Disclosure Report Cover 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 Inform	mation								
a. Full Name	1 77 1					c. ID Number			
Committee to Elect	Aaron Kohrs								
h. Mailing Address (inclu	ude City, State and Zip Code)					d. Date Filed			
PO Box 2674	and Only, Diaco and Esp Cour,								
Hickory, NC 28603						10/9/2019			
						e. Phone Number			
						828-578-2732			
2. Report Year	3. Period Start Date (mm/d	MOVE I	Period End	Date	5. Treasurer Full	Name			
2019	2019 8/8/2019 9				David Baldwin				
6. Type of Committe	ee (Check One)	9. Type of	f Report	(check onl	y one type of report	from one category)			
Candidate Campa	ign Party	Municipal		State/Co	ounty	Referendum			
☐ PAC	Referendum	Org	ganizational		Organizational	Organizational			
Independent Expenditure	Joint Fundraiser	☐ Thir	rty-five day	(C	Quarterly	Pre-referendum			
Legal Expense Fu	ind								
7. Type of Fund	(if applicable, check one)	Pre-	-primary		First	Final			
Booster Fund"		Pre-	-election		Second	Supplemental Final			
Building Fund		Pre-	-runoff		Third	Annual			
		Sem	ni-annual		Fourth	Special			
Other:			Mid Year Year End		emi-annual Mid Year	10 Canadal Danaut Nama			
Other:		Fina			Year End	10. Special Report Name			
8. Number of Fundr	raisers this Report	Spec		_F	inal				
o. Itamber of Fundi			•		pecial				
11. Account Informa	otion		11	Account I					
a. Financial Institution F					tution Full Name				
PNC Bank	TORS & THE PARTY								
b. Purpose	c. Account Code		b. P	urpose		c. Account Code			
Campaign	AK	,							
Finance	AN	<u>. </u>							
.Si	d. Period Begin Balance	:				d. Period Begin Balance			
	\$ 100.00					\$			
CERTIFICATION									
I certify that the Com	mittee or Fund is in compli	ance with al	il applicable p	rovisions o	f Article 22A, 22B,	& 22D-22M of Chapter 163 of			
the NC General Statu	tes and that no funds are co	mmingled w	with prohibite	d or other n	on-disclosed funds.	I further certify that this report			

is complete, true and correct and that I have been trained by the NC State Board of Elections.

David Baldwin	Xanx or fall	10/9/2019
Printed Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY		
Date Received	Employee:	Delivery Method Normal Mail
Date Postmarked	Employee:	Registered Mail Hand Delivered
Date Scanned: OCT 1 4 2019	Employee:	☐ Electronically Filed ☐ Signer has not received
0,	2m t	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.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Date Data Entered

Employee:

Detailed Summary

Yes

No

図

Use this form to summarize all disclosure reporting forms and to total monetary information. 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Committee to Elect Aaron Kohrs 2019 35-Day Total this Total this Start of Election Cycle: January 1, 2019 Reporting Period **Election Cycle** Cash on Hand at Start 100.00 \$ RECEIPTS 5) Aggregated Contributions from Individuals \$ (CRO-1205) 6) Contributions from Individuals (CRO-1210) \$ 1267.39 \$ 1367.39 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 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) S \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) \$ 1267.39 \$ 1367.39 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) 492.41 \$ 492.41 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures \$ (CRO-1310) \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1315) S 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements From the Committee \$ (CRO-1320) 124.95 124.95 17) In-Kind Contributions (CRO-1510) \$ 392.39 \$ 392.39 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 1009.75 \$ 1009.75 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ 357.64 357.64 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ Debts and Obligations owed By the Committee 22) (CRO-1610) \$ 23) Debts and Obligations owed To the Committee \$ (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support S \$ (CRO-1710) 26) Forgiven Loans \$ (CRO-1440) \$ 27) 48-Hour Notice Reports Sum \$ \$ (CRO-2220) Contributions to be Refunded \$ \$ (CRO-1215)

		m Individuals lividual contributions	over \$5		Pg <u>1</u> of nder \$50 if form CF		Amendme Ye	_
		(and Fund if applica				2. ID Nu		
Committ	ee to Elect Aaron	Kohrs						
3. Contr	ibutor Informati	ion		Add 🔲 R	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(include	city, state, & zip)			D .: 1				
Virginia	Stewart			Retired c. Employer's Name	Specific Field	-		
113 32 nd	St NW			or Employer STrame,				
Hickory,	NC 28601			Educator		e. Election	Sum to Date	
						\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	AK	Check			8/12/2	019	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	temove			Months in
	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts	
(include	city, state, & zip)			Director / CEO				
Corey Richardson		Director / CEO c. Employer's Name/	Specific Field					
227 5 th A	ve NE				•			
Hickory,	NC 28601			Healthcare		e. Election Sum to Date		
				Integrated Car of Hickory	Greater	\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yyyy) k. Amount		
	AK	Check			8/12/20)19	\$ 100.00	
							\$	
							\$	
3. Contri	butor Informati	on		Add R	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commer	ıts	
(include	city, state, & zip)			Strategic Plannin	σ			
Hani Nas	• • •			c. Employer's Name/	×			
250 3 rd A				7711				
Hickory,	NC 28601			Klingspor			Sum to Date	
						\$	267.44	
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/yy		k. Amount	
		In-Kind	T-Sl	nirts	8/11/20)19	\$	247.44
		In-Kind	Doo	r Hangers	9/06/2	019	\$	20.00
							\$	
4. Total	only this Pag	e				\$	70	417.44
5. Total	of ALL CRO	-1210 Pages				\$		1,267.39
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)		•		1,401.07

		m Individuals lividual contributions	over \$5	n or contribu	Pg		0 1205 is n	Xinendine X Yes	
		(and Fund if applica		or contribu	dons und	a \$50 ii ioiiii CK	2. ID Nu		
	tee to Elect Aaron								
3. Contr	ibutor Informati	on		Add [Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/	Profession		d. Commen	ıts	
(include	e city, state, & zip)								
Jean Abe	velo.			c. Employer		osific Field	+		
	rper Lee Drive			c. Employer	2 Hame/Sp	ecine rieiu			
	NC 28658			Homemak	er		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/			уу)	k. Amount	
	AK	Check			8/21/20			\$	75.00
								\$	
								\$	
3. Contr	ibutor Informati	on		Add	Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/I	Profession		d. Commen	ts	
(include city, state, & zip)				Duraldand	/ F 1				
Michael Roper 1050 21st Ave NW, #45			President /						
				or manipages					
Hickory,	NC 28601			Illimunati	x Marketi	ng	e. Election S	Sum to Date	
							\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	n	j. Date (mm/dd/yy	yyyy) k. Amoun		
	AK	Check				8/28/20	19	\$ 250.00	
	AK	Check				9/21/20	019	\$	250.00
								\$	
3. Contr	ibutor Informatio	on		Add	Rem	ove			
	ne, Mailing Address	& Phone		b. Job Title/F	Profession		d. Commen	ts	
(include	city, state, & zip)			Homemak	O#				
Mary Pri	nce			c. Employer's		cific Field			
221 31 st /					1				
Hickory,	NC 28601			Homemak	er		e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	1	j. Date (mm/dd/yy)	yy)	k. Amount	
	AK	Online				8/31/20	19	\$	50.00
								\$	
								\$	
4. Total	only this Pag	e					\$		625.00
	of ALL CRO	-1210 Pages	DA_1166				\$		1,267.39

Amendment

C

					Amei	ndment	
Contributions from Individuals	Pg	_3	of	4	\boxtimes	Yes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	CRO	1205 is n	ot used		

2. ID Number 1. Committee Full Name (and Fund if applicable) Committee to Elect Aaron Kohrs 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Facility Operations Manager Ira Roberts c. Employer's Name/Specific Field 611 E Boston Ave Bessemer City, NC 28016 e. Election Sum to Date Target 30.00 k. Amount f. Prior g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment \$ AK Online 9/06/2019 30.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Executive Director** c. Employer's Name/Specific Field Patrick Daily 3864 Serenity Dr Hickory, NC 28602 Hickory Landmarks Society e. Election Sum to Date 50.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AK \$ Check 9/09/2019 50.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Director Josh Shampo c. Employer's Name/Specific Field 682 22nd Ave NE, #4 Hickory, NC 28601 Illimunatis e. Election Sum to Date \$ 20.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount AK Cash 9/23/2019 \$ 20.00 \$ \$ 4. Total only this Page \$ 100.00 5. Total of ALL CRO-1210 Pages \$ 1,267.39 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contr	ibutions fro	m Individuals				Pg	_4 of	4	⊠ Yes	No
		ividual contributions of		or contril	bution	s unde	r \$50 if form CR	41		
1. Comn	nittee Full Name	(and Fund if applica	ble)					2. ID Nu	mber	
Committe	ee to Elect Aaron	Kohrs								
	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address	& Phone		b. Job Tit	tle/Prof	ession		d. Commer	ıts	
(include	city, state, & zip)			Mobilit	v Mar	ager				
Aaron Ko	ohrs						cific Field			
121 20 th A										
Hickory,	NC 28601			Greenw	ay Pu	blic Ir	ansportation		Sum to Date	
								\$ 124.95		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Web	site			8/11/20	019	\$	42.95
		In-Kind	PO I	Box			8/11/2	019	\$	77.00
		In-Kind	Filin	g Fee			8/16/2	019	\$	5.00
Transcriptoresis.	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession				d. Commen	ıts	
(incinue	city, state, & zip)									
				c. Employ	er's Na	me/Spe	cific Field			
								e Election	Sum to Date	
								\$	Julia 10 muc	
f. Prior	g. Account Code	b. Form of Payment	i. In-k	and Descrip	tion		j. Date (mm/dd/yy		k. Amount	
							<u> </u>	<i></i>	\$	
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address é	& Phone		b. Job Titl	le/Profe	ession		d. Commen	ts	
(include	city, state, & zip)									
				c. Employ	er's Na	me/Spe	cific Field			
								e. Election S	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Descrip	tion		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Page	e	<u> </u>					\$		124.95
5. Total	of ALL CRO	-1210 Pages						\$		1 267 39

Amendment

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

				Amen	dment	
Disbursements	Pg	<u>1</u>	of <u>2</u>	\boxtimes	Yes	

No

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 Aaron Kohrs 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 d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Paypal 2211 N First St c. Level Registered (Specify) San Jose, CA Federal County: State X Municipality: e. Election Sum to Date \$ 2.92 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Paypal Website AK Debit 0 8/31/2019 \$1.75 Fee Paypal Website AK Debit O 9/06/2019 \$1.17 4. Payee Information Remove Add d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Wix c. Level Registered (Specify) 225 W 39th St Federal County: New York, NY 10018 State M Municipality: e, Election Sum to Date 34.50 g. Form of Payment h. Purpose Code f. Account Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount Wix Website Fee AK Debit \$28.00 Α 9/10/2019 Wix Website Fee AK Debit Α 9/23/2019 \$6.50 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) USPS c. Level Registered (Specify) 231 Government Ave SW Federal County: \boxtimes e. Election Sum to Date Municipality: Hickory, NC 28602 State \$ 165.00 k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment j. Amount Postage for I \$105.00 AK Debit 9/20/2019 Mailer Postage for Debit I 9/20/2019 \$60.00 AK Mailer 202.42 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 492.41 \$ (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) D - To Another Candidate C* - Fundraising B* - Printing A* - Media H* - Holding Public Office Expenses E - Salaries
I - Postage G - Political Party F* - Equipment Q* - Donation to Legal Expense Fund J - Penalties K* - Office Expenses O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements	p _a	2	of 2
ANDEN GI DURANUAL CO	rg	4	01 <u>4</u>

Amendment \boxtimes es

No

of	<u>2</u>		Y
----	----------	--	---

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	nd if applicable)				2. ID Number
Committee to	elect Aaron Kohrs					
3, Type of Dis	bursement <i>(Ple</i>	ase use separate	CRO-1310 form	ns for each	type of Disburse	ement.)
Operating	Expenses	Contributions to C	andidates/Political	Committees		Coordinated Party Expenditures
4. Payee Infor	mation		Add		Remove	
a. Fuli Name, Mai	ling Address & Phone	70 A	b. Coordinated	Committee ?	Vame	d. Comments
(include city, state Canva		<u> </u>			t oppger-op	al A 300
Sydney, Austra	alia		c. Level Regist	ered (Specify)		
Oyunoy, rausii			T Federal		County:	
			State	$\overline{\boxtimes}$	Municipality:	e. Election Sum to Date
			1	Recourts.	, ,	\$ 280.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm	/dd/vvvv)	j. Amount	k. Required Remarks
	4			1-70	\$280.00	Postcards
AK	Debit	A	9/11/2019	9/11/2019		······································
				(00)(00)(00)(00)(00)	\$	AND ME AND
4. Payee Infor	nation '		Add		Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated	Committee N	iame	d. Comments
(include city, state	, & zip)					
PNC Bank						\$
34 2 nd St NW			c. Level Registe	red (Specify)		
Hickory, NC 2	8601		Federal Federal		County:	bu unanananananananananananananananananan
			State		Municipality:	e. Election Sum to Date
						\$ 9.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	(dd/yyyy)	j. Amount	k. Required Remarks
AK	Debit	K	8/15/2019)	\$9.99	Check Printing Fee
	"Yahasa"				\$	
A Division Victoria			Add		Remove	
4. Payce Inform			b. Coordinated	Cammittee N	d. Comments	
a. Full Name, Mail (include city, state,	ing Address & Phone & zip)	and Williams and A. Milliams has been been supported in the control of the contro	b, Corumateu	Committee	ame	G. COMMENS
				(CI6.)		
			c. Level Registe		County:	
			State	님	Municipality:	e. Election Sum to Date
			i State		winderpanty.	C. Exection Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/	dd/vvvv)	j. Amount	k. Required Remarks
	Ser Jean Dix AJMENT		., sace /mill/	3333/		The state of the s
MANAGEMENT OF THE PARTY OF THE	3	Alexa		ar months	\$	W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/W/
			b		\$	
5. Total only th	is Page					\$ 289.99
	CRO-1310 Pages					-
-	line 13a of Detailed Sun line 13b of Detailed Sun				cal Comm)	\$ 492.41
•	line 13c of Detailed Sun		•			
	es (List detailed ex					
A* - Media	B* - Printing	C* - Fun	draising	orce		her Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties		cal Party ce Expenses			g Public Office Expenses on to Legal Expense Fund
	e detailed explanati	ion in required r	emarks field (k	3)		

Refunds/Reimbursements From the Committee

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

1. Committee Full N	vame (and F	ınd if applicable)						2.	ID Number	
Committee to Elect Aaron	Kohrs									
2 Daniel Tarkamantia		П	Add		Remove					
3. Payee Informatio a. Full Name, Mailing Ad			_		e of Committee	_		h (Original Receipt Date	
(include city, state, &			-		Candidate	П	PAC	11. 1	8/11/2019	
(metalic city, state, ec.)	up)		\neg	Referendum Party				8/11/2019		
Aaron Kohrs				e. Level Registered (Specify)				i, C	Priginal Receipt Amount	
121 20th Ave NW Hickory, NC 28601				Federal County: State Municipality:				\$ 42.95		
				f. Purp	ose Code			j. E	lection Sum to Date	
				Р					124.95	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Com	ments			k. A	Account Code	
Mobility Manager Greenway Public Tran								AK		
l. Form of Payment	m. Required F	Remarks					n. Date (mm/dd/yy	yy)	o. Amount	
Check	Website						8/20/2019		\$ 42.95	
3. Payee Informatio	n		Add		Remove			-		
a. Full Name, Mailing Ad	idress & Phone				of Committee			h. (Original Receipt Date	
(include city, state, & a	zip)			\boxtimes	Candidate		PAC		8/11/2019	
				Ų_	Referendum	Щ	Party	• •	Attack Development	
Aaron Kohrs			-	e. Leve	I Registered (Sp Federal	pecity	County:	i. Original Receipt Amount		
121 20th Ave NW Hickory, NC 28601				H	State	\forall	Municipality:	\$ 77.00		
Theory, 14C 20001				f. Purp	ose Code		1 3	j. Election Sum to Date		
				P				\$	124.95	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments				k. A	Account Code	
Mobility Manager		Greenway Public Tran							AK	
l. Form of Payment	m. Required R	temarks		n. Date (mm/dd				yy)	o. Amount	
Check	PO Box						8/20/2019	\$ 77.00		
3. Payee Information	n		Add		Remove					
a. Full Name, Mailing Ad	ldress & Phone				of Committee			h. (Original Receipt Date	
(include city, state, & z	zip)		-		Candidate Referendum		PAC Party		8/16/2019	
Aaron Kohrs				e. Leve	l Registered (Sp	pecify	7)	i. O	riginal Receipt Amount	
121 20th Ave NW				\sqcup	Federal		County:	\$	5.00	
Hickory, NC 28601			-	f Purn	State ose Code		Municipality:	i E	lection Sum to Date	
			-	P	ose Code			\$	124.95	
b. Job Title/Profession c. Employer's Name/Specific Field			-	g. Com	ments			k. A	ccount Code	
Mobility Manager Greenway Public Tran			\neg	B				AK		
l. Form of Payment	m. Required R	emarks					n. Date (mm/dd/yyy	/y)	o. Amount	
Check	Filing Fee						8/21/2019		\$ 5.00	
4. Total only this Pa	ge								124.95	
		(This line must be on line 16 of Deta	tailed Su	ummary	Page CRO-110	0)			124.95	
L - Returned to Contribu P* - Reimbursement of	f In-Kind	M - Overpayment for Service O* Other			N - Excee	ded (Contribution Limit			
* Codes require detailed	explanation in r	equired remarks field (m)								

T .	TT.	1				4.6
In.	.K in	а		nfri	ıhı	ıtions
		u	V		w	

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 Aaron Kohrs						
3. Contributor Information Add	Rem	ove				
a. Full Name, Mailing Address & Phone		b. Type of Contributor			c. Comments	
(include city, state, & zip)		Individual				
(menture energy searce) see may		_	didate			
How! Nosser	-	=				
Hani Nassar	-	Party				
250 3 rd Ave NE		PAC				
Hickory, NC 28601		Refe	erendum	d. Ele	ction Sum to Date	
		Othe	er Receipt Source	\$	267.44	
e. Description			f. Date (mm/dd/yy	y y)	g. Fair Market Amount	
T-Shirts			8/05/2019		\$ 247.44	
Door Hangers		9/06/2019		\$ 20.00		
Door Hangers					\$	
3. Contributer Information Add	Rem	ove				
a. Full Name, Mailing Address & Phone			ontributor	c. Con	aments	
(include city, state, & zip)	F	_	vidual	e. comments		
(menute city, state, or zip)						
		_	lidate			
Aaron Kohrs		Party				
121 20 th Ave NW		PAC Referendum				
Hickory, NC 28601				d. Election Sum to Date		
		Othe	er Receipt Source	\$ 124.95		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	
Website			8/11/2019		\$ 42.95	
PO Box		8/11/2019		\$ 77.00		
Filing Fee	8/16/2019 \$		\$ 5.00			
3. Contributor Information Add	Rem	ove	8 11 11	. 33		
a. Full Name, Mailing Address & Phone			ontributor c. Con		nments	
(include city, state, & zip)			Individual			
(manuscript, conserve and)			lidate			
	1 -	=				
		Party				
		PAC	rendum	d. Election Sum to Date		
			r Receipt Source	\$		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount	
			\$			
			\$			
					\$	
4. Total only this Page		31 , 730	LC 91. 78 11	\$	392.39	
5. Total of ALL CRO-1510 Pages	Ψ					
(This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	392.39	
		and the same of th				