		Amen	dment	
Disclosure Report Cover			Yes	No
II	must be signed and submitted along with	other de	etailed forms.	

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

1. Committee Infor	mation							
a. Full Name								c. ID Number
Committee to Elect	Tony W	/ood						
b. Mailing Address (incl	ude City,	State and Zip Code)						d. Date Filed
112 7th Ave NE								7/12/2019
Hickory, NC 28601								e. Phone Number
								828-267-0799
								320 201 0777
2. Report Year	3. Peri	od Start Date (mm/d	id/yy)	4. Period I (mm/dd/yy)	End Date		easurer Full	The state of the s
2019		7/12/2019		7/17	//2019	Micl	hael Anthony	Wood
6. Type of Committ	tee (Che	eck One)	9. Typ	e of Report	(check	only one	type of report	from one category)
Candidate Camp		Party	Municip		Sta	te/County		Referendum
PAC	Ī	Referendum		Organizational		Organiza	ational	Organizational
Independent		Joint Fundraiser		Thirty-five day		Quarterly	y	Pre-referendum
Expenditure				, ,				
Legal Expense F		licable, check one)		Pre-primary		Fir	rst	Final
7. Type of Fund  "Booster Fund"	(i) app	ucane, check the)	H	Pre-election			cond	Supplemental Final
Building Fund			l H	Pre-runoff		Th	ird	Annual
Building Fund				Semi-annual		Fo	urth	Special Special
				Mid Year	.   -	Semi-an	nual	
Other:				Year End		Mi	id Year	10. Special Report Name
				Final		Ye	ear End	
8. Number of Fund	raisers	this Report		Special		Final		
	0					Special		
11. Account Inform					11. Accou	nt Inform	ation	
a. Financial Institution		e			a. Financial	Institution 1	Full Name	
Bank of America								
b. Purpose		c. Account Code			b. Purpose		NE LE	c. Account Code
Campaign						11 1		
Finance						Hr	1111 117	2010
Finance		51 d. Period Begin Balance					JUL 17	d. Period Begin Balance
Finance		d. Period Begin Balanc					JUL <b>17</b>	d. Period Begin Balance
		d. Period Begin Balance				E	JUL <b>17</b>	
CERTIFICATION I certify that the Cou	nmittee	d. Period Begin Balance \$ 0  or Fund is in completed that no funds are completed.	iance wi	led with proh	ibited or ot	her non-di	cle 22A, 22B, sclosed funds.	
CERTIFICATION I certify that the Corthe NC General Statis complete, true and	nmittee utes and d correc	d. Period Begin Balance  \$ 0  or Fund is in completed that no funds are contained that I have been	iance wi	led with proh	ibited or ot	her non-di	cle 22A, 22B, sclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
CERTIFICATION I certify that the Cou	mmittee tutes and d correct onthony	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with proh	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	\$ & 22D-22M of Chapter 163 of
CERTIFICATION I certify that the Couthe NC General Statis complete, true and Michael And	mmittee utes and d correc nthony \ Printe	d. Period Begin Balance  \$ 0  or Fund is in completed that no funds are contained that I have been	iance wi	led with proh	ibited or ot	her non-di of Election	cle 22A, 22B, sclosed funds.	\$ 22D-22M of Chapter 163 of I further certify that this report 7/17/2019
CERTIFICATION I certify that the Conthe NC General Statis complete, true and Michael And FOR OFFICE USE C	nmittee tutes and d correct nthony ! Printe	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with proh	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	\$ 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method
CERTIFICATION I certify that the Couthe NC General Statis complete, true and Michael And	nmittee tutes and d correct nthony ! Printe	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with proh	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method  Normal Mail
CERTIFICATION I certify that the Conthe NC General Statis complete, true and Michael And FOR OFFICE USE C	mmittee autes and d correc athony \texts{Printe} DNLY	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with proh	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	\$ 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method
CERTIFICATION I certify that the Couthe NC General Statis complete, true and Michael Attraction of the NC OFFICE USE OFFICE USE OF Date Received:	mmittee autes and d correc athony \texts{Printe} DNLY	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with prob d by the NC S S Employee:	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered Electronically Filed
CERTIFICATION I certify that the Corthe NC General Statis complete, true and Michael Art  FOR OFFICE USE O  Date Received:  Date Postmarke	nmittee rutes and d correc nthony \ Printe DNLY  ed:	d. Period Begin Balance  \$ 0  or Fund is in complete that no funds are contained that I have been been been been been been been be	iance wi	led with probled by the NC S  Employee:  Employee:	ibited or ot State Board	her non-di of Election	cle 22A, 22B, sclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method  Normal Mail Registered Mail Hand Delivered
CERTIFICATION I certify that the Conthe NC General Statis complete, true and Michael And  FOR OFFICE USE OF Date Received:  Date Postmarked Date Scanned:  Date Data Enter	mmittee rutes and d correc nthony \ Printe DNLY  ed:	d. Period Begin Balance \$ 0  or Fund is in completed that no funds are contained that I have been been been been been been been be	iance wi	Employee: Employee: Employee: Employee:	ibited or ot State Board	her non-di of Election pointed Trea	cle 22A, 22B, sclosed funds.ns.	& 22D-22M of Chapter 163 of I further certify that this report  7/17/2019  Date  Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received

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

## **Detailed Summary**

Amendment

Yes 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	Organizational		
Start of Election Cycle: January 1,	2019	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS		No. of the state o	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 112.00	\$ 112.00
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 state of	
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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	'Id and IIe)	\$ 112.00	\$ 112.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committee	es <i>(CRO-1310)</i>	\$	\$
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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 12.00	\$ 12.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1		\$ 12.00	\$ 12.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract		\$ 100.00	\$ 100.00
ADDITIONAL INFORMATION	inc 10)		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)		\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	No. of State of the State of S
	(CRO-1720)	\$	
24) Account Transfers Within the Committee			•
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)	\$	\$

		n Individuals vidual contributions	over \$50	P O or contributions un		<u>1</u> O 1205 is no	Amendment Yes ot used	No.
		and Fund if applica				2. ID Nun		
Committe	ee to Elect Tony V	Vood						
3. Contri	ibutor Informatio	n		Add R	emove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Executive Recrui	ter			
	Anthony Wood			To a la conte Nome of	Caratina Field	-		
112 7 <sup>th</sup> Ave NE Hickory, NC 28601			c. Employer's Name/		-			
Hickory,	NC 28001			Timinony Tuige &	Diano ino	e. Election S	um to Date	
						\$	112.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	513	Check			07/17/2	019	\$	100.00
		In-Kind	Filir	ng Fee	07/12/2	2019	\$	12.00
							\$	
3. Contri	butor Informatio	on .		Add R	emove			
a. Full Nan	ne, Mailing Address d	& Phone		b. Job Title/Profession	on	d. Comment	ts	
(include	city, state, & zip)			-				
				c. Employer's Name/	Specific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	
							\$	
3. Contri	butor Informatio	n		Add 🔲 R	emove	Hiller,		
1	ne, Mailing Address d	& Phone		b. Job Title/Profession	00	d. Comment	ts	
(include	city, state, & zip)							
				c. Employer's Name/	Specific Field			
						e. Election S	ium to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
							\$	
							\$	
							\$	
4. Tota	l only this Pag	e				\$		112.00

\$

112.00

5. Total of ALL CRO-1210 Pages

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

In.	.Kin	d C	ont	rihu	tions	
	- 6 2 1 1 1	u	VIII	uvu		

					Amer	idment			
n-Kind Contributions	Pg	1	of	1		Yes	$\boxtimes$	No	-
	de or corvince pr	ovide/	d to the c	omm	ittee or f	ind			

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	ппар	plicable)					2. III	Number
Committee to Elect Tony Wood								
3. Contributor Information		Add		Remov	е			
a. Full Name, Mailing Address & Phone	The second secon		ontributor	c. Com	ments			
(include city, state, & zip)					Indiv	/idual		
Michael Anthony Wood					Cand	lidate		
11207 <sup>th</sup> Ave NE					Party			
Hickory, NC 28601					PAC			
								tion Sum to Date
					Othe	r Receipt Source	\$	12.00
e. Description						f. Date (mm/dd/yyy	y)	g. Fair Market Amount
Filing Fee						07/12/2019		\$ 12.00
								\$
								\$
3. Contributor Information		Add		Remov				
a. Full Name, Mailing Address & Phone				b. Ty		Contributor	c. Con	nments
(include city, state, & zip)				-    -		vidual		
				빌		didate		
					Party			
					PAC	3	1 701	dia Guerra de Dodo
						erendum	d. Elec	ction Sum to Date
Ð					Othe	er Receipt Source	\$	
e. Description						f. Date (mm/dd/yyy	/y)	g. Fair Market Amount
•								\$
								\$
								\$
3. Contributor Information		Add		Remov	re			
a. Full Name, Mailing Address & Phone						Contributor	c. Con	nments
(include city, state, & zip)					Indi	vidual		
					Can	didate		
					Part			
					PAC			
						erendum	d. Ele	ction Sum to Date
					Othe	er Receipt Source	\$	
e. Description						f. Date (mm/dd/yy	yy)	g. Fair Market Amount
								\$
								\$
								\$
4. Total only this Page						***	\$	12.00
5. Total of ALL CRO-1510 Pages							•	12.00
(This line must be on line 17 of Detailed S	ummar	Page CRO-11	00)				\$	12.00