Disclosure Report Cover

Amendment: Yes [ ] No [X]

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
P.O. BOX 24 CLAREMONT, NC 28610	07/06/2018
	e. Phone Number
	412 330 9403

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2018	04/22/2018	06/30/2018	TIMOTHY PEOPLES

6. Type of Committee (Check One)

- [ ] Candidate Campaign
- [ ] PAC
- [ ] Independent Expenditure
- [ ] Legal Expense Fund
- [ ] Party
- [ ] Referendum
- [ ] Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- [ ] "Booster Fund"
- [ ] Building Fund
- [ ] Other:

8. Number of Fundraisers this Report

2

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
[ ] Organizational	[X] Organizational	[ ] Organizational
[ ] Thirty-five day	[ ] Quarterly	[ ] Pre-referendum
[ ] Pre-primary	[ ] First	[ ] Final
[ ] Pre-election	[X] Second	[ ] Supplemental Final
[ ] Pre-runoff	[ ] Third	[ ] Annual
[ ] Semi-annual	[ ] Fourth	[ ] Special
[ ] Mid Year	[ ] Semi-annual	
[ ] Year End	[ ] Mid Year	**10. Special Report Name**
[ ] Final	[ ] Year End	
[ ] Special	[ ] Final	
	[ ] Special	

11. Account Information

a. Financial Institution Full Name	
BB&T	
b. Purpose	**c. Account Code**
CHECKING ACCOUNT FOR CAMPAIGN FUNDS	GY18
	d. Period Begin Balance
	$ 2,570.19

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

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 correct and that I have been trained by the NC State Board of Elections.

TIMOTHY PEOPLES	[signature]	7/11/2018
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: JUL 11 2018 Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED By

Delivery Method
- [ ] Normal Mail
- [ ] Registered Mail
- [ ] Hand Delivered
- [ ] Electronically Filed
- [ ] Signer has not received 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.

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
GENIEY YANG FOR COUNTY COMMISSIONER	2018 SECOND QUARTER REPORT	82-4510087

Start of Election Cycle: January 1, 2018		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 2570.19	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$ 1814.94	$ 2525.94
6) Contributions from Individuals	*(CRO-1210)*	$ 12035.00	$ 14158.62
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 100.00	$ 500.00
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			
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 and 11e)*		$ 13949.94	$ 17184.56
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 1549.43	$ 2213.86
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)*	$ 100.00	$ 100.00
17) In-Kind Contributions	*(CRO-1510)*	$	$
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1649.43	$ 2313.86
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 14870.70	$ 14870.70
ADDITIONAL INFORMATION			
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

Amendment Yes X No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	GY18	CREDIT CARD		04/24/2018	$ 50.00
Remove					
Add	GY18	CAH		04/26/2018	$ 40.00
Remove					
Add	GY18	CASH		04/26/2018	$ 40.00
Remove					
Add	GY18	CASH		04/26/2018	$ 40.00
Remove					
Add	GY18	CASH		04/26/2018	$ 40.00
Remove					
Add	GY18	CREDIT CARD		04/26/2018	$ 50.00
Remove					
Add	GY18	CREDIT CARD		04/30/2018	$ 50.00
Remove					
Add	GY18	CASH		04/30/2018	$ 40.00
Remove					
Add	GY18	CASH		04/30/2018	$ 50.00
Remove					
Add	GY18	CASH		04/30/2018	$ 50.00
Remove					
Add	GY18	CASH		04/30/2018	$ 40.00
Remove					
Add	GY18	CASH		04/30/2018	$ 40.00
Remove					
Add	GY18	CASH		04/30/2018	$ 40.00
Remove					
Add	GY18	CASH		05/03/2018	$ 50.00
Remove					
Add	GY18	CASH		05/03/2018	$ 50.00
Remove					
Add	GY18	CASH		05/03/2018	$ 50.00
Remove					
Add	GY18	CASH		05/21/2018	$ 20.00
Remove					
Add	GY18	CASH		05/21/2018	$ 20.00
Remove					
Add	GY18	CASH		05/21/2018	$ 40.00
Remove					
Add	GY18	CHECK		05/21/2018	$ 50.00
Remove					
Add	GY18	CREDIT		05/22/2018	$ 25.00
Remove					
Add	GY18	CREDIT		05/29/2018	$ 50.00
Remove					

4. Total only this Page	$ 925.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1814.94

Aggregated Contributions from Individuals

Amendment Yes / No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	GY18	CREDIT CARD		05/29/2018	$ 10.00
Remove					
Add	GY18	CASH		05/29/2018	$ 50.00
Remove					
Add	GY18	CASH		05/29/2018	$ 40.00
Remove					
Add	GY18	CASH		05/29/2018	$ 40.00
Remove					
Add	GY18	CASH		05/29/2018	$ 50.00
Remove					
Add	GY18	CASH		05/29/2018	$ 50.00
Remove					
Add	GY18	CASH		05/29/2018	$ 50.00
Remove					
Add	GY18	CASH		05/29/2018	$ 20.00
Remove					
Add	GY18	CREDIT		05/29/2018	$ 25.00
Remove					
Add	GY18	CREDIT		06/04/2018	$ 50.00
Remove					
Add	GY18	CREDIT		06/05/2018	$ 50.00
Remove					
Add	GY18	CREDIT		06/06/2018	$ 25.00
Remove					
Add	GY18	CREDIT		06/11/2018	$ 46.94
Remove					
Add	GY18	CASH		06/14/2018	$ 50.00
Remove					
Add	GY18	CASH		06/14/2018	$ 20.00
Remove					
Add	GY18	CASH		06/14/2018	$ 40.00
Remove					
Add	GY18	CASH		06/26/2018	$ 40.00
Remove					
Add	GY18	CASH		06/26/2018	$ 20.00
Remove					
Add	GY18	CASH		06/26/2018	$ 7.00
Remove					
Add	GY18	CASH		06/26/2018	$ 20.00
Remove					
Add	GY18	CASH		06/26/2018	$ 20.00
Remove					
Add	GY18	CASH		06/26/2018	$ 20.00
Remove					

4. Total only this Page	$ 743.94
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1814.94

Aggregated Contributions from Individuals

Amendment Yes ✓No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Add	GY18	CASH		06/26/2018	$ 46.00
Remove					
Add	GY18	CASH		06/26/2018	$ 50.00
Remove					
Add	GY18	CASH		06/26/2018	$ 50.00
Remove					
Add					$
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4. Total only this Page	$ 146.00
5. Total of ALL CRO-1205 Pages	$ 1814.94
(This line must be on line 5 of Detailed Summary Page CRO-1100)	

Contributions from Political Party Committees

Pg 1 of 1

Amendment Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
CATAWBA COUNTY WOMEN'S DEMOCRATIC PARTY 1612 TATE BLVD SE HICKORY NC, 28602	c. Election Sum to Date $ 500.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
1	CHECK		06/27/2018	$ 100.00
				$
				$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 100.00

Contributions from Individuals

Pg 1 of 1 | Amendment: Yes ☒ No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MAKIA YANG 547 WEST ESCALON AVENUE CLOVIS, CA 93612	NOT EMPLOYED			$ 70.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		04/26/2018	$ 70.00
					$
					$

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DONNA ROULIC 2029 16th Ave Pl Sw Hickory, NC 28602	RETIRED NURSE			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CHECK		05/03/2018	$ 100.00
					$
					$

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KOUA YANG 1943 HUNSUCKER DR CLAREMONT, NC 28610	MACHINE OPERATOR	GKN		$ 865.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/04/2018	$ 500.00
	GY18	CHECK		05/21/2018	$ 365.00
					$

4. Total only this Page	$ 1035.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1 | Amendment Yes X No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LUE VANG 495 FRED ST SAINT PAUL, MN 55130	ACCOUNTANT	SELF EMPLOYED		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/15/2018	$ 500.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ISAAC YANG 912 28TH STREET SW HICKORY, NC 28602	PHARMACIST	CVS PHARMACY		$ 3100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/25/2018	$ 3100.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROSEMARY ABRIAM 20 MARYLAND BLVD #301 ROCKVILLE, MD 20850	PRESIDENT/ CEO	THE CENTER FOR APA WOMEN		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/29/2018	$ 100.00
					$
					$

4. Total only this Page	$ 3700.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1 | Amendment Yes [X] No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLIE YANG 3615 GLACIER RUN CLAREMONT, NC 28610	UTILITY 2	KEWAUNEE SCIENTIFIC CORPORATION		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CHECK		05/29/2018	$ 1000.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SENG CHANG YANG 4195 OLD BRITTAIN RD HICKORY, NC 28602	ELECTRICAL ENGINEER	SEL ENGINEERING SERVICES		$ 1000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CHECK		05/29/2018	$ 1000.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACKIE YANG 1943 HUNSUCKER DR CLAREMONT, NC 28610	MACHINE OPERATOR	GKN SINTER METALS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/29/2018	$ 100.00
					$
					$

4. Total only this Page	$ 2100.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1 | Amendment Yes X No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LENG VANG 6992 HILDEBRAN MOUNTAIN AVENUE CONNELLY SPRINGS, NC 28612	GENERAL MANAGER	SELF		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/29/2018	$ 100.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JEFFREY WEBB 7785 SUNSET HWY, 546 MERCER ISLAND, WA 98040	PROJECT MANAGER	SCHNEIDER ELECTRIC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/29/2018	$ 100.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JACKIE YANG 1943 HUNSUCKER DR CLAREMONT, NC 28610	MACHINE OPERATOR	GKN SINTER METALS		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		05/29/2018	$ 100.00
					$
					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Amendment
Yes X No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Chue Yang 5158 Timberwood lane Hickory 28602	Senior product development Scientist	Bestco		$ 3300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/01/2018	$ 3300.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Steven Yang 2357 Jay Clark Road Morganton, NC 28655	IT Admin	Fulenwider Enterprises		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		06/06/2018	$ 100.00
	GY18	CREDIT		03/21/2018	$ 100.00
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tony Vue 157 Edgewater Drive Northwest Concord, NC 28027	Law Enforcement	State of NC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	CREDIT		06/08/2018	$ 100.00
					$
					$

4. Total only this Page	$ 3500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1

Amendment Yes ☒ No

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EE Yang 2228 Westover Rd Hickory, NC 28602	Senior financial services	North Carolina State Employee Credit Union		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/14/2018	$ 100.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Becky Ferrell 324 2nd st Place NW Hickory, Nc 28601	Retired	Habitat for Humanity of Catawba County		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/14/2018	$ 150.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Andrea Benfield 1948 Moss Dr Newton, NC 28658	Retired	ATB Consultations Social Worker		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/14/2018	$ 100.00
					$
					$

4. Total only this Page	$ 350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1 | Amendment: Yes ☐ No ☒

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
George Lee, Kathy Lee 570 29TH Ave Dr. NW Hickory, NC 28601	OWNER	Orental Market		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/26/2018	$ 100.00
					$
					$

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Avonne A Yang 4018 Durham Ln Charlotte Nc 28269	Case Manager	With Friends Llc		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/26/2018	$ 100.00
					$
					$

3. Contributor Information — Add / Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Rosemary Abriam 20 Maryland Blvd #301 Rockville, MD 20850	President	The Center for APA Women		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Credit		06/27/2018	$ 100.00
					$
					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Contributions from Individuals

Pg 1 of 1

Amendment Yes ☐ No ☒

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
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Nhia Thong Yang 600 Cape Hickory Rd Hickory Nc 28601	Retired	Spectrum		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Check		06/27/2018	$ 200.00
	GY18	Check		06/27/2018	$ 300.00
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Tim O'Boyle 19511 Schooner Dr Cornelius, Nc 28031	President	Journal Books/ Polyconcept North America		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
	GY18	Credit		06/27/2018	$ 250.00
					$
					$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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	$ 750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 12,035.00

Disbursements

Pg 1 of 7

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable): GENIEY YANG FOR COUNTY COMMISSIONER

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DOLLAR GENERAL 104 THOR ST CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	4/25/2018	$2.09	MARKERS
GY18	DEBIT	O	4/25/2018	$2.14	PENCILS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
DOLLAR GENERAL 104 THOR ST CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6.32

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	5/18/2018	$2.09	PENS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
STAPLES 224 TURNERSBURH HWY STATESVILLE, NC 28265		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 456.23

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	04/27/2018	$223.11	FLYERS
				$	

5. Total only this Page: $ 229.43

6. Total of ALL CRO-1310 Pages: $ 1549.43

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

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART 201 ZELKOVA COURT CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 126.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/27/2018	$5.32	OFFICE SUPPLIES
GY18	DEBIT	O	05/02/2018	$11.68	FILE FOLDERS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART 201 ZELKOVA COURT CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 126.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/07/2018	$67.88	FILE FOLDERS
GY18	DEBIT	O	04/23/2018	$10.55	PAPER

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART 201 ZELKOVA COURT CONOVER, NC 28613		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 126.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	04/27/2018	$5.82	PAPER
				$	

5. Total only this Page.	$ 101.25
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1549.43

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Amendment ☐ Yes ☑ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SHELL 327 US-70 HICKORY, NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 40.02

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/18/2018	$40.02	GAS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CIRCLE K 2350 US HWY 70 SE HICKORY, NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 65.77

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/25/2018	$65.77	GAS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT 1858 CATAWBA VALLEY BLVD HICKORY,NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 113.76

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/27/2018	$32.09	OFFICE SUPPLIES
				$	

5. Total only this Page	$ 137.88
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1549.43

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable): GENIEY YANG FOR COUNTY COMMISSIONER

2. ID Number:

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ACT BLUE PO BOX 441146 SOMERVILLE, MA 02144		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 132.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	ACH DEBIT	O	05/03/2018	$14.66	FEE
GY18	DEBIT	O	05/09/2018	$32.69	MERCHANT FEE

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ACT BLUE PO BOX 441146 SOMERVILLE, MA 02144		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 132.35

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/27/2018	$69.91	MERCHANT FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VISTA PRINT 275 WYMAN ST WALTHAM, MA 02451		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 245.34

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	05/16/2018	$202.46	ENEVELOPES
GY18	DEBIT	O	05/16/2018	$8.83	CARDS

5. Total only this Page $ 328.55

6. Total of ALL CRO-1310 Pages $ 1549.43

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

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PAYPAL SAN JOSE, CA 95131		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 10.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	05/07/2018	$10.00	FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
USPS 3327 E MAIN ST CLAREMONT, NC 28610		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 573.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/01/2018	$540.95	MONEY ORDER VOTER DATABASE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CATAWBA COUNTY LIBRARY 2944 S HWY 127 HICKORY,NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 59.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/08/2018	$30.00	FLYERS
				$	

5. Total only this Page	$ 580.95
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1549.43

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE WEBSTRAUNT LITITZ, PA		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 56.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/27/2018	$56.78	APRONS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE UPS STORE 2359 US HWY 70 SE HICKORY, NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 14.20

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	05/04/2018	$14.20	STAMPS
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
TARGET 1910 CATAWBA VALLEY BLVD SE HICKORY, NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	05/04/2018	$22.83	THANK YOU NOTES
				$	

5. Total only this Page	$ 93.81
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1549.43

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

A* - Media	**B* - Printing**	**C* - Fundraising**	D - To Another Candidate
E - Salaries	**F* - Equipment**	G - Political Party	**H* - Holding Public Office Expenses**
I - Postage	J - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Disbursements

Pg 7 of 7

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
HARLAND CLARKE SAN ANTONIO, TX		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 77.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
GY18	DEBIT	O	06/13/2018	$77.56	CHECK ORDER FEE
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 77.56
6. Total of ALL CRO-1310 Pages *(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(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)*	$ 1549.43

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

A* - Media	**B* - Printing**	**C* - Fundraising**	**D** - To Another Candidate
E - Salaries	**F* - Equipment**	**G** - Political Party	**H* - Holding Public Office Expenses**
I - Postage	**J** - Penalties	**K* - Office Expenses**	**Q* - Donation to Legal Expense Fund**
O* - Other			

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

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
GENIEY YANG FOR COUNTY COMMISSIONER	82-4510087

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
ROSEMARY ABRIAM 20 MARYLAND BLVD #301 ROCKVILLE, MD 20850	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	05/29/2018
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 100.00
	f. Purpose Code	j. Election Sum to Date
	L	$ (100.00)

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
CEO	THE CENTER FOR APA WOMEN		GY18

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
DEBIT	CLIENT REFUND	06/27/2018	$ 100.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$
	f. Purpose Code	j. Election Sum to Date
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	i. Original Receipt Amount
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$
	f. Purpose Code	j. Election Sum to Date
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 100.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-110)*	$ 100.00

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit
P* - Reimbursement of In-Kind **O* Other**
*** Codes require detailed explanation in required remarks field (m)**