# **Disclosure Report Cover**

Yes

No

X

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. (	Committee Info	ormation	0		74 45		Hay-			
a. Fı	ull Name									c. ID Number
Con	mmittee to Elec	t Tony W	/ood							
b. M	lailing Address (ir	aclude City	y, State and Zip Code)							d. Date Filed
112	7th Avenue NI	E Hickory	y, NC 28601							10/23/2019
										e. Phone Number
										828 267-0799
2. R	Report Year	3. Perio	od Start Date (mm/dd/	уу)	4. Period E	End Da	te (mm/	5. Treasurer F	ull N	lame
	2019		9/24/2019		10/2	21/2019	9	Michael Anthor	ny W	ood .
6. T	ype of Commi	ittee (Che	eck One)	9. Typ	e of Report	(c.	heck onl	y one type of rep	ort f	from one category)
x	Candidate Camp	paign	Party	Municip	pal		State/Co	ounty		Referendum
	PAC		Referendum	C	Organizational		0	Organizational		Organizational
	Independent Expenditure		Joint Fundraiser	Г	Γhirty-five day		Q	Quarterly		Pre-referendum
	Legal Expense I	Fund								
7. T	ype of Fund	(if appl	licable, check one)	P	Pre-primary			First		Final
	"Booster Fund"			X P	Pre-election			Second		Supplemental Final
	Building Fund			P	Pre-runoff			Third		Annual
				s	Semi-annual			Fourth		Special
					Mid Year		Se	emi-annual		
	Other:				Year End			Mid Year		10. Special Report Name
				F	inal			Year End		
8. N	umber of Fund	draisers	this Report	S	pecial		Fi	inal		×
		0					Sp	pecial		EGEIVEN
11. A	Account Inform	nation				11. Ac	count Ir	nformation	M	OCT 28 7019
	nancial Institution	Full Name	e			a. Finar	ncial Instit	tution Full Name	Ш	, 2 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °
	k of America								Ву	
b. Pur			c. Account Code			b. Purp	ose			c. Account Code
Cam	paign Finance		51	13						

	\$ 2,800.38		\$
CERTIFICATION			
the NC General Statutes and	or Fund is in compliance with all applicathat no funds are commingled with prohand that I have been trained by the NC S	ibited or other non-disclosed funds. I f	22D-22M of Chapter 163 of urther certify that this report
Michael Anthony	Wood	10	0/23/2019
Printe	d Name of Signer Si	ignature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
		<u>De</u>	elivery Method
Date Received:	Employee:		Normal Mail
Date Postmarked:	Employee:		Registered Mail
Date Postmarked.	Employee.	-	Hand Delivered
Date Scanned:	Employee:		Electronically Filed
Date Scallied.	Employee.	-	Signer has not received
Date Data Entered:	Employee:		mandatory training
Please Note: This form o	annot be used to amend committee informati	nation such as the committee address, on, or account information.	treasurer, assistant treasurer,
You mu	ist amend the Statement of Organization	(CRO-2100A-E) to make committee of	changes.

d. Period Begin Balance

CRO-1000

NC State Board of Elections

August 2008

d. Period Begin Balance

Detailed Summary

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	Pre-Election		
Start of Election Cycle: January 1,	2019	Total this	Total this
Start of Election Cycle. Sanuary 1,	2017	Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 2,800.38	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,400	\$ 9,213
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			THE PLANT
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ions (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, 11a	c, 11d and 11e)	\$ 1,400	\$ 9,213
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1529.41	\$ 3,329.03
13b) Contributions to Candidates/Political Commi	ttees (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)	\$ 1,500	\$ 2,000
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 2,713.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 3,029.41	\$ 8,042.03
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	etract line 18)	\$ 1170.97	\$ 1,170.97
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	ns) <i>(CRO-1430)</i>	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
	;		

23)	Debts and Obligations owed To the Committee	(CRO-1620)	\$ BENEFIT OF
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)	\$ \$

CRO-1100

NC State Board of Elections

August 2008

## **Contributions from Individuals**

Pg 1 of 3 Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appl	icable	)		2. ID Nu	mber	
Comn	nittee to Elect	Tony Wood						
3. Con	tributor Informa	tion	х	Add Re	emove			
a. Full N	lame, Mailing Addres	ss & Phone		b. Job Title/Profession	Din .	d. Comme	nts	
(inclu	de city, state, & zip)			Physician				
3345 4	Nelson 4th Street Blvd ry, NC 28601	NW						
				c. Employer's Name/	Specific Field			
				Springs Road Fan	nily Practice			
						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. Amou	nt
	513	Check			9/30/	2019	\$	100.00
							\$	
							\$	
3. Cont	ributor Informat	tion	x	Add Re	move	-		
a. Full Na	ame, Mailing Address	s & Phone		b. Job Title/Professio	on.	d. Comme	nts	
(includ	le city, state, & zip)			Director, Resource	e Development			
	Williams							
	st Avenue NW	•						
ніскої	ry, NC 28601							
				c. Employer's Name/	Specific Field			
				Catawba Valley C College				
						e. Election	Sum to Date	
						e. Election	Sum to Date 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-			\$		
f. Prior	g. Account Code 513	h. Form of Payment Check	i. In-	College	ommunity	\$	100.00	

a. Full Name (include c Brad Lai 548 N. C	butor Informate, Mailing Address sity, state, & zip) il Center Street NC 28601		X	b. Job Title/Profess Real Estate Man		d. Comme	ents	
(include c Brad Lai 548 N. C	ity, state, & zip)	s & Phone		Real Estate Man		d. Comme	ents	
Brad Lai 548 N. C	il Center Street				ager/Developer			
548 N. C	Center Street							
				c. Employer's Name	e/Specific Field			
				Rising Tide Cons	sulting Services			
						e. Election	n Sum to Date	
						\$	1,000.	00
. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/	уууу)	k. Amou	nt
4	513	Check			10/16/	2019	\$	500.00
							\$	
							\$	
I. Total	only this Pag	ge				\$		700.00
		0-1210 Pages  f Detailed Summary Page	e CRO-11	100)		\$		1,400.00

## **Contributions from Individuals**

Pg 2 of

3

Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appl	icable	) = =			2. ID N	umber	
Comm	nittee to Elect	Tony Wood							
3. Cont	ributor Informa	tion	x	Add	Ren	nove			
a. Full Na	ame, Mailing Addres	s & Phone		b. Job Title/P	rofession		d. Comm	ents	
(includ	le city, state, & zip)			Business W	oman				
1380 1	nary Bass Oth Street Pl N ry, NC 28601	ıw							
				c. Employer's	Name/S	pecific Field			
				Bass-Smith	Funera	l Home			
							e. Election	Sum to Date	
							\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-	Kind Description	1	j. Date (mm/de	l/yyyy)	k. Amount	
	513	Check				10/21	/2019	\$	25.00
								\$	
								\$	
3. Conti	ributor Informat	tion	х	Add	Ren	nove			
a. Full Na	me, Mailing Address	s & Phone		b. Job Title/Pr	ofession		d. Comme	ents	I
(include	e city, state, & zip)			Retired					
Nichol	as Frankel								
PO Bo									
Hickor	y, NC 28603				N /C				
				c. Employer's			-		
				Catawba Ra	diology	,		· · · · · · · · · · · · · · · · · · ·	
							e. Election	Sum to Date	
							\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd	/уууу)	k. Amount	
	513	Check				10/21	/2019	\$	75.00
								\$	

a. Full Nam (include c James V. 944 18th	butor Informat e, Mailing Address city, state, & zip) Tarlton, Jr. n Avenue NW		x Add F b. Job Title/Profess	Remove	d. Comme		
(include c James V. 944 18th	tity, state, & zip) . Tarlton, Jr.	s & Phone	b. Job Title/Profess	ion	d. Comme		
James V. 944 18th	. Tarlton, Jr.				_ и. Сощие	nts	
944 18th			Real Estate Man	ager/Developer			
illonoij,	NC 28601	,					
			c. Employer's Nam	e/Specific Field			
			Self Employed	Self Employed			
					e. Election	Sum to Date	
					\$	500.00	)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/	уууу)	k. Amour	nt
	513	Check		10/21/	2019	\$	500.00
						\$	
				4		\$	
4. Total	only this Pag	ge			\$		600.00
		0-1210 Pages  of Detailed Summary Pag	e CRO-1100)		\$		1,400.00

## **Contributions from Individuals**

Pg 3 of 3 Yes X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Nam	e (and Fund if appl	icable			2. ID N	umber	
Comm	ittee to Elect 7	Tony Wood						
3. Cont	ributor Informa	tion	x	Add R	emove			1 7
a. Full Na	ame, Mailing Addres	s & Phone		b. Job Title/Professi	оп	d. Comme	ents	
(includ	e city, state, & zip)			Retired				
	art th Avenue NW y, NC 28601	Į.						
				c. Employer's Name	/Specific Field			
				Culpepper Count	y VA			
						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. Amount	
	513	Check			10/7/	2019	\$	100.00
							\$	
							\$	
3. Conti	ibutor Informat	tion	x	Add Re	emove	1		
	me, Mailing Address	s & Phone		b. Job Title/Profession	on	d. Comme	nts	
				c. Employer's Name	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
							\$	
							\$	
							\$	
3. Contr	ibutor Informat	ion	х	Add Re	move			

(includ	le city, state, & zip)						
			c. Employer's Nam	e/Specific Field			
					e. Electio	on Sum to Date	
					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/do	l/yyyy)	k. Amoun	t
						\$	
						\$	
						\$	
4. Tota	al only this Pa	ge			\$		100.00
	nl of ALL CRO	0-1210 Pages of Detailed Summary Pag	e CRO-1100)		\$		1,400.00
CRO-12	210		NC State Board of Flo	-4			April 2007

b. Job Title/Profession

d. Comments

a. Full Name, Mailing Address & Phone

**Pg** 1

of 1

Yes

No

X

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

		F			
1. Committee	Full Name (and Fu	ınd if applicable)		Left and L	2. ID Number
Committee to l	Elect Tony Wood				
3. Type of Disl	bursement (Ple	ase use separate (	CRO-1310 forms for each	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	768007-1-7-100 outre	b. Coordinated Committee	Name	d. Comments
(include city, state	e, & zip)				
USPS 231 Governme Hickory, NC 2					
			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 455.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	I	9/27/2019	7.75	
513	Debit	I	10/16/2019	165.00	
4. Payee Infor	mation		Add	Remove	
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state	, & zip)	<i>5-</i>			
Allen Finley Ac 42 Third Street Hickory, NC 2	NW				
			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,342.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Check	a	10/17/2019	1,342.00	Direct Mail

4. Payee Infor	mation		Add	Remove	
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee	Name	d. Comments
(include city, state	e, & zip)				
Walmart 2525 US Hwy Hickory, NC 2					
			c. Level Registered (Specify	y)	
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 14.66
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
513	Debit	k	10/21/2019	14.66	Card Stock
				\$	
5. Total only th	nis Page				\$ 1,529.41
6. Total of ALI	CRO-1310 Pages				
(This line goes is	n line 13b of Detailed Su	mmary Page CRO-11	00 if Operating Expenses) 00 if Contrib to Candidates/Po 00 if Coordinated Party Expen		\$ 1,529.41
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fund	Iraising	D - To Anoth	her Candidate
E - Salaries	F* - Equipment	G - Politic	al Party	H* - Holdin	ng Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic			ion to Legal Expense Fund
* Codes requir	re detailed explanat	ion in required :	comanic field (k)		

CRO-1310

NC State Board of Elections

December 2009

## Refunds/Reimbursements From the Committee

Pg 1 of 1

Yes X No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Tony Wood							
3. Payee Information	on	Ac	dd Remove				
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)			X Candidate	PAC			
Michael Anthony Wood PO Box 3843 Hickory, NC 28603			Referendum Party		7/25/2019		
			e. Level Registered (Specify)		i. Original Receipt Amount		
			Federal County:  State X Municipality:  \$ 2,065		\$ 2,065		
			f. Purpose Code		j. Election Sum to Date		
			L		\$ 2,000		
b. Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Account Code		
Executive Recruir	Executive Recruiter Anthony, Paige & Inc.				513		
l. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yy	yy) o. Amount		
Draft				10/2/2019	\$ 1,500	0.00	
3. Payee Informatio	n	Ad	d Remove		15 75 45 17		
a. Full Name, Mailing Address & Phone			d. Type of Committee		h. Original Receipt Date		
(include city, state, & 2	zip)		Candidate	PAC			
			Referendum	Party			
			e. Level Registered (Specify)		i. Original Receipt Amount		
			Federal State	County:  Municipality:	\$		
			f. Purpose Code		j. Election Sum to Date		
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		

l. Form of Payment	m. Required I	Remarks		n. Date (mm/dd/yyyy)	o. Amount	
					\$	
3. Payee Informati	ion	A	add Remove			
a. Full Name, Mailing Address & Phone		d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)			Candidate	PAC		
			Referendum	Party		
			e. Level Registered (Specify)	i.	Original Receipt Amount	
			Federal	County:		
			State	Municipality:		
			f. Purpose Code	j.	Election Sum to Date	
				\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code	
I. Form of Payment m. Required I		temarks		n. Date (mm/dd/yyyy)	o. Amount	
					\$	
4. Total only this P		\$ 1,500.00				
5. Total of ALL CR		\$ 1,500.00				
L - Returned to Contri P* - Reimbursement		M - Overpayment for Service	N - Exceeded	Contribution Limit		
		O* Other required remarks field (m)				