	eneral report and committee	information, must	be signed and	submitted along with	other detailed forms.
1. Committee Info	n to update information				
a. Fuli Name	2 ALLOS CAUCE				c. ID Number
Committee to Elec	t Aaron Kohrs				
b. Mailing Address (inc	clude City, State and Zip Code)				d. Date Filed
PO Box 2674					10/25/2010
Hickory, NC 28603	3				10/25/2019
					e. Phone Number
					828-578-2732
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Peric (mm/dd/	od End Date	5. Treasurer Fu	ll Name
2019	9/25/2019	1	0/21/2019	David Baldwin	
6. Type of Commit		9. Type of Rep	ort (check	only one type of repo	rt from one category)
Candidate Camp	· = ·	Municipal		e/County	Referendum
PAC Independent	Referendum	Organizati	onal	Organizational	Organizational
Expenditure Legal Expense F	Joint Fundraiser	Thirty-five	day	Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primar	v   🗆	First	Final
"Booster Fund"	(0.44			Second	Supplemental Final
Building Fund		Pre-electio	lП	Third	Annual
_		Semi-annu	al 🔲	Fourth	Special
		Mid Y	/ear	Semi-annual	
Other:		Year	End	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fund	lraisers this Report	Special Special		Final	
11. Account Inform	oation		11 4 22 2 2 2	Special Information	
a. Financial Institution				nstitution Full Name	
PNC Bank	1 432 I 183120		a. Pinanciai i	istitution Pull Ivallic	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign bank	AI	ζ			
account	d. Period Begin Balance	<u> </u>			d. Period Begin Balance
	\$ 357.64				
CEDMINA					\$
CERTIFICATION				0.4	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
					3, & 22D-22M of Chapter 163 of
	dies and that no funds are collines are collines and that I have been				s. I further certify that this report
David Bald		i tranica by the 14	and	B. Le	10/25/19
David Baid	Printed Name of Signer		Signature of Appe	1 July	Date
FOR OFFICE USE O			Ç		
Date Received:		Employe	e.		Delivery Method
Date Received.	DEDE	DI IP D	U	THE RESERVE OF THE PROPERTY OF	Normal Mail
Date Postmarke		W E Employe	e:		Registered Mail Hand Delivered
D : C :	OCT <b>25</b>	2040			Electronically Filed
Date Scanned:	- UCI & 3	ZU19 Employe	e:		Signer has not received
Date Data Enter	red: By	Employe	e:		mandatory training
Please Note: The	is form cannot be used to an	end committee in	formation such	as the committee add	ress treasurer assistant treasurer

Amendment

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

CRO-1000 NC State Board of Elections August 2008

custodian of books information, or account information.

Amendment Yes  $\boxtimes$ No

**Detailed Summary**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 Aaron Kohrs	2019 Pre-Election	•	
Start of Election Cycle: January 1,  4) Cash on Hand at Start	2019	Total this Reporting Perio \$ 357064	Total this Election Cycle \$ 0
4) Cash on Hand at Start RECEIPTS		\$ 337004	3 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1080.00	\$ 2447.39
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	(CRO-1240)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	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, 1	1c, 11d and 11e)	\$ 1080.00	\$ 2447.39
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 841.88	\$ 1334.29
13b) Contributions to Candidates/Political Commi	ittees (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
17) In-Kind Contributions	(CRO-1510)	\$ 205.00	\$ 597.39
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1046.88	\$ 2056.63
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 390.76	\$ 390.76
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	(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)	\$	\$

Con	tribi	ition	e from	Individual	e
COII	ETIDI	uuon		Illulviuuai	Э

		II IIIUIVIUUAIS	<b></b>		rg	OI	<u>3</u>	t used	Z 7.0
		vidual contributions o		or contri	butions unde	er \$50 if form CRO	2. ID Nun		
1. Comm	ittee Full Name (	and Fund if applicat	ole)				2. ID Nun	nder	
Committe	e to Elect Aaron I	Kohrs							
3. Contri	butor Informatio	n		Add	Ren	nove			
	e, Mailing Address é	& Phone		b. Job Tit	tle/Profession		d. Comment	ts	
	city, state, & zip)			CDMIA					
Pail Pack				CRNA		asign Field			
	Av Pl NW				y <mark>er's Name/Sp</mark> o a Valley Me				
Hickory,	NC 28601			Center	a valley ivie	suicai	e. Election S	Sum to Date	
				Conto					
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount	
	AK	Debit				9/27/20	19	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add	Ren	nove			
	ie, Mailing Address &			b. Job Ti	tle/Profession		d. Comment	ts	
(include	city, state, & zip)								
Rebecca l	Ingfeild			Attorne					
510 11 <sup>th</sup> A	Av Pl NW				yer's Name/Sp	ecific Field			
Hickory,	NC 28601			Self			T1 (1 C	1. D. 4.	
							e. Election S	sum to Date	
							\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount	
	AK	Check				10/7/20	)19	\$	200.00
								\$	
								\$	
3. Contri	butor Informatio	on		Add	Ren	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Ti	tle/Profession		d. Commen	ts	
	city, state, & zip)								
Joey Osb				Preside		*e" . To" . L.3	-		
431 6 <sup>th</sup> St					yer's Name/Sp		-		
Hickory,	NC 28601			Mosqu	to Authority		e. Election S	Sum to Date	
							\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption	j. Date (mm/dd/y)	ууу)	k. Amount	
	AK	Debit				10/8/20	)19	\$	250.00
								\$	
								\$	
4. Total	only this Pag	e					\$	-11	550.00
5. Tota	of ALL CRO	-1210 Pages					\$		1080 00

Amendment

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

		m Individuals vidual contributions o	over \$50	Pg ) or contributions unde		3 O 1205 is no	Amendmen Yes t used	
1. Comm	ittee Full Name (	and Fund if applica	ble)			2. ID Num	ber	
Committe	ee to Elect Aaron	Kohrs						
3. Contri	butor Informatio	on		Add Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	3	
	city, state, & zip)							
David Ba				CPA				
227 5th St				c. Employer's Name/Spe	ecific Field	(c)		
Hickory,	NC 28602			Self		e. Election St	um to Data	
							im to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	AK	Debit			10/17/20	)19	\$	25.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)							
Allen Wo				Attorney				
630 21st A				c. Employer's Name/Spe	ecific Field			
Hickory,	NC 28601			Self		e. Election Su	um to Dota	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	AK	Check			10/17/20	019	\$	100.00
							\$	
							\$	
3, Contri	butor Informatio	on The Control of the		Add Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	3	
	city, state, & zip)							
DW Bent	•			Manager	*e* T3*.5.1	,		
2602 2 <sup>nd</sup>				c. Employer's Name/Spe Smoothie King	ecinc Field			
Hickory,	NC 28601			Smoothie King		e. Election St	ım to Date	
						\$	185.00	
£ Dui	a Assaurt Cade	h. Form of Payment	i In L	Kind Description	j. Date (mm/dd/yy)	vv)	k. Amount	
f. Prior	g. Account Code							150.00
		In-Kind		nt Space	10/17/20		\$	150.00
		In-Kind	Win	e for Event	10/17/2	019	\$	25.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

In-Kind

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

Balloons

10.00

310.00

1080.00

\$

10/17/2019

\$

\$

		m Individuals ividual contributions of	over \$50	Pg 0 or contributions unde	3 of er \$50 if form CR	O 1205 is n	Amendment Yes ot used	No No
		(and Fund if applical				2. ID Nur		
Committe	ee to Elect Aaron	Kohrs						
3. Contri	butor Informatio	on		Add Rem	nove			
a. Full Nam	ne, Mailing Address d	& Phone		b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)							
Katherine				Educator				
121 20 <sup>th</sup> A	Av NW			c. Employer's Name/Spe	ecific Field			
Hickory,	NC 28602			Retired				
						e. Election S	Sum to Date	
			,			\$	20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	Food	d for Event	10/17/2	019	\$	20.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rem	love			UL ILÉ exci
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	d. Commen	ts		
	city, state, & zip)							
Corey Ric				Director/CEO				
227 5th Av				c. Employer's Name/Spe	ecific Field			
	NC 28601			Healthcare Integrate				
,				Care of Greater Hick	kory	e. Election S	Sum to Date	
						\$	200.00	
			1		1 D. 4 ( 1)3/-			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy		k. Amount	
	AK	Debit			10/8/20	)19	\$	200.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add Rem	iove			
	ne, Mailing Address &			b. Job Title/Profession		d. Commen	its	
(include	city, state, & zip)							
				c. Employer's Name/Spe	cific Field			
						777 (1 /	2 1 72 1	
						e. Election S	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
4. Total	only this Page	e				\$		220.00

5. Total of ALL CRO-1210 Pages

980.00

\$

Disburseme	ents
------------	------

Amendment Yes

No

 $\boxtimes$ 

**DISDURSEMENTS**Pg 1 of 3 Ye

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

	ull Name (and Fun	d if applicable)					2. ID Number
	lect Aaron Kohrs						
3. Type of Disbu	ersement (Plea	ise use separate C	RO	0-1310 forms for	each ty		
Operating E	xpenses	Contributions to Car	ndid	lates/Political Commit	tees		oordinated Party Expenditures
4. Payee Inform	ation		A	\dd		Remove	
	ng Address & Phone		b	. Coordinated Comm	ittee Na	ıme	d. Comments
(include city, state,	-						
Facebook			1				
1 Hacker Way			c.	Level Registered (Sp	ecify)		7
Menlo Park, CA	94025		Г	Federal	Π	County:	
, wiemo rank, er	191023		۱ħ	State	$\boxtimes$	Municipality:	e. Election Sum to Date
			-			wanterparity.	C. Diceton Sum to Date
							\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	у)	j. Amount	k. Required Remarks
AK	Debit	A		10/8/2019		\$25.00	Facebook Ads
							FAcebook Ads
AK	Debit	Α		10/17/2019		\$25.00	1710000K71dS
4. Payee Inform	ation		A	dd		Remove	
	ng Address & Phone		b.	. Coordinated Comm	ittee Na	me	d. Comments
(include city, state,	•						
Kaesar Blair PL			1				
PO Box 42	•		C.	Level Registered (Sp	ecify)		
	10501		F.	Federal		County:	-
Tarrytown, NY	10391		∥⊧	State	Ħ	-	e. Election Sum to Date
			┞┕	State		Municipality:	e. Election Sum to Date
						111	\$ 583.90
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
AK	Debit	A		10/4/2019		\$343.89	Yard Signs
			_				
AK	Debit	A		10/9/2019		\$240.01	Door Hnagers
4. Payee Inform	ation		A	dd		Remove	
a. Full Name. Mailir	ng Address & Phone		b.	Coordinated Comm	ittee Na	me	d. Comments
(include city, state,	-						
Paypal	z zipj		1				
2211 N 1 <sup>st</sup> St				Level Registered (Sp	ecify)		
San Jose, CA 95	1131		F	Federal		County:	-
Sali Jose, CA 93	131		╽┝	State	$\boxtimes$	Municipality:	e. Election Sum to Date
			H	J State		within cipanty.	
							\$ 17.90
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyy	y)	j. Amount	k. Required Remarks
AK	Debit	О		9/27/2019		\$3.20	Website Fees
AK	Debit	O		10/8/2019		\$7.55	Webiste Fees
5. Total only thi	s Page					ni e	\$ 644.65
1.7 1.00000 1.0000	CRO-1310 Pages						
	line 13a of Detailed Sun	mary Page CRO-110	0 if	Operating Expenses)			¢ 041.00
	line 13b of Detailed Sun				/Politico	al Comm)	\$ 841.88
	line 13c of Detailed Sum						
	es (List detailed ex		_				
A* - Media	B* - Printing	C* - Fund				D - To Anoth	ner Candidate
E - Salaries	F* - Equipment	G - Politic					g Public Office Expenses
I - Postage	J - Penalties	K* - Offic		•			on to Legal Expense Fund
O* - Other		0111					6
	detailed explanati	on in required re	ema	arks field (k)			

					Amendment
Disbursements	Pg	<u>2</u>	of	3	Yes

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 Elect Aaron Kohrs								
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating E			lates/Political Committees			d Party Expenditures		
4. Payee Inform				\dd	Remove			
			-	. Coordinated Committee N		d Co	mments	
	ng Address & Phone		-	Committee Committee 11	······	4,00		
(include city, state,	& zip)		-					
PayPal			-			-		
2211 N 1 <sup>st</sup> St			c.	Level Registered (Specify)				
San Jose, CA 95	5131		ΙĿ	Federal	County:			
				State 🔀	Municipality:	e. Ele	ection Sum to Date	
						\$ 1	17.90	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount		quired Remarks	
AK	Debit	A		10/8/2019	\$1.03	Web	site Fees	
AK	Debit	A		10/8/2019	\$3.20	Web	site Fees	
4. Payee Inform	ation		A	dd 🔲	Remove			
	ng Address & Phone		-	. Coordinated Committee Na		d. Co	mments	
(include city, state,	-							
Wix	oc zipj		1					
225 W 39 <sup>th</sup> St				Level Registered (Specify)		+		
	10010		F.	Federal T	Country	+		
New York, NY	10018		<u> </u>		County:		ction Sum to Date	
			낟	State 🗵	Municipality:	e, Eie	etion sum to Date	
						\$ 6	52.50	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks	
AK	Debit	A		10/11/2019	\$28.00	Wix	Website Fee	
					\$			
4. Payee Inform	ation		A	\dd \	Remove	-		
	ng Address & Phone		b.	. Coordinated Committee Na	ame	d. Co	mments	
(include city, state,	•							
Sly Broadcast	oc zapj		1					
Bly Dioadeast				Level Registered (Specify)		-		
Dark Attament			- C.	Federal	County:	+		
Best Attempt			-		Municipality:	a Fla	ction Sum to Date	
			낟	_ State	ivium cipanty.	e. Ele	etion Sum to Date	
						\$ 4	10.00	
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	_	quired Remarks	
AK	Debit	A		10/15/2019	\$40.00		ne message dcasting	
					\$			
5. Total only thi	is Page					\$	72.23	
	CRO-1310 Pages							
178 17 445	line 13a of Detailed Sun	ımary Page CRO-1101	0 if	Operating Expenses)		_	0.41.00	
, ,	-			Contrib to Candidates/Politic	cal Comm)	\$	841.88	
, ,	_		_	Coordinated Party Expenditu				
	es (List detailed ex						1 18	
A* - Media	B* - Printing	C* - Fund			D - To Anoth	er Cand	lidate	
A* - Media E - Salaries	B* - Printing F* - Equipment						Office Expenses	
I - Postage	J - Penalties	K* - Offic					gal Expense Fund	
O* - Other	g i onditios	IL - OIII	E		× 2011411		o	
	e detailed explanat	ion in required re	em	arks field (k)				

 $\boxtimes$ 

No

Disbursements	Ρσ

				Amendment	
Pg	<u>3</u>	of	3	☐ Yes 🖂	N

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

	Full Name (and Fun	id if applicable)			2. ID Number		
	Elect Aaron Kohrs						
3. Type of Dish	ATTENDED TO STATE OF THE PARTY		CRO-1310 forms for each andidates/Political Committees	type of Disburser	ment.)		
Operating l	Coordinated Party Expenditures						
4. Payee Inform			Add	Remove			
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments		
(include city, state.							
David Baldwin	CPA PLLC						
345 2 <sup>nd</sup> St NE			c. Level Registered (Specify)				
Hickory, NC 28	8601		Federal	County:			
			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 125.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
AK	Debit	E	10/11/19	\$125.00	Treasurer		
		_	10/11/12	Ψ125.00	salary		
				\$			
4. Payee Inform			Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,	& zip)						
			c. Level Registered (Specify)		_		
			Federal	County:			
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Inform	notion		Add				
	ing Address & Phone		b. Coordinated Committee Na	Remove	d. Comments		
(include city, state,			D. Cool dinated Committee 132	ame	a. Comments		
(include city, state,	& Zip)		-				
			c. Level Registered (Specify)		-		
		1	Federal	Country	-		
			State	County:	e. Election Sum to Date		
			State	Municipality:	e. Election Sum to Date		
					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
# CD-4-1 In Ab.				] *	10100		
5. Total only thi	The state of the s				\$ 125.00		
	CRO-1310 Pages line 13a of Detailed Sum	Page CDO 1100	O of On anadis a Francisco				
	line 13b of Detailed Sum	al Camus)	\$ 841.88				
			o ij Contrio to Canaidates/Politic O if Coordinated Party Expenditu				
	es (List detailed exp			resj	The state of the s		
A* - Media	B* - Printing	C* - Fund		D - To Anoth	or Candidata		
E - Salaries F* - Equipment G - Politics				g Public Office Expenses			
			ce Expenses	Q* - Donation to Legal Expense Fund			
	e detailed explanation	on in required re	marks field (k)				

T	TZ: J	C	421	40
III:	-Mina	COL	itrio	utions

				Amendment					
Pg	1	of	1		Yes	$\boxtimes$	No		

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Jse CRC	-1215	if	In-Kind	Contributions	were or	will	be	refunded	within	7 d	ays.

1. Committee Full Name (and Fund if applicable)	2. ID Number					
Committee to Elect Aaron Kohrs						
3. Contributor Information Add	Remo	OVA				
a. Full Name, Mailing Address & Phone			Contributor	e. Cor	mments	
(include city, state, & zip)			ividual	U. C.	umtaris	
(			didate			
		Part				
		PAC	3			
DW Bentley		•	erendum	d. Ele	ction Sum to Date	
2602 2 <sup>nd</sup> Ave NW		Othe	er Receipt Source	\$	185.00	
Hickory, NC 28601			7			
e. Description			f. Date (mm/dd/yyy	уу)	g. Fair Market Amount	
Event space rental		10/17/19			\$ 150.00	
Wine for event		10/17/19			\$ 25.00	
Ballons for event			10/17/19		\$ 10.00	
3. Contributor Information Add	Remo	ove				
a. Full Name, Mailing Address & Phone	_	Type of C	Contributor	c. Con	iments	
(include city, state, & zip)	$\square \boxtimes$		vidual			
			didate			
		Party	•			
Katherine Kohrs		PAC				
121 20 <sup>th</sup> Ave NW			erendum	d. Election Sum to Date		
Hickory, NC 28601	LI Othe		er Receipt Source	\$ 20.00		
e. Description			f. Date (mm/dd/yyy	/v)	g. Fair Market Amount	
Food for event			10/17/19		\$ 20.00	
					\$	
					\$	
3. Contributor Information Add	Remo	ive		12-11-5		
a. Full Name, Mailing Address & Phone			ontributor	е. Соп	nments	
(include city, state, & zip)			vidual			
	$\Box$	Cand	didate			
		Party				
		PAC		d. Election Sum to Date		
			erendum			
		Otne	er Receipt Source			
e. Description			f. Date (mm/dd/yyy	y)	g. Fair Market Amount	
					\$	
					\$	
					\$	
4. Total only this Page	. 7 1 5	.=111.11	En Estener son	\$	205.00	
5. Total of ALL CRO-1510 Pages				\$	205.00	
(This line must be on line 17 of Detailed Summary Page CRO-1100)				Φ	203.00	