Disclosure	Report	Cover
Disciosui e	rchot r	COVEI

Amendment	. /	
Yes	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

1. Committee Inform	mation				
a. Full Name					c. ID Number
Committee to Elect	Aaron Kohrs				
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date Filed
PO Box 2674 Hickory, NC 28603					930/2019
					e. Phone Number
					828 5A1 ABL
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2019	8 8 2019	09/2	24/2019	David Baldwin	
6. Type of Committee	ee (Check One)	9. Type of Report	t (check on	ly one type of report j	from one category)
Candidate Campai	gn Party	Municipal	State/C	· · · · · · · · · · · · · · · · · · ·	Referendum
PAC Independent	Referendum	Organizationa	1	Organizational	Organizational
Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five day	y (Quarterly	Pre-referendum
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
		Semi-annual		Fourth	Special
		Mid Yea		Semi-annual	
Other:		Year End	' ⊢	Mid Year	10. Special Report Name
8. Number of Fundr	aissus this Donaut	Final	H ,	Year End	
	alsers this Report	Special		Final Special	
11. Account Informa			11. Account I		
a. Financial Institution Fu				itution Full Name	
PNC Bank					
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign	AF	<u> </u>			
_	d. Period Begin Balance				d. Period Begin Balance
Finance	\$ 100.00				\$
CERTIFICATION					
the NC General Statut is complete, true and c	nittee or Fund is in complies and that no funds are concorrect and that I have been P BALD Printed Name of Signer	mmingled with proh trained by the NC S	ibited or other n	non-disclosed funds. I lections.	& 22D-22M of Chapter 163 of further certify that this report /30/2019
FOR OFFICE USE ON			Tr		
Date Received:		Employee:	,	D	Delivery Method Normal Mail
Date Postmarked:		Employee:			Registered Mail Hand Delivered
Date Scanned:	SEP 3.0	2019 Employee:	-		Electronically Filed Signer has not received
Date Data Entered	l: 15)	Employee:	-		mandatory training
Please Note: This	form cannot be used to am	and committee infor	mation such as	tha aammittaa addmaa	

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.

Amendment

Yes

No

 \boxtimes

Detailed SummaryUse 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 Aaron Kohrs	2019 35-Day		
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this 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)	\$ 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 Organizati	ions <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, 11	lc, 11d and 11e)	\$ 1267.39	\$ 1367.39
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 492.41	\$ 492.41
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)	\$ 124.95	\$ 124.95
17) In-Kind Contributions	(CRO-1510)	\$ 392.39	\$ 392.39
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1009.75	\$ 1009.75
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 357.64	\$ 357.64
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	Laurent State of the State of t
21) Outstanding Loans (incl. ones from other campaign	ns) (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)	\$	\$
ao, continuations to be iterationed	(CRO-1213)	*	¥

		m Individuals vidual contributions o	over \$50	Pg 0 or contributions unde	<u>1</u> of er \$50 if form CR	<u>4</u> O 1205 is no	Amendment Yes ot used	i No
		and Fund if applica				2. ID Nun		
Committe	ee toElect Aaron k	Kohrs						
3. Contri	butor Informatio	on .		Add Ren	nove	-1-		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)							
Virginia S				Retired	acific Field	-		
113 32 nd	St NW NC 28601			c. Employer's Name/Sp Educator	ecilic riela	1		
THEROTY,	NC 20001			Educator		e. Election S	um to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y)	yy)	k. Amount	
	AK	Check			8/12/20)19	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Ren	nove			
a. Full Nan	ie, Mailing Address d	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			- 1070				
Corey Ric				Director/CEO c. Employer's Name/Sp	ooifia Field	-		
227 5th A	ve NE NC 28601			Healthcare	ecinc Field	1		
THEKOLY,	NC 28001			Integrated Care of (Greater	e. Election S	um to Date	
				Hickory		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	
	AK	Check			8/12/20		\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on .		Add Ren	nove		-	
1.3%	ne, Mailing Address &			b. Job Title/Profession		d. Comment	s	
(include	city, state, & zip)							
Hani Nas				Strategic Planning				
250 3rd A	• •			c. Employer's Name/Sp	ecific Field	-		
Hickory,	NC 28601			Klingspor		e. Election S	um to Date	
						\$	267.44	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
		In-Kind	T-Sł		8/5/20		\$	247.44
		In-Kind	Doo	r Hangers	9/6/20)19	\$	20.00
							\$	
4. Total	only this Pag	e				\$		417.44

\$

1267.39

5. Total of ALL CRO-1210 Pages

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

		n Individuals vidual contributions o	ver \$50	P _E or contributions un		<u>4_</u> O 1205 is no	Amendment Yes of used	No No
		and Fund if applical				2. ID Num		
	ee toElect Aaron k							
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nan	ie, Mailing Address d	& Phone		b. Job Title/Profession	1	d. Comment	S	
	city, state, & zip)							
Jean Abe				Homemaker		-		
	per Lee Dr			c. Employer's Name/S Homemaker	specific Field			
Newton,	NC 28658			Homemaker		e. Election S	um to Date	
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	AK	Check			8/21/20)19	\$	75.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Title/Profession	1	d. Comment	S	
	city, state, & zip)							
Michael I				President/Founder		-		
	Ave NW, #45			c. Employer's Name/S Illimunatis	specific Field			
Hickory,	NC 28601			Marketing	e. Election Sum to Date			
				Marketing		\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	AK	Check			8/28/20	019	\$	250.00
	AK	Check			9/21/2	019	\$	250.00
							\$	
3. Contri	ibutor Informatio	on		Add Re	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comment	ts	
	city, state, & zip)							
Mary Pri				Homemaker		_		
221 31st Ave NW Hickory, NC 28601				c. Employer's Name/S Homemaker	specific Field	-		
				Homemaker		e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	j. Jn-l	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	AK	Online			8/31/20		\$	50.00
							\$	
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

625.00

1267.39

\$

\$

Amendment **Contributions from Individuals** X No Yes Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) Committee to Elect Aaron Kohrs 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Facilty Operations Manager Ira Roberts c. Employer's Name/Specific Field 611 E Boston Ave Bessemer City, NC 28016 Target e. Election Sum to Date \$ 30.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 30.00 9/6/2019 П AK Online \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Patrick Daily **Executive Director** c. Employer's Name/Specific Field 3864 Serenity Dr Hickory Landmarks Society Hickory, NC 28602 e. Election Sum to Date 50.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment \$ 50.00 9/9/2019 AK Check \$ \$

3. Contr	ibutor Informatio	On .	☐ Add	Remove	d. Comme		
a. Full Nar	ne, Mailing Address	& Phone	b. Job Title/Profe	b. Job Title/Profession			
(include	city, state, & zip)						
Josh Shar	mpo		Founder				
682 22 nd Ave NE, #4			c. Employer's Na	me/Specific Field			
Hickory,	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/y	ууу)	k. Amoun	it
	AK	Cash		9/23/2	2019	\$	20.00
						\$	
						\$	
4. Total only this Page							100.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100			CRO-1100)		\$		1267.39
CRO-121	10		NC State Board of I	Elections			April 2007

Contributions from Individuals

				Amen	dment		
Pg	4	of	4		Yes	\boxtimes	No
ns unde	r \$50 if fo	orm CRO 1	1205 is 1	not used			

Use this f	form to report indi	vidual contributions of	over \$50	or contr	ibution	s unde	r \$50 if form CR			
1. Comm	ittee Full Name (and Fund if applica	ble)					2. ID Num	ber	
Committe	ee to Elect Aaron I	Kohrs								
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address é	& Phone		b. Job T	itle/Prof	ession		d. Comments	3	
(include Aaron Ko	city, state, & zip)			Mohili	ity Man	ager				
121 20 th							cific Field			
	NC 28601			Greenv	way Pu	blic				
				Transp	ortatio	n		e. Election Su	um to Date	
								\$	124.95	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Web	site			8/20/20	119	\$	42.95
		In-Kind	PO I	Зох			8/20/20	019	\$	77.00
		In-Kind	Filin	g fee			8/21/20	019	\$	5.00
3. Contri	butor Informatio	n		Add		Rem	ove			
	ıe, Mailing Address &	& Phone		b. Job Ti	itle/Profe	ession		d. Comments	1	
(include	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-K	Kind Descri	iption		j. Date (mm/dd/yy	уу)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Ti	itle/Profe	ession		d. Comments	i	
(include	city, state, & zip)			_						
				c. Emplo	yer's Na	me/Spe	cific Field			
								e. Election Su	ım to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
									\$	
									\$	
									\$	
4. Total	only this Page	e						\$		124.95
5. Total	of ALL CRO	-1210 Pages						\$		1267.39
(This line	must be on line 6 of .	Detailed Summary Page C	CRO-1100)						

Th.	1		4
Dis	bп	rsem	ents

g <u>1</u>

f 2

Amendment
Yes

No

 \boxtimes

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

1. Committee F	ull Name (and Fund	d if applicable)			2. ID Number
Committee to el					
3. Type of Disbu	rsement (Plea	se use separate C	RO-1310 forms for each ty	pe of Disbursem	ent.)
Operating Ex		Contributions to Car	ndidates/Political Committees	Co	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,					
Paypal					
2211 N First St			c. Level Registered (Specify)		
San Jose, CA			Federal	County:	
			State 🖂	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	O	8/3/2019	\$1.75	Fee
				A. 15	Paypal Website
AK	Debit	0	9/6/2019	\$1.17	Fee
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Wix	Sc Zip)				
225 W 39 th St			c. Level Registered (Specify)		
	10018		Federal	County:	1
New York, NY 10018			State	Municipality:	e. Election Sum to Date
					\$ 34.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AK	Debit Debit	A	9/10/2019	\$28.00	Wix Website
					Fee
AK	Debit	A	9/23/2019	\$6.50	Wix Website Fee
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	UI.				
USPS					
231 Governmen	t Ave SW		c. Level Registered (Specify)		
Hickory, NC 28			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
AK ACCOUNT CODE	Debit Debit	I	9/20/2019	\$105.00	Postage for Mailer
AK	Debit	I	9/20/2019	\$60.00	Postage for Mailer
					\$ 202.42
5. Total only thi					φ 202.42
(This line goes in (This line goes in	line 13b of Detailed Sun	nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu	cal Comm)	\$ 492.41
A* - Media E - Salaries I - Postage O* - Other	es (List detailed ex B* - Printing F* - Equipment J - Penalties	C* - Fun G - Politi K* - Offi	draising cal Party ce Expenses		ner Candidate g Public Office Expenses on to Legal Expense Fund
* Codes requir	e detailed explanat	ion in required r	emarks field (K)		

Disbursements Pg 2 of

				Amei	nament		
Pg	<u>2</u>	of	<u>2</u>		Yes	\boxtimes	No

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

1. Committee F	ull Name (and Fun	d if applicable)					2. ID Number	
Committee to el	ect Aaron Kohrs							
3. Type of Disbu	ursement (Plea	se use separate C	RO-1310 fo	rms for each	type of Disburse	ment.)		
Operating E	- Comment	Contributions to Car					ed Party Expenditures	
4. Payee Inform			Add		Remove			
a. Full Name, Mailing Address & Phone				ted Committee N		d Co	omments	
			b. Coordina	icu Committee i	Тапс	u. cc	mittents	
(include city, state,	& zip)		-					
Canva						_		
Sydney, Austral	ia		c. Level Reg	istered (Specify)				
			Fede	_	County:			
			State	\square	Municipality:	e. Ele	ection Sum to Date	
						\$ 2	280.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	ım/dd/yyyy)	j. Amount		equired Remarks	
AK	Debit	A	9/11/20	119	\$280.00	Post	cards	
					\$			
4. Payee Inform	ațion		Add		Remove			
	ng Address & Phone		b. Coordina	ted Committee N	ате	d. Co	omments	
(include city, state,								
PNC Bank	ot zipj							
34 2 nd St NW			e I aval Dag	istered (Specify)				
	CO1		Fede		County:	-		
Hickory, NC 28	601			_	-	. El	ation Com to Date	
			State		Municipality:	e. Ele	ection Sum to Date	
					.,	\$ 9	9.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	m/dd/yyyy)	j. Amount	k. Re	equired Remarks	
AK	Debit	K	8/15/20	119	\$9.99	Che	ck Printing	
					\$	rec		== ==
4. Payee Inform			Add		Remove	1.0.		
a. Full Name, Maili	ng Address & Phone		b. Coordinat	ted Committee N	lame	a. Co	omments	
(include city, state,	& zip)							
			c. Level Reg	istered (Specify)				
	Federal County:							
			State Municipality:			e. Election Sum to Date		
						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n	ım/dd/yyyy)	j. Amount	k. Re	equired Remarks	
	-				\$			
	1				\$			
5. Total only thi	is Page					\$	289.99	
The second secon	CRO-1310 Pages							
(This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun				ical Comm)	\$	492.41	
	line 13c of Detailed Sun							
	es (List detailed ex			2				
A* - Media	B* - Printing	C* - Fun			D - To Ano	ther Can	didate	
E - Salaries	F* - Equipment						c Office Expenses	
I - Postage O* - Other	J - Penalties		ce Expenses				egal Expense Fund	
	e detailed explanat	ion in required r	emarks field	l (k)			الأفار سيقم إلى الم	

Refunds/Reimbursements From the Committee

Jse this form to report	t refunds/reimbursements,	including contribution	ns returned to th	e contributor.
DOG WIND TOTAL TO TOPOL				

1. Committee Full I	2. ID Number							
Committee to Elect Aaron		<u> </u>						
	3. Payee Information Add Remove							
a. Full Name, Mailing A			d. Type of Committee		h. Original Receipt Date			
(include city, state, &	zip)		Candidate Referendum	PAC Party	8/11/2019			
121 20th Ave NW			e. Level Registered (Specify	y)	i. Original Receipt Amount			
Hickory, NC 28601			Federal State	County: Municipality:	\$ 42.95			
			f. Purpose Code		j. Election Sum to Date			
			L	\$ 124.99				
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code			
Mobility Manager		Greenway Public Tran			AK			
I. Form of Payment	m. Required F	Remarks		n. Date (mm/dd/yyy	y) o. Amount			
Check	Website			8/20/2019	\$ 42.95			
				0/20/2017	42.73			
3. Payee Informatio		Ad						
a. Full Name, Mailing Ad			d. Type of Committee		h. Original Receipt Date			
(include city, state, & z	zip)		Candidate	PAC	8/11/2019			
Aaron Kohrs			Referendum (Sif	Party				
121 20th Ave NW			e. Level Registered (Specify		i. Original Receipt Amount			
Hickory, NC 28601			Federal State	County: Municipality:	\$ 77.00			
			f. Purpose Code		j. Election Sum to Date			
			L		\$ 124.95			
b. Job Title/Profession		c. Employer's Name/Specific Field g. Comments			k. Account Code			
Mobility Manager		Greenway Public Tran			AK			
l. Form of Payment	m. Required R	temarks		n. Date (mm/dd/yyy	yyy) o. Amount			
Check	PO Box			8/20/2019	\$ 77.00			
3. Payee Information	n	☐ Ad	ld Remove					
a. Full Name, Mailing Ad	idress & Phone		d. Type of Committee		h. Original Receipt Date			
(include city, state, & 2	zip)		Candidate	PAC				
Aaron Kohrs			Referendum	Party	8/16/2019			
121 20th Ave NW			e. Level Registered (Specify)	i. Original Receipt Amount			
Hickory, NC 28601			Federal State	County: Municipality:	\$ 5.00			
			f. Purpose Code		j. Election Sum to Date			
					\$ 124.95			
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code			
Mobility Manager		Greenway Public Tran	-		AK			
I. Form of Payment m. Required Remarks				n. Date (mm/dd/yyy	y) o. Amount			
Check Filing 8/21/2019					\$ 5.00			
4. Total only this Pa	\$ 124.95							
		(This line must be on line 16 of Detailed.	Summary Page CRO-1100)		\$ 124.95			
L - Returned to Contribu	utor	M - Overpayment for Service		Contribution Limit				
P* - Reimbursement of		O* Other						
Codes require detailed explanation in required remarks field (m)								

In.	-Kin	d Co	mtri	hnti	one
	-17111	uı	711 LT 1		OHS

ibutions

Pg 1 of 1 Yes 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) Num	nber
Committee to Elect Aaron Kohrs							
		nove					
a. Full Name, Mailing Address & Phone	-			Contributor	c. Comments		
(include city, state, & zip)	- F	\boxtimes		vidual			
Hani Nassar 250 3 rd Ave NE	<u> </u>			didate			
250 3 Ave NE Hickory, NC 28601	-	╡	Party PAC	•			
Hickory, NC 20001		╡		erendum	d Fle	otion S	Sum to Date
			Other Receipt Source		u. Etc		
		_			\$	267.	
e. Description				f. Date (mm/dd/yyy	/y)	g. Fa	ir Market Amount
T-Shirts				8/5/2019		\$	247.44
Door Hangers				9/6/2019		\$	20.00
						\$	
3. Contributor Information Add	Rem	iove					
a. Full Name, Mailing Address & Phone	b.	. Тур	e of C	Contributor	c. Con	nments	
(include city, state, & Ap)			Indiv	vidual			
Aaron Kohrs		₫	Cand	didate			
]	Party				
	Ļ]	PAC	1			
	-	_]		rendum	d. Election Sum to Date		
		<u> </u>	Othe	er Receipt Source	\$ 124.99		
e. Description				f. Date (mm/dd/yyy	y)	g. Fa	ir Market Amount
Website				8/ 10 /2019		\$	42.95
PO Box				8/ ‡∮ /2019		\$	77.00
Filing Fee				8/ PG /2019		\$	5.00
3. Contributor Information Add	Rem	iove					
a. Full Name, Mailing Address & Phone	b.	Турс		ontributor	c. Con	nments	
(include city, state, & zip)	4 L	_]		vidual			
	<u> </u>	=		didate			
	-		Party				
			PAC Referendum		d Floation Sum to Date		1. B.4.
				-	d. Election Sum to Date		am to Date
			Other	r Receipt Source	\$		
e. Description				f. Date (mm/dd/yyy	y)	g. Fai	ir Market Amount
						\$	
						\$	
						\$	
4. Total only this Page					\$	392.3	39
5. Total of ALL CRO-1510 Pages			$\overline{}$				