Disclosure R	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 Information								
a. Full Name		c. ID Number						
	A > 200 /	c. ID Number						
	NEL							
	clude City, State and Zip Code)	N			d. Date Filed			
1537		7/11/18						
NEW	10H, NC 28	658			e. Phone Number			
					828-468-2143			
2. Report Year	3. Period Start Date (mm/c	4. Period	End Date	5. Treasurer Full I	Nama			
		(mm/dd/yy)						
2018	1/25/18		0/18	1 6 7	L ZENHOWER			
6. Type of Commit		9. Type of Report		ly one type of report f				
Candidate Camp	paign Party Referendum	Municipal Organizationa	State/Co		Referendum			
Independent			-	Organizational	Organizational			
Expenditure	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum			
Legal Expense F 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final			
"Booster Fund"	(y approache, check they	Pre-election		Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth	Special			
_		Mid Yea	r S	Semi-annual				
Other:		Year End	i 📙	Mid Year	10. Special Report Name			
9 Number of Fund	lugiagus this Donaut	Final		Year End				
8. Number of Fund	raisers this Report	Special		Final Special				
11. Account Inform	nation		11. Account I					
a. Financial Institution				itution Full Name				
FIRST	CMEENS 3	SNA						
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
Q 1740	CR2	2						
CANDAG ACROU	d. Period Begin Balance	d. Period Begin Balance			d. Period Begin Balance			
1 cecus	\$ 39/72.				\$			
					Φ			
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, rule and correct and that I have been trained by the NC State Board of Elections.								
TOD OFFICE VAL	Printed Name of Signer	S	ignature of Appointe	ed Treasurer	Date			
FOR OFFICE USE O	INLY			T	elivery Method			
Date Received:	MEREINE	Employee:		— ř	Normal Mail			
Date Postmarke	d)	Employee:			Registered Mail Hand Delivered			
Date Scanned:		Employee:			Electronically Filed Signer has not received			
Date Data Enter	ed:	Employee:			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.								
				,				

Amendment

Amendment No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. T			ID Number
Isenhower for Commissioner 2 nd	Quarter		
	2015	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 3972.42	\$ 692.89
RECEIPTS	(CRO-1205)	\$ 200.00	\$ 200.00
5) Aggregated Contributions from Individuals 6) Contributions from Individuals	(CRO-1210)	\$ 650.00	\$ 8243.90
		\$ 030.00	\$ 8243.90
7) Contributions from Political Party Committees	(CRO-1220)		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 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
,	(CRO-1250)	\$ 0	\$ 0
11b) Contributions from Not-for-Profit Organizations		\$ 0	\$ 0
11c) Outside Sources of Income	(CRO-1250)		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0	
11 e) Exempt Purchase Price Sales	(ÇRO-1265)	\$ 0	\$ 0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d	l and 11e)	\$ 850.00	\$ 8448.90
EXPENDITURES	第一个		
13) Disbursements 13a) Operating Expenditures	(CRO-1310)	\$ 0	\$ 3495.47
		\$ 0	\$ 0
		\$ 0	\$ 0
13c) Coordinated Party Expenditures	(CRO-1310)		\$ 0
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 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	\$ 823.90
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16	and 17)	\$ 0	\$ 4319.37
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	\$ 4822.42	\$ 4822.42
ADDITIONAL INFORMATION	(CD 0 1020)		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(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)	\$	\$

Aggregated Contributions from Individuals Optional form used to report NC Contributions From Individuals of \$50 or less 1. Committee Full Name (and Fund if applicable) SENTENCE EX FIX COMMISSIONES Amendment ☐ No 3. Contributor Information a. Amend 2. ID Number Add c. Form of Payment Remove d. In-Kind Description CASH Add e. Date (mm/dd/yyyy) Remove CASH f. Amount Add Remove \$ 50.00 CASH Add Remove \$ 50. Cw LSH Add Remove \$ 50,00 Add 30/18 Remove 50.W Add Remove Add Remove \$ 4. Total only this Page 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) CRO-1205 \$ 20000 NC State Board of Elections 200

Contributions from Individuals Use this form to report individuals			
Use this form to report individual contributions over \$5 1. Committee Full Name (and Fund if applicable) 3. Contributor Information		0	Parameters, Famoures
Name (and Fund if applies 5	0 or contributions	Pg of	Amendment
3. Contributor Information a. Full Name, Mailing Address & Phone		muer \$50 if form	CRO 1205 is not week
3. Contributor Information	MMCERCO	NEI	2. ID Number
circulae city state o	□ Add □	35	
PKN Zip)	Add R	emove	, he get a require
POR ELMORE VR	RET	ession	d. Comments
PANA ELMORE VR.	C.F.	IZE D	T-Sales
(ATAWBA NE	c. Employer's Na	me/Specific Field	1
3 85	CONSTRU	40 Fx.01)	
h. Form of p	1	1	e. Election Sum to Date
i. In-Kind Descri	iption	1	S CTO CRO
	j.	Date (mm/dd/yyyy)	k. Amount
		93/18	- TOUTH
			\$ (00,00
3. Contributor Information			\$
Trailing A 3 2			2
(include city, state, & zip)	Add Remove	e En Philippinoses	\$
16171 CROWS	. Job 11tle/Profession		
10.11 8 85 X X	LAWYE		Dimments
	Employer's Name/Spe	ciff. The	
f. Prior g. Account Code h. Form of p.	PARKER BACKE	chic Field	1
f. Prior g. Account Code h. Form of Payment i. In-Kind D.	Maker	e. Elam	flor a
- Villi Of Payment	BACH		tion Sum to Date
i. In-Kind Description	j. Date (mm/d II	
	5	k. A	Mount
		1/18 8	1000
3. Contribute V		\$	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state & stat		Ψ	
(include city, state, & zip)	Remove		
O. Job T	itle/Profession		electron and a second
P.O. ROW WARLICK DE	TIRES	d. Commen	ts
c. Emplo	yer's Name/Specific Fi		
MICONON, AC	s Name/Specific Fi	ield	1
Frior o Account	WER		
h. Form of p		e. Election Su	m to Date
A LECK And Description	li Det	18 60	W CO
	j. Date (mm/do	Lyyyy) k. Amount	
	145//	8 8 17	000
	1		
	1 -11	-1.70	
Total only 4.	1 2/1	\$	
Total only this Page	1 2/1	\$	
Total only this Page	13/1	\$	
Total only div	7 3/1	\$	

Contributions from Individuals Use this form to report individual contributions over 1. Committee Full Name (and Fund if applicable) 3. Contributor Information		
Use this form to report individuals		
1. Committee Full Name (and Fund if applicable) 3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zin)	\$50 or a Pg Z	Amand
SENACTA CONTRACTOR (Translate)	of contributions under \$50 if for	f \geq \square Yes
3. Contributor Informaci	25 44 44 55	m CRO 1205 is not used
a. Full Name, Mailing Address & Phone (include city, state, & zip)		2. ID Number
(include city, state, & zip)		
VASON TEL		
3603 7	a swy 5 }	d. Comments
3603 R COVD LANEY TA MASEN ISC 23658 I. Prior g. Account Code h. Form of Payment i. In-Kind De	c. Employer's N.	
MAISEN NE	A Name/Specific Field	
f. Prior g. Account Code h. Form of Payment i. In-Kind P.	SECE	
h. Form of Payment i. In-Kind Des		e. Election Sum to Date
	Crintia	C I Pan
1 Contraction	j. Date (mm/dd/yyy	y) k. Amount
	17/2/10	
	10	\$ Cover
3. Contributor Information		\$
a. Full Name, Mailing Address & Phone (include city, state, & zin)		
(include city, state, & zip)	Add Remove	\$
DAUID E. LOUPER D.O. BOX 3224	Title/Profession	
D.O. Box 3333	(ONSTRUCTS d.	Comments
440	c. Employer's Name/Specific Field	
C. Ched NC Sec 03	Sales Specific Field	1
f. Prior g. Account Code li		
f. Prior g. Account Code h. Form of Payment i. In-Kind Description	J. Lie	ction Sum to Date
i. In-Kind Description	18	2555
	J. Date (pum/dd/yyyy) k.	Amount
3. Come n		2502
3. Contributor Information	\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	\$	
	I Day	
- 130D	1 He/Profession	
	d. Commer	its
c. Emple	Oyer's Name/Specific Field	
6.70	porting Field	1
f. Prior g. Account Code h. Form	p Fr	
s- Account Code h. Form of Payment i. In-Kind Description	e. Election Su	m to Date
Description	j. Date (mm/dd/yyyy) k. Amoun	
	k. Amoun	
	\$	
4. Total		_
4. Total only this Page 5. Total of A Price Page	\$	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Details to	\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)		
Summary Page CRO-1100)	\$ 352	
NC State Board of Elections	\$ 65	2ª
Liections	0.0	