Disclosure Repo	ort Cover						Amendment
Use this form for gener	ral report and committee	informa	tion, must b	e signed	l and sub	mitted along with o	Yes No
Do not use this form to	update information					minor aroug min	ther detailed forms.
1. Committee Informa	ition						
a. Full Name							c. ID Number
Committee	to Elect M	licha	elle V	nor	gan		HDV4ZK
b. Mailing Address (include	City, State and Zip Code)				7		d. Date Filed
11025 11th 8 Hickory N	St. Circle Di	rive	NW				7/10/2018 e. Phone Number
111040. 174							828-244-4691
	Period Start Date (mm/d	id/yy)	4. Period (mm/dd/yy)		ate	5. Treasurer Full	
	1/22/2018	T			7018	JULIU C	
6. Type of Committee Candidate Campaign			pe of Report	t (C			t from one category)
PAC	Referendum	Municip	Organizationa	ał	State/Co	ounty Organizational	Referendum
Independent Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day			Organizational Quarterly	Organizational Pre-referendum
	f applicable, check one)		Pre-primary			First	Final
Booster Fund"		1 ==	Pre-election		14	Second	Supplemental Final
Building Fund			Pre-runoff			Third	Annual
			Semi-annual	Fourth			Special
			Mid Year	-	S	emi-annual	
Other:			Year End	1		Mid Year	10. Special Report Name
8. Number of Fundrais	Abia Damant		Final	Year End Final			
o. Mumber of Fundials	ers this Report		Special				
11. Account Informatio	\m_			44 44		pecial	
a. Financial Institution Full		11. Account Information					
Capital Ba		a. Financial Institution Full Name					
b. Purpose	c. Account Code			b. Purp	ose		c. Account Code
Campaign Finance	Jmm						WARECURE COMP
TINAMOR	d. Period Begin Balance						d. Period Begin Balance
THORCO	\$ 1247.6	20		ĺ			\$
	1011.4						3
is complete, true and corn	and that no funds are con rect and that I have been the EMEVA rinted Name of Signer	nmingle	by the NC St	ibited or tate Boa	r other no ard of Ele	on-disclosed funds	& 22D-22M of Chapter 163 of I further certify that this report
FOR OFFICE USE ONLY	!						
Date Received:	DEGETY		Employee:	÷.		<u> </u>	Delivery Method Normal Mail
Date Postmarked:	111111111111111111111111111111111111111	IIII F	Employee:	9			Registered Mail Hand Delivered
Date Scanned:	JUL 1 0 2018	U F	Employee:				Electronically Filed Signer has not received
Date Data Entered:	Ву		Employee:				mandatory training
Please Note: This form	m cannot be used to amer custodian	nd comr ı of bool	mittee inforn ks informatio	nation s	uch as th	e committee address	ss, treasurer, assistant treasurer,
You	must amend the Stateme						e 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. Ty	pe of Report		ID Number
4 11 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18 40	ondquarter	
The state of the s	510	Total this	Total this
	110	Reporting Period	Election Cycle
4) Cash on Hand at Start RECEIPTS		\$ 1247-60	\$
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 28 2800	\$ 4767.88
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ /00 00	\$ 50000
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		175 - 191-45 n.H. M. M. M.	
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, 11d a	and He)	\$292860	\$ 5269.88
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1890.84	\$ 2763.24
13b) Contributions to Candidates/Political Committees	(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)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 20000	\$ 421.88
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and	nd 17)	\$ 2090.84	\$ 3185.12
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 2084.76	\$ 2084.76
ADDITIONAL INFORMATION	(CDC 1225)		
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)	\$	\$

Contributions from Individuals

			Ame	ndment		/
Pg	of	8		Yes	9	No

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) Norgan Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) EXECUTIVE Director c. Employer's Name/Specific Field e. Election Sum to Date YNC 281001 esource g. Account Code f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 00 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Jeanine M Lynch 367 24th St. Ln NE c, Employer's Name/Specific Field School teacher e. Election Sum to Date Hickory NC 28601 h. Form of Payment i. In-Kind Description f. Prior g. Account Code j. Date (mm/dd/yyyy) k. Amount cO \$ \$ Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) c. Employer's Name/Specific Field e. Election Sum to Date 20 f. Prior i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount h. Form of Payment 0 6 00 4. Total only this Page 5. Total of ALL CRO-1210 Pages 00

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

Contributions from Individuals				Pg	2 01	8	Amendment Yes N			
Use this	form to report ind	lividual contributions	over \$5			RO 1205 is n				
1. Com	mittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber			
	nmittee.	to Elect V	NiV		7	HD	VYZK			
	me, Mailing Address		LY	Add Rei	move	1.6				
1	e city, state, & zip)	C I HOUC				d. Commen	ts			
Shau	ron Killia	M		Business C)wner					
37	90 Springs	S POLNE		c. Employer's Name/Sp	ecific Field					
	ory MC			Killians H	ardware	e. Election S	e. Election Sum to Date			
878-381-3836					\$ -	75 00				
f. Prior	g. Account Code	h. Form of Payment	i, In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	MMT	check			5/31/	2018	\$ 75.00			
					**		\$			
							\$			
3. Contributor Information			Add Ren	nove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comment	S			
				Safes R	ep					
Eli Glynn				c. Employer's Name/Spe	ecific Field					
2131 84h St. Dr. NW				C. Jai						
Hickory NC 28601 828- 224-8398				Cabi		e. Election S				
808	- 300 20					\$ /	00 00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	JWW	check			5/31/	2018	\$ /00.00			
							\$			
							\$			
	butor Informatio		9	Add Rem	ove					
	ne, Mailing Address & city, state, & zip)	: Phone		b. Job Title/Profession		d. Comments				
Tim	Gregory			Photograp						
253	Stu St	NW Hickory	11/	c. Employer's Name/Spe						
7860		1001110001	, NC	Selfen	uployed	e. Election Su	ım to Date			
	328-513	34				\$ / 3	50 00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	nd Description	j. Date (mm/dd/yyy	7 y)	k. Amount			
	JMM	check			5/31	2018	\$ 150.00			
							\$			
							\$			
	only this Page					\$	325°°			
	of ALL CRO-	1210 Pages Detailed Summary Page CR	A 1100			\$ 335°° \$ 28 28°°				
(z mis une	musi ve un une o of D	cutteu Summary Page CR	U-1100)			0000				

		0			-	Amen	/		
Contributions from Individuals		Pg	3	of	8		Yes	M	P
I lea this forms to remort in dividual annual least to the deal	4 71 47	-	A # 0 100		~				

Cot the form to report marviagar contribution		o or contributions und	er 220 il john Ck	.O 1205 is no	ot used		
1. Committee Full Name (and Fund if app				2. ID Nur	nber		
Committee to Elect	Mid	helle Mon	gan	HDU	142K		
3. Contributor Information	9	Add Re	nove				
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Commen	ts		
(include city, state, & zip)		retired to	acher				
Lloyd Kent Kertey 411 10th St. Dr. NW H NC 28601	·	c. Employer's Name/Sp		-			
1911 101, 04 Dr. 1000 H	nckery	ℓ		e. Election S	lum to Date		
NC 78601	,						
828-324-4982				\$	75 00		
f. Prior g. Account Code h. Form of Paymen	t i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
I JMM check			5/31/	7018	\$ 75.00		
					\$		
					\$		
3. Contributor Information		Add Ren	nove				
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Comments	s		
(include city, state, & zip)		Dentist					
Dr. George Clay							
Dr. George Clay 610 21st St. Ave Dr.	c. Employer's Name/Spe	ecific Field					
Hickory NO 28601				e. Election Si	um to Date		
828.302-61107				\$ /	5006		
f. Prior g. Account Code h. Form of Paymen	i. In-k	Lind Description	j. Date (mm/dd/yy)	yy)	k. Amount		
I JMM check			5/3/	2018	\$ 15000		
			1 1		\$		
		8	· · · · · · · · · · · · · · · · · · ·		\$		
3. Contributor Information	9	Add Rem	ove				
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Comments			
(include city, state, & zip)							
26 20 Harry Falk Dr		c. Employer's Name/Spec	cific Field				
Julie Cline 2522 Henry Falls Dr. Hickory NC 28602		Red cross	<u>.</u>	e. Election Su	m to Date		
HICKOVY NC 28602		8-00 0105			nn to Date		
f. Prior g. Account Code h. Form of Payment	i In-K	ind Description	j. Date (mm/dd/yyy	\$ /	00		
	1, IN-12	ind Description	J. Date (mm/uu/yyy	y)	k. Amount		
1 JMM check			5/31/0	1018	\$ 100 00		
					\$		
4 T-4 I 1 1 1 1 P					\$		
4. Total only this Page			\$ 32500				
5. Total of ALL CRO-1210 Pages				\$ 20000			
(This line must be on line 6 of Detailed Summary Page	e CRO-1100)			\$ J	300		

Cont	ributions fro	m Individuals		Pg	Ч	C	9	Amendment		
		dividual contributions	over \$5	_ b		or orm CR:	O 1205 is no	Yes 🗹 N		
		(and Fund if applica					2. ID Nur			
Con	nmittee to	Elect Mi	chel	le Morga	M					
	ributor Informat		P	144	move					
1	ame, Mailing Address	& Phone		b. Job Title/Profession			d. Commen	ts		
Rid	le city, state, & zip) Navd World 34 Valled	Mington 1 Field Rd. 281202		c. Employer's Name/S	occidic Field					
Hick	conj NC	281002					e. Election Sum to Date			
	3-294-						\$ /	00 00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (m	m/dd/yy	yy)	k. Amount		
	JMM	check		5 3		2018	\$ / 00.00			
								\$		
				<i>E</i>				\$		
	ributor Informati		G	Add Ren	nove					
a. Full Name, Mailing Address & Phone (include city, state, & zin)			b. Job Title/Profession			d. Comment	8			
(include city, state, & zip) Oliver Noble			retived it	ecific Field						
141	38th Ave	NW Hickor	Y							
NC	28601		/				e. Election St	um to Date		
828	- 324-4	1963					\$ 200 00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mr	n/dd/yyy	y)	k. Amount		
	JMM	check			5/3	1/2	018	\$ 200.00		
						ı		\$		
								\$		
	ibutor Informatio		P	Add Rem	iove					
	ne, Mailing Address &	& Phone		b. Job Title/Profession			d. Comments			
Vino	e Ferrett	1		Sales Ma c. Employer's Name/Spe	Mag	er				
620 Hleth AVEDr. NE HI'UGOYY NC 28601			_							
HILLORY NC 28601			Corning			e. Election Su				
808	20	353		<u> </u>			\$ 3	00 00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm	/dd/yyyy	()	k. Amount		
	JMM	check			53	1/2	7018	\$ 200 00		
					18/2	1		\$		

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)

\$ 500°° \$ 2**8**28°°

Contributions from Individuals Use this form to report individual contributions over \$50 or contributions under \$50 if form						8 O 1205 is no	Amendment Yes No
		(and Fund if applica				2. ID Nun	
<u> </u>	nitice to t			Morgan		HDU	42K
	ributor Informati		y		nove		
1	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comment	ts
Eliza	beth Fox			EXECUTIVE C. Employer's Name/Sp		-	
2060) and sti	or. NW		mediation (center of		
2060 2nd St Dr. NW Hickory NC 28601 828-413-2689				Mediation (em	e. Election S	
			r	Piedmont		\$ 7	500
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	JMM	online			5/30/2	7018	\$ 75.00
							\$
				·			\$
			9	Add Ren	nove		
a. Full Name, Mailing Address & Phone			b. Job Title/Profession		d. Comment	8	
0 .	city, state, & zip)			artist			
Jal	ly Famjo A First t	4		c. Employer's Name/Spe	ecific Field		
215	A First /	Fre SW			1		
1-tick	fory IVC	28602		Self emplo	yeq	e. Election S	um to Date
828	141 . 53(1)	068		1	·	\$ 2	00.00
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount
	MMT	online			5/28/2	018	\$15000
							\$
							\$
3. Contri	ibutor Informatio	n		Add Rem	ove		
a. Full Nan	ne, Mailing Address &	2 Phone		b. Job Title/Profession		d. Comments	
	city, state, & zip) Namie Li 7 5th St	indsay		NOT EMP	oyed		
HICK	PYTU IVC	98601				e. Election Su	ım to Date
828-1012-6485					\$ 7	75 00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount
	Jmm	online			5/28/2	2018	\$75.00
							\$

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)

		m Individuals ividual contributions o	ver \$5	Pg 0 or contributions unde	of er \$50 if form CR	8 O 1205 is no	Amendmen Yes ot used	-/	
1. Comn	nittee Full Name	(and Fund if applicat	ole)			2. ID Nun	ıber		
			rell.	e Morgan	1	HDU	42K		
	ibutor Informatio		9	1	nove				
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comment	S		
	city, state, & zip)	e		Consultan		-			
				c. Employer's Name/Spe	ecific Field	1			
1101	7thst.	78602		Sett		e. Election S	um to Date		
704-614-8703				\$ 2	00	0-0			
			Zi-d Dani-da	: Date (
f. Prior	g. Account Code	h. Form of Payment	1. 111-1	Kind Description	j. Date (mm/dd/yy	• • • • • • • • • • • • • • • • • • • •	\$ 200.00		
	9	0111110			10	\$			
							\$		
3. Contr	ibutor Informatio	n		Add Rem	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include city, state, & zip)				freelance					
Alys	Alyssa Hogan			c. Employer's Name/Spe	cific Field				
Alyssa Hogan 143 19th Ave NW				^					
HICK	Hickory NC 28601			Selt'		e. Election St	um to Date		
	- 449-5				\$ %	75 0	D		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	1mm	online			5/31/2	5/31/2018		\$ 75.00	
Ш							\$		
							\$		
3. Contri	butor Informatio	n		Add Rem	ove				
	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)			photograpi	ner				
Meli	issa Gik)50VI		c. Employer's Name/Spe	cific Field				
2832	2 Childer	s nursery	cir.	faning lat	0.6 21.0				
Conn	ellus sor	inas NC		tanjoy lak	DIEVIZ	e. Election Su			
2861	2 98	28-310-986	6	studio)	\$ / 8	50 °	סי	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount		
	JMM	online			5/30/2	018	\$150	00	
							\$		
	_						\$		
4. Total	only this Page					\$	425	<i>P</i> O	
5. Total	of ALL CRO-	-1210 Pages				¢ 2 €	72800)	
(This line	must be on line 6 of 1	Detailed Summary Page Ch	0-1100			* / C	100		

Contributions from	Individuals
--------------------	-------------

Contributions from Use this form to report indi		ver \$5(Pg) or contributions unde	of \$50 if form CR		Amendment Yes No t used		
1. Committee Full Name					2. ID Num			
Committee +	o Elect N	lich	relle Mora	gan	HDU	42K		
3. Contributor Information	on	0	Add Ren	nove				
a. Full Name, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	S		
(include city, state, & zip)			musician /	actor				
Sydney Sh. 25 Bogart Brooklyn A	epherd		c. Employer's Name/Spe	-				
25 Bogart	St. Apt 31	V	self empl	mied	e. Election Si	um to Doto		
Brooktyn 1	14 112010		Don gralle	0909	e. Election Se	um to Date		
878-244-	3567				\$ /	8		
f. Prior g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
□ Jmm	online			5/3/2	018	\$ 78.00		
						\$		
						\$		
3. Contributor Information	on .		Add Rem	ove				
a. Full Name, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include city, state, & zip)			retired					
Louise Humphrey			c. Employer's Name/Spe	aifia Viald				
Louise Humphrey 127 31st Ave Ct. NW Hickory NC 28601			c. Employer s Name/Spe	eme Field				
HICKARY NC	20/201				e. Election Su	ım to Date		
AICHOI 9/1C	08401					7) v o		
336-927-					\$ 3	U		
f. Prior g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount		
Jmm	online			6/6/2018		\$ 50.00		
						\$		
						\$		
3. Contributor Informatio			Add Rem	ove				
a. Full Name, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments			
(include city, state, & zip)			not emplo	yed				
Lori Thi-esiv 9322 W Pan- Covington OH	19	0.1	c. Employer's Name/Spec	rific Field				
9322 W Pan	ther creek	Cd			e. Election Su	m to Date		
Covination OH	45318					0000		
934-902-	2274				\$ 7	00		
f. Prior g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	/y)	k. Amount		
JMM	online			6/17/2	1018	\$ 200.00		
						\$		
						\$		
4. Total only this Page					\$ [328 00		
5. Total of ALL CRO-	-1210 Pages				sac	2000		
(This line must be on line 6 of l	Detailed Summary Page CR	O-1100)		- ji igu - iyu - x	\$2 8 28 °°			

			_		-	Amen	iament		/
Contributions from Individuals		Pg	8_	of	8_		Yes	9	N

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number ommi 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (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-Kind Description j. Date (mm/dd/yyyy) k. Amount 06 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (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-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ Add 3. Contributor Information Remove d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (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-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ \$ 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)

Contribution	ns from Other Politica	l Comi	nittees	Pg	of	<u>(</u>	Amendment Yes	₽ No	
Use this form to report contributions from other candidate, referendum or PAC committees									
1. Committee Full Name (and Fund if applicable)							2. ID Number		
committee to elect Michelle Morgan HDV4ZK									
3. Contributor In		P	Add		move				
a. Full Name, Mailing			b. Type of Cor		F-1 - 2.0	d. Con	nments		
(include city, state,	& zip)	^	Ca	ndidate ferendum	∐ PAC				
Democratic	· Wonnen Catawbal	ounte	c. Level Regist		7)	-			
1612 Tate	Blud	\sim	☐ Fe	deral					
Lhickney A	VC.		Sta	ite	Municipality:	y: e. Election Sum to Date			
PHOTO Y	Women Catawba (Blud VC					\$ 3	500·	, 0	
f. Account Code	g. Form of Payment	h. In-Kin	d Description		i. Date (mm/dd/yyy	y)	j. Amount		
JMM	check				06/20/2	7018	\$ 100	. 00	
							\$		
							\$		
3. Contributor In	formation		Add	Rer	nove				
a. Full Name, Mailing	Address & Phone		b. Type of Con	ımittee		ıments			
(include city, state,	& zip)			ndidate	PAC				
			- Lange	ferendum	-				
			c. Level Regist	ereu (Specify) leral	-				
			Sta		County: Municipality:	e. Elect	tion Sum to Date	è	
						\$			
f. Account Code	g. Form of Payment	h. In-Kind	l Description		i. Date (mm/dd/yyyy)	j. Amount		
							\$		
							\$		
							\$		
3. Contributor In	formation		Add	Ren	nove				
a. Full Name, Mailing			b. Type of Com			d. Comments			
(include city, state,	& zip)			didate	PAC				
			c. Level Registe	erendum		-			
				eral	County:	-			
			Stat		Municipality:	e. Elect	ion Sum to Date	:	
						\$			
f. Account Code	g. Form of Payment	h. In-Kind	Description		i. Date (mm/dd/yyyy)	j. Amount		
							\$		
							\$		
							\$		
4. Total only this l	Page					\$	1000	> 0	

CRO-1230

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

\$

Disbursem	ients					D-	1 .	Amendment		
	report expenditures	s from the commit	tee for	r: opera	ting e	Pg xpenses	of . contributions to	Candidate/political		
committees and	l coordinated party e	xpenditures.		, -p		p enses	, •••••••••••••••••••••••••••••••••••••	candidate/pontical		
	Full Name (and Fu							2. ID Number		
Committee to Elect Michelle Morgan								HDU4ZK		
3. Type of Disk	- Annual Control	ase use separate C								
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Remove										
	ling Address & Phone				ed Cor	amittee N	Remove	d. Comments		
(include city, state,			D1 C1	DOI GINGE	cu Con	imittee 14	ame	d. Comments		
Vista nrint										
District	· · · · · · · · · · · · · · · · · · ·		c. Le	evel Regis		(Specify)				
1000 Cal	MA			Federa State	al		County: Municipality:			
			┞╩	e. Election Sum to Date						
								\$ 8 25.48		
f. Account Code	g. Form of Payment	h. Purpose Code	i.	Date (mi	m/dd/y	ууу)	j. Amount	k. Required Remarks		
JMM	card	B	()le / ?	30	2018	\$ 80.74	business cards		
JMM	card	B					\$ 92.76	flyers		
4. Payee Inform			Add		. ~		Remove	,		
a. Full Name, Mail	ing Address & Phone		b. Co	ordinate	ed Com	mittee N	ame	d. Comments		
		Carriel								
MOSTCHE	A INDUISION	opecial	c. Lev	vel Regis	tered (Specify)		1		
Mosteller Mansion Special EVENTS 1998 Mosteller Estate Avese State Municipality:						1				
1998 IVI	obateller Est	ate AvesE		State			Municipality:	e. Election Sum to Date		
HickoryNc 281002								\$ 396.00		
f. Account Code			i. Date (mm/dd/yyyy) j. 2			ууу)	j. Amount	k. Required Remarks		
JMM	card	C	0	6/11	1/2	018	\$ 396.00	casering		
							\$)		
4. Payee Inform	ation	9	Add				Remove			
	ng Address & Phone		b. Coo	ordinated	d Com	mittee Na	me	d. Comments		
(include city, state,	& zip)									
Asignco			c. Lev	el Regist	tered (S	Specify)				
	Varave ch	urda Ddei		Federal			County:			
0000	irgrove chi	MICH HOLDE		State			Municipality:	e. Election Sum to Date		
								\$ 1284.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. D	Date (mm	ı/dd/yy	уу)	j. Amount	k. Required Remarks		
JMM	card	B	1	0 11	0 0	018	\$1784.00	yard signs		
							\$, ,		
5. Total only this Page \$ \$ \qq \qua							\$ 1853.50			
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							lann cil			
	(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							\$ 1890.84		
	ine 13c of Detailed Sum									
7. Purpose Code	7. Purpose Codes (List detailed expenditure code in (h.) above)									

A* - Media

E - Salaries

I - Postage

O* - Other

B* - Printing

J - Penalties

F* - Equipment

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

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disbursem	ents					7	2	Amendment	-		
		from the committ	f	`	Pg	d of	4	Yes	No.		
committees and	report expenditures coordinated party e	rnenditures	CC 10	or, operating e	expenses,	contributions to	candid	ate/political			
	Full Name (and Fur		_				-	To The No.			
Committe-		Nichelle V	10 ;	DICAL M		2. ID Number					
3. Type of Dish		ase use senarate C	NOVAM HDV 4ZK RO-1340 forms for each type of Disbursement.)								
Operating I	Expenses		adidates/Political Committees Coordinated Party Expenditures								
4. Payee Inform		P	Add Remove								
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Co	mmittee Na		d. Comments				
(include city, state,	-										
Augustina.	ACGYA DO	Diagonat									
Comonition	Office Equi	aprieri	c, l	Level Registered	(Specify)						
(o. of the	CHORY IVEC	<i>/</i> •		Federal		County:					
			State Municipality:					e. Election Sum to Date			
							\$				
							ф				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount			k. Re	quired Remarks				
Jmm	card			05/241	2018	\$ 11.76					
			1			\$					
4. Payee Inform	ation		A d	1.1		D					
			Add Remove b. Coordinated Committee Name					d. Comments			
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name					d. Comments			
Actblue				evel Registered	(Specify)						
00 20 V HHIL4 10				Federal County:							
ACT Blue PO BOX 441146 Somerville, MA 02144-0031			State Municipality:			e. Election Sum to Date					
Somerville,/114 00149-0031											
								\$			
f. Account Code	g. Form of Payment	h. Purpose Code	j	i. Date (mm/dd/y	ууу)	j. Amount	k. Req	quired Remarks			
TMM	on line	A		5/11	MICH	\$ 12 20	1120	bsite fee			

A* - Media

E - Salaries

I - Postage

O* - Other

4. Payee Information

(include city, state, & zip)

5. Total only this Page

6. Total of ALL CRO-1310 Pages

f. Account Code

a. Fuil Name, Mailing Address & Phone

g. Form of Payment

h. Purpose Code

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising

G - Political Party

K* - Office Expenses

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

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

B* - Printing

J - Penalties

F* - Equipment

Add

b. Coordinated Committee Name

County:

Municipality:

j. Amount

\$

c. Level Registered (Specify)

Federal

i. Date (mm/dd/yyyy)

State

\$ 13.19 website fee

d. Comments

e. Election Sum to Date

k. Required Remarks

\$ 1890.84

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

			4	ument	
In-Kind Contributions	Pg	of	I	Yes	No
lles this fame to manaut was manataux contaile tions described		المحالم منفيات المرادي		 	

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	2. ID Number			
		Morgan	H	DUYZK	
The state of the s	Remove	and James	A354	学是18年18年18年18日	
a. Full Name, Mailing Address & Phone		Contributor	c. Con	mments	
(include city, state, & zip)		ividual			
Carmen Eckard Hickory Regional Airport 3101 94n Aue Dr. NW Hickory	Par	•			
Hirkory Regional Airport	PA				
The also Du Mill Dickard		ferendum	d. Elec	ction Sum to Date	
NC .		ner Receipt Source	\$ 200 00		
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
Foothills Digest printed	Ad			\$ 200 06	
J	70 7			\$	
				\$	
the second secon	Remove				
a. Full Name, Mailing Address & Phone		Contributor	c. Con	nments	
(include city, state, & zip)		ividual ndidate			
	Par				
	PA	•			
	Ref	ferendum	d. Ele	ction Sum to Date	
	Oth	ner Receipt Source	\$	·	
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
3. Contributor Information Add F	Remove	March 1997	100		
a. Full Name, Mailing Address & Phone		Contributor	c. Con	nments	
(include city, state, & zip)	→ =	ividual			
		ndidate			
	Par	•			
		ferendum	d. Election Sum to Date		
		ner Receipt Source	\$		
e. Description		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount	
				\$	
				\$	
				\$	
4. Total only this Page	TY OF THE PARTY		\$	20000	
5. Total of ALL CRO-1510 Pages		The state of the	\$	210 00	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			4	7/1()	