ 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

	not use this for	in to upc	iate information						
1. (Committee Inf	ormatio	n			FLE		======	
a. F	ull Name								c. ID Number
Con	mmittee to Elec	ct Tony V	Vood						
b. M	lailing Address (in	aclude City	y, State and Zip Code)						d. Date Filed
112	7th Avenue NI	E Hickor	y, NC 28601						8/28/2019
									e. Phone Number
									828 267-0799
2. R	Report Year	3. Perio	od Start Date (mm/dd/	уу)	4. Period 1 dd/yy)	End Da	te (mm/	5. Treasurer Full	Name
	2019		07/17/2019	08/27/2019 Michael			9	Michael Anthony V	Wood
6. T	ype of Commi	ttee (Ch	eck One)	9. Тур	e of Report	(check only one type of report			from one category)
X	Candidate Campaign Party		Party	Municipal			State/County		Referendum
	PAC Referendum		Organizational			С	rganizational	Organizational	
	Independent Joint Fundraiser		X Thirty-five day			Quarterly		Pre-referendum	
	Legal Expense l	Fund							
7. T	ype of Fund	(if appl	icable, check one)	Pre-primary			First		Final
	"Booster Fund"			P		Second		Supplemental Final	
	Building Fund			P	re-runoff		Third		Annual
				S	emi-annual			Fourth	Special
					Mid Year		Se	emi-annual	
	Other:				Year End	l		Mid Year	10. Special Report Name
				Fi	inal			Year End	
8. N	umber of Fun	draisers	this Report	Sı	pecial		Fi	nal	
		0					Sr	pecial	
11. A	Account Inform					11. Ac		iformation	
	ancial Institution		e					tution Full Name	
Bank	of America								
b. Pu	rpose		c. Account Code			b. Purp	ırpose		c. Account Code
Cam	paign Finance		51	3					

	u. Feriou Degin Daiance		d. Period Begin Balance
	that the Committee or Fund is in compliance with all applicable provisions General Statutes and that no funds are commingled with prohibited or other lete, true and correct and that I have been trained by the NC State Board of Michael Anthony Wood Printed Name of Signer Signature of Appoint Signature		\$
CERTIFICATION			
the NC General Statutes and	d that no funds are con	nmingled with prohibited or other non-discl	osed funds. I further certify that this report
Michael Anthon	y Wood	br-	08/28/2019
Print	ed Name of Signer	Signature of Appointed Treasur	er Date
FOR OFFICE USE ONLY			
Date Received:		Employee:	<u>Delivery Method</u> Normal Mail
Date Postmarked:		Employee:	Registered Mail Hand Delivered
Date Scanned:		Employee:	Electronically Filed Signer has not received
Date Data Entered:		Employee:	mandatory training
Please Note: This form	cannot be used to ame custodian	nd committee information such as the comr of books information, or account informati	nittee address, treasurer, assistant treasurer, ion.
You m	ust amend the Stateme	ent of Organization (CRO-2100A-E) to make	ke committee changes.

NC State Board of Elections

August 2008

Yes X 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
Committee to Elect Tony Wood	Thirty-Five Day		
Start of Election Cycle: January 1,	2010	Total this	Total this
Start of Election Cycle: January 1,	2019	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 100.00	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 6,501	\$ 6,613.00
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	ons <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)	\$ 6,501	\$ 6,613.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,028.36	\$ 1,028.36
13b) Contributions to Candidates/Political Commit	tees (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)	\$ 2,701.00	\$ 2,713.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 3,729.36	\$ 3,741.36
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 2,871.64	\$ 2,871.64
ADDITIONAL INFORMATION			7 1 - 011
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	(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)	\$ \$

NC State Board of Elections

August 2008

Pg

1

of

Yes X

X No

1. Com	mittee Full Nam	e (and Fund if appl	licable)		2. ID N	umber	
Comn	nittee to Elect	Tony Wood						
3. Cont	tributor Informa	tion	х	Add F	Remove			
a. Full N	ame, Mailing Addres	ss & Phone		b. Job Title/Profess	d. Comm	ents		
(includ	de city, state, & zip)			Owner/Recruite	r			
PO Bo	tel Anthony Woox 3843 ry, NC 28603	ood						
				c. Employer's Nam	e/Specific Field			
				Anthony, Paige	& Blake, Inc.			
						e. Electio	n Sum to Da	ite
						\$	2,863	3.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	l/yyyy)	k. Amo	unt
	513	Draft			7/23/	2019	\$	500.00
		In-Kind	Sign	ıs	7/25/	2019	\$	2,065.00
		In-Kind	Web	site	7/20/	2019	\$	186.00
3. Cont	ributor Informat	tion	x	Add R	emove			
a. Full Na	me, Mailing Address	s & Phone		b. Job Title/Professi	ion	d. Commo	ents	
(includ	e city, state, & zip)			Agency Mgr./Ins	urance			
Jeff Cl								
	x 1747 y, NC 28603							
	•			c. Employer's Name	/Specific Field			
				McGriff Insurance	ce Services			
						e. Election	Sum to Da	te
						\$	500.0	0
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	/уууу)	k. Amou	ınt
	513	Check			7/25/2	2019	\$	500.00
							\$	

							\$	
3. Cont	tributor Informa	tion	X	Add F	Remove	7.1.		
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Profess	ion	d. Comme	ents	
(includ	de city, state, & zip)			Owner/Realtor				
PO Bo	Greenhill ox 42 ry, NC 28603							
			c. Employer's Name					
				Classic Propertie Valley				
					e. Election Sum to Date		e	
					\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	513	Check			8/1/20)19	\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		3,351.00
	nl of ALL CR(0-1210 Pages of Detailed Summary Pag	e CRO-1	100)		\$		6,501.00

NC State Board of Elections

April 2007

Pg

2

of

6

Yes X

No

1. Com	mittee Full Nam	e (and Fund if appl	icable)		2. ID N	umber	
Comm	nittee to Elect	Tony Wood						
3. Cont	tributor Informa	tion	х	Add	Remove			
a. Full N	ame, Mailing Addres	ss & Phone		b. Job Title/Profe	b. Job Title/Profession			
(includ	le city, state, & zip)			Real Estate Ma	gt,/Dev.			
	Lail Center Street ry, NC 28601							
				c. Employer's Na	me/Specific Field			
				Rising Tide Co	onsulting Services			
						e. Electio	n Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description j. Date (j. Date (mm/dd/	уууу)	k. Amount	
	513	Check			7/25/2	2019	\$	500.00
							\$	
							\$	
3. Cont	ributor Informa	tion	X	Add	Remove			
a. Fuli Na	me, Mailing Addres	s & Phone		b. Job Title/Profe	ssion	d. Comme	ents	
(includ	e city, state, & zip)			Dentist				
Thoma	ıs Rider							
	xford Point							
Hickor	y, NC 28601							
				c. Employer's Nar	ne/Specific Field			
				Self-Employed				
						e. Election	Sum to Date	
						\$	100.00	
						yyy) k. Amount		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
f. Prior	g. Account Code 513	h. Form of Payment Check	i. In-l	Kind Description	j. Date (mm/dd/)		k. Amount	100.00

							\$	
3. Conti	ributor Informa	tion	X	Add Remove				
a. Full Na	me, Mailing Addres	s & Phone		b. Job Title/Profession d. Con			ents	
(includ	e city, state, & zip)			Retired/Sales				
	Proctor Street NW y, NC 28601							
•				c. Employer's Name				
				United Beverage				
						e. Election	Sum to Da	te
						\$	250.0	00
. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/d	d/yyyy)	yyyy) k. Amount	
	513	Check			8/21	/2019	\$	250.00
							\$	
							\$	
1. Tota	only this Pag	ge				\$		850.00
	of ALL CRC	0-1210 Pages of Detailed Summary Pag	e CRO-1	(100)		\$		6,501.00

A				
AII	iend	ım	er	ıt

Pg

3

of

6

Yes X

No

1. Con	mittee Full Nan	ne (and Fund if app	licable	e)		2. ID N	umber	
Comr	mittee to Elect	Tony Wood						
3. Con	tributor Inform	ation	х	Add R	emove			
a. Full N	lame, Mailing Addre	ss & Phone		b. Job Title/Professi	on	d. Comm	ents	
(inclu	de city, state, & zip)			Retired Sheriff				
	fart Oth Avenue NV ory, NC 28601	V						
				c. Employer's Name	/Specific Field			
				Culpepper Count	y, VA			
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	
	513	Check			8/10/	2019	\$	100.00
							\$	
							\$	
3. Cont	ributor Informa	tion	х	Add Re	emove			
a. Full Na	ame, Mailing Addres	s & Phone		b. Job Title/Profession	on	d. Comme	nts	
(includ	le city, state, & zip)			CEO				
227 5t	Richardson h Avenue NE ry, NC 28601							
				c. Employer's Name/	Specific Field			
				Integrated Care of Hickory	f Greater			
						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/	уууу)	k. Amount	
	513	Check			8/6/2	019	\$	100.00
							\$	

							\$	
3. Con	tributor Informa	tion	X	Add	Remove			
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Profes	sion	d. Comme	nts	
(inclu	de city, state, & zip)			Owner/Recruite	er			
Tony 1	Hanson							
	Center Street							
Hicko	ry, NC 28601							
				c. Employer's Nam	ne/Specific Field			
				TGH Search				
						e. Election	Sum to Da	te
						\$	100.0	00
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mn	n/dd/yyyy)	k. Amo	unt
	513	Check			8/	/5/2019	\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		300.00
	al of ALL CRO	0-1210 Pages of Detailed Summary Pag	e CRO-1	(100)		\$		6,501.00

NC State Board of Elections

April 2007

Pg

4

of 6

Yes X

No

1. Com	mittee Full Nam	e (and Fund if appl	licable)		2. ID N	umber	
Comn	nittee to Elect	Tony Wood						
3. Cont	tributor Informa	tion	x	Add R	emove			1
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Professi	on	d. Comm	ents	
(includ	le city, state, & zip)			Owner				
3947 2	lus Linney Tea 2nd Street Dr N ry, NC 28601	-						
				c. Employer's Name	/Specific Field			
				Benefit Solutions	1			
						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. Amou	nt
	513	Check			8/12/	2019	\$	200.00
							\$	
							\$	
3. Cont	ributor Informat	tion	x	Add Ro	emove	SIST		
a. Full Na	ıme, Mailing Address	s & Phone		b. Job Title/Profession	on	d. Comme	ents	
(includ	e city, state, & zip)			Investor				
	d Norwood							
	x 2101							
HICKOI	y, NC 28603							
				c. Employer's Name/	Specific Field			
				Self-Employed				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	/уууу)	k. Amoun	t
	513	Check			8/13/2	2019	\$	100.00
							\$	

								\$	
3. Cont	tributor Informa	tion	х	Add R	emove				
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Professi	on		d. Comme	ats	
(includ	(include city, state, & zip)			Retired/Sales					
863 16	Schmidt 6th Avenue Ln ry, NC 28601	NW							
				c. Employer's Name	/Specifi	c Field			
				Valdese Weavers					
							e. Election	Sum to Da	te
							\$	100.0	0
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. D	Date (mm/dd/yyyy)		k. Amount	
	513	Check				8/19/2	019	\$	100.00
								\$	
								\$	
4. Tota	al only this Pa	ge					\$		400.00
	al of ALL CR(O-1210 Pages of Detailed Summary Pag	e CRO-	1100)			\$		6,501.00

NC State Board of Elections

April 2007

Pg

5

of

Yes X

No

1. Com	ımittee Full Nam		2. ID N	umber				
Comn	nittee to Elect	Tony Wood						
3. Cont	tributor Informa	ntion	х	Add Re	move			
a. Full N	ame, Mailing Addre	ss & Phone		b. Job Title/Professio	n	d. Comm	ents	
(includ	de city, state, & zip)			Owner				
4178 2	Durham 2nd Street NW ry, NC 28601							
, ,				c. Employer's Name/S	Specific Field			
				D&H Marketing				
						e. Election	1 Sum to Date	e
						\$	500.00)
f. Prior	Prior g. Account Code h. Form of Payment		i. In-	-Kind Description	j. Date (mm/dd.	/уууу)	k. Amou	nt
	513	Check			8/21/2	2019	\$	500.00
							\$	
							\$	
3. Cont	ributor Informa	tion	x	Add Rer	nove	-		
a. Full Na	ame, Mailing Addres	s & Phone		b. Job Title/Profession		d. Comme	ents	
(includ	e city, state, & zip)			Business Woman				
Lynn L	ail							
	inks Drive							
Conov	er, NC 28613							
				c. Employer's Name/S	pecific Field			
				Hickory Furniture	Mart			
						e. Election	Sum to Date	
						\$	500.00	
. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amoun	t
	513	Check			8/22/2	2019	\$	500.00

								\$	
3. Con	tributor Informa	tion	x	Add	Remo	ove		10	
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Profes	ssion		d. Commen	ts	
(includ	de city, state, & zip)			Attorney					
Forres	t Ferrell								
	ox 2903								
Hicko	ry, NC 28603								
				c. Employer's Nan	ne/Spec	cific Field			
				Sigmon Clark					
							e. Election S	Sum to Dat	te
							\$	150.0	0
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j	j. Date (mm/dd/y	уууу)	k. Amou	ınt
	513	Check				8/23/2	019	\$	150.00
								\$	
								\$	
4. Tota	al only this Pa	ge					\$		1,150.00
5. Tota	al of ALL CRO)-1210 Pages			***************************************		\$		6,501.00

NC State Board of Elections

April 2007

			_			
Δ.	m	en	'n	m	en	ıt

Pg

6

of

6

Yes X

X No

1. Com	mittee Full Nam	e (and Fund if appl		2. ID N	umber				
Comn	nittee to Elect	Tony Wood							
3. Con	tributor Informa	tion	х	Add R	emove				
a. Full N	ame, Mailing Addres	s & Phone		b. Job Title/Profess	ion	d. Comm	d. Comments		
(includ	le city, state, & zip)			Photographer					
2847 2	Crosby Zion Church Ro ry, NC 28602	oad							
				c. Employer's Name	/Specific Field				
				Self-Employed					
						e. Election	n Sum to Date		
						\$	450.00		
f. Prior	f. Prior g. Account Code h. Form of Paymen In-Kind		i. In-	Kind Description	j. Date (mm/dd	/уууу)	k. Amount	47	
			Phot	ography	7/28/	2019	\$	450.00	
							\$		
							\$		
3. Cont	ributor Informat	ion		Add R	emove				
a. Full Na	nme, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	ents		
(includ	e 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-I	Kind Description	j. Date (mm/dd/	′уууу)	k. Amount		
							\$		
							\$		
							\$		

(includ	le 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	In-Kind Description j. Date (mm/dd/		k. Amount
						\$
						\$
						\$
4. Tota	al only this Pa	ge			\$	450.00
	nl of ALL CRC	D-1210 Pages of Detailed Summary Pag	e CRO-1100)		\$	6,501.00
CRO-12	210		NC State Pourd o	6 mi - 41		A == 1 2007

b. Job Title/Profession

d. Comments

a. Full Name, Mailing Address & Phone

Amendment

Disbursements

Pg 1

of 2

Yes

No

 \mathbf{X}

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 Fu	ınd if applicable)			2. ID Number
Committee to	Elect Tony Wood				
3. Type of Dis	bursement (Ple	ase use separate (CRO-1310 forms for eac	h type of Disbur	sement.)
X Operating	Expenses	Contributions to Ca	andidates/Political Committees	(Coordinated Party Expenditures
4. Payee Infor	mation	X	Add	Remove	
a. Full Name, Ma	iling Address & Phone	*Jose	b. Coordinated Committee	Name Name	d. Comments
(include city, stat	e, & zip)				
Office Depot 1858 Catawba Hickory, NC 2	Valley Blvd SW 28602				
			c. Level Registered (Specif	ý)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 39.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	o	8/19/2019	39.50	Envelopes
				\$	
4. Payee Infor	mation	X	Add	Remove	
ı. Full Name, Mai	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state	e, & zip)				
Custom Design 191 10th Avenu Hickory, NC 2	ie Dr NE				
			c. Level Registered (Specify	7)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 599.21
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	o	8/15/2019	529.66	Shirts
					Cards
12	Dobit	n	Q/26/2010	60 55	1

4. Payee Infor	mation	X	Add	Remove	
	iling Address & Phone		b. Coordinated Committee	d. Comments	
(include city, state, & zip)					
Pope Productio					
Hickory, NC 2	8601				
Best Attempt					
			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 107.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	o	7/25/2019	107.00	Photo License
				\$	
5. Total only th	nis Page				\$ 745.71
6. Total of ALI	CRO-1310 Pages				
(This line goes in	n line 13a of Detailed Su	mmary Page CRO-11	00 if Operating Expenses)		\$ 1,028.36
(This line goes in	n line 13b of Detailed Su	mmary Page CRO-11	00 if Contrib to Candidates/Po	olitical Comm)	1,028.30
(This line goes in	n line 13c of Detailed Sui	nmary Page CRO-11	00 if Coordinated Party Expen	ditures)	
7. Purpose Cod	les (List detailed ex	penditure code in	n (h.) above)		
A* - Media	B* - Printing	C* - Fund	draising D - To Anoth		her Candidate
E - Salaries	F* - Equipment	G - Politic	cal Party H* - Holdin		g Public Office Expenses
I - Postage	J - Penalties	K* - Offic	ee Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other					

Amendment

Disbursements

Pg 2

of 2

Yes

No

 \mathbf{X}

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 Fu	and if applicable)			2. ID Number
Committee to F	Elect Tony Wood				
3. Type of Dish	bursement (Plea	ase use separate (CRO-1310 forms for eac	ch type of Disbur	sement.)
X Operating I	Expenses	Contributions to Ca	andidates/Political Committees	s (Coordinated Party Expenditures
4. Payee Inform	mation	X	Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, state	, & zip)				
USPS 231 Governmen Hickory, NC 2					
			c. Level Registered (Specif	fy)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 165.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	I	8/23/2019	165.00	
				\$	
4. Payee Inform	nation	x	Add	Remove	FILE OF BUILDING
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	e Name	d. Comments
(include city, state,	, & zip)				
Carolina Office PO Box 2145 Hickory, NC 28					
		•	c. Level Registered (Specify	ý)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 56.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	K	8/26/2019	56.68	Envelopes

4. Payee Infor	mation	X	Add	Remove	
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	e, & zip)				
Vistaprint					
Best Attempt			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 60.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	В	7/22/2019	60.97	Cards
				\$	
5. Total only th	nis Page				\$ 282.65
6. Total of ALI	CRO-1310 Pages		, 100 to	MP-ANNIAN	
(This line goes i	n line 13a of Detailed Su	mmary Page CRO-116	00 if Operating Expenses)		n 1029.26
(This line goes is	n line 13b of Detailed Sur	mmary Page CRO-116	00 if Contrib to Candidates/Po	olitical Comm)	\$ 1028.36
(This line goes in	n line 13c of Detailed Sur	nmary Page CRO-110	00 if Coordinated Party Expen	nditures)	
7. Purpose Coo	les (List detailed ex	penditure code in	(h.) above)		
A* - Media	B* - Printing	C* - Fund	draising D - To Anot		her Candidate
E - Salaries	F* - Equipment	G - Politica	cal Party H* - Holdin		g Public Office Expenses
I - Postage J - Penalties K*-Offic		K* - Office	e Expenses	Q* - Donati	on to Legal Expense Fund

Amendment

In-Kind Contributions

Pg 1

of

1

Yes

X

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 Tony Wood					
3. Contributor Information x Add	Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of C	Contributor	c. Co	mments	
Michael Anthony Wood PO Box 3843 Hickory, NC 28603	X Can	X Candidate Party PAC			
	Refe	rendum	d. Election Sum to Date		
	Othe	er Receipt Source	\$	2,863.00	
e. Description	1-	f. Date (mm/dd/y)	/уу)	g. Fair Market Amount	
Wordpress Site		7/20/201	9	\$ 186.00	
Yard Signs		7/25/2019)	\$ 2065.00	
				\$	
3. Contributor Information X Add	Remove				
a. Full Name, Mailing Address & Phone	b. Type of Co	ontributor	c. Con	nments	
(include city, state, & zip)	X Indiv	idual			
David Crosby 2847 Zion Church Road Hickory, NC 28602	Cand	idate			
	Party PAC				
	Refer	endum	d. Elec	tion Sum to Date	
	Other	Receipt Source	\$	450.00	
. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
Photography		7/28/2019	9	\$ 450.00	
				0	

				\$
3. Contributor Information Add	Remove			
a. Full Name, Mailing Address & Phone	b. Type of C	ontributor	c. Co	mments
(include city, state, & zip)	Individual Candidate			
	Party			
	PAC			
	Refe	rendum	d. Ele	ection Sum to Date
	Other Receipt Source		\$	
e. Description		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
				\$
				\$
				\$
4. Total only this Page	-ATTE-		\$	2,701.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$	2,701.00
CPO_1510 NC St	tota Daned of Flagt			D1 20

NC State Board of Elections

December 2007