## **Disclosure Report Cover**

Amendment	M
Yes	No No
ar datailed forms	1

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	· · · · · · · · · · · · · · · · · · ·			STATE OF	ALC: N		
a. Full Name						c. ID Number		
Isenhov	wer	for Commissi	oner					
b. Mailing Address (include City, State and Zip Code)						d. Date Filed		
1537 Little Hill Road Newton, NC 28658								
Newton,	, NC	28658						e. Phone Number
								828 465-2143
2. Report Year	3. Per	iod Start Date (mm/e	ld/vv)	4. Period	End Da	te	5. Treasurer Full	Name
				(mm/dd/yy)				
2019		1/1/19		6/30			C. Randall	
6. Type of Committe		eck One)		pe of Report	(c		nly one type of report	
Candidate Campa	ign [	Party	Munic				County	Referendum
PAC	L	Referendum	ΙШ	Organizational	ı	Ш	Organizational	Organizational
Independent Expenditure Legal Expense Fu		Joint Fundraiser		Thirty-five day	y		Quarterly	Pre-referendum
7. Type of Fund		olicable, check one)		Pre-primary			First	☐ Final
"Booster Fund"	(ij upp	mediate, eneck one)	18	Pre-election		H	Second	Supplemental Final
Building Fund			lH	Pre-runoff		H	Third	Annual
				Semi-annual		Ħ	Fourth	Special
				Mid Year	r	_	Semi-annual	
Other;				Year End	l	ХX	Mid Year	10. Special Report Name
			lΠ	Final		一	Year End	
8. Number of Funda	raisers	this Report	16	Special		百	Final	
	0			•			Special	
					11. Ac	count	Information	MARKET BASKET BETTER
a. Financial Institution F	Full Nam	ie .			a. Fina	ncial In	stitution Full Name	
First Ci	itiz	ens Bank						
b. Purpose		c. Account Code			b. Purp	ose	In It It Is to the	c. Account Code
Campaigr	n	CRI d. Period Begin Balance				019		
Account								d. Period Begin Balance
		\$ 7528.59					By	\$
CERTIFICATION								
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report								
is complete, true and C. Randa	correc	t and that I have beer Isenhower	n traine	1 by the NC	Hate Be	ard of	Elections	7/25/19
-		ed Name of Signer			ignature o	f Appoi	nted Treasurer	7/25/19 Date
FOR OFFICE USE ONLY								
Date Received:				Employee:				Delivery Method Normal Mail
Date Postmarked	d:			Employee:				Registered Mail Hand Delivered
Date Scanned:	Signer has not received						Signer has not received	
Date Data Entered: Employee: mandatory training						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.								

Amendment

Yes

No

 $\boxtimes$ 

**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		
Isenhower for Commissioner	nnual				
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 7528.59	\$ 7528.59		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 0		
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$ 0		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizat	ions <i>(CRO-1250)</i>	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1	lc, 11d and 11e)	\$ 0	\$ 0		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 4100.00	\$ 4100.00		
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 1000.00	\$ 1000.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 0	\$ 0		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 5100.00	\$ 5100.00		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 2428.59	\$ 2428.59		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaig	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)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$	Mark Barrier		
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)	\$	\$		

Disbursem	ents			Pg		_1_ of .	2	Amendment Yes	ΙΧÍ	No	
Use this form to	report expenditures	from the committ	ee 1	for; operating expense		contributions to c	andidate				
	coordinated party ex										
	ull Name (and Fun			The second second	Ď.			2. ID Number		4,0	
	wer For Com				_						
3. Type of Disb				2-1310 forms for each	1 t)						
Operating E		Contributions to Ca		ates/Political Committees	1		ordinated	Party Expenditures	Section Section		
	ing Address & Phone	1000 07	-	dd Coordinated Committee	Na	Remove	d. Com	mente			
(include city, state,	_		-		1 100		ui com	inicites			
	ublican Pari illsborough	-	c.	Level Registered (Specify	y)						
Raleig	_			Federal							
Ratory	11, 110 2700			State		Municipality:	e. Elect	ion Sum to Date			
							\$3,600.00				
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy) j. Amount				k. Required Remarks			
CRI	Check	I B	3/12/19			\$ 3,600.0	Printing Fl				
						\$					
4. Payee Inform	ation		Δ	dd $\square$	Ē	Remove	- William		99000	-	
	ng Address & Phone			Coordinated Committee	Na		d. Com	ments			
(include city, state,	o .										
	thchild										
	and Harbor F	arkway	c. Level Registered (Specify)								
	d, NC 28657		Ι <u>Γ</u>	Federal	County:						
2101124111	.,		L	State		Municipality:	e. Electi	ion Sum to Date			
							\$500	0.00			
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)		j. Amount	k. Requ	ired Remarks			
CRI	Check	E		3/27/19		\$ 500.00					
						\$					
4. Payee Inform	ation		A	dd 🔲		Remove	CE, S	2 - 470 - 11		871	
	ng Address & Phone		b. Coordinated Committee Name				d. Com	ments			
(include city, state,	& zip)										
			c. Level Registered (Specify)								
			-	Federal		County:	- 10141	S C 4- D-4-			
			<b>-</b>	State	_	Municipality:	e. Liecti	ion Sum to Date			
							\$				
f. Account Code	g. Form of Payment	h. Purpose Code	Τ	i. Date (mm/dd/yyyy)		j. Amount	k. Requ	ired Remarks			
						\$					
						\$					
5. Total only thi	S Daga				_		¢ 1 1	00.00			
	CRO-1310 Pages					PATE MADE	φ <del>z</del> , ι	00.00			
	if Operating Expenses)			<b>.</b>							
	-	Contrib to Candidates/Polit Coordinated Party Expendi			\$ 5,	100.00					
	es (List detailed ex		_				o z r s	VE BER	The Lat		
A* - Media	B* - Printing	C* - Fund				D - To Anothe	r Candid	late			
E - Salaries	F* - Equipment	G - Politic						Office Expenses			
I - Postage O* - Other											

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

committees and		ependitures.	Pg see for; operating expense	<del></del>	Amendment  2 Yes candidate/political	⊠ No
	ower For Con	mmissioner use use separate C	CRO-1310 forms for each		nent.) coordinated Party Expenditure	Market (Section 1989)
4. Payee Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)			Add Coordinated Committee	Remove	d. Comments	
Phil Berger Committee P.O. Box 1309 Eden, NC 27289			c. Level Registered (Specif Federal State	y)  County:  Municipality:	e. Election Sum to Date	
f. Account Code	E C C D	h. Purpose Code	I December 1		\$1,000.00	
f. Account Code  CRI	g. Form of Payment CHeck	D D	i. Date (mm/dd/yyyy) 6/20/19	j. Amount \$1,000.00	k. Required Remarks	