Disclosure Re	eport Cover					Amendment Yes No
	eneral report and committee	informat	tion, must be	signed and s	submitted along with	other detailed forms.
	n to update information					
1. Committee Info	rmation					The Name of the Control of the Contr
a. Full Name						c. ID Number
Committee to Elec	t Lyn Andrews for School Be	oard				TGH156
	clude City, State and Zip Code)					d. Date Filed
8 Afton Lane Smithfield, NC						12/6/2019
27577						e. Phone Number
						919-609-9411
2. Report Year	3. Period Start Date (mm/e	dd/yy)	4. Period I	End Date	5. Treasurer Fu	ill Name
2020	2/16/2020			0/2020	LaVerne Moore	Edwards
6. Type of Commi	145.00	0 T-	pe of Report		only one type of ranc	ort from one category)
The state of the s		Munici			e/County	Referendum
Candidate Cam	paign Party Referendum	Munici	Organizational	Stat	Organizational	Organizational
Independent				-	_	
Expenditure Legal Expense	Joint Fundraiser		Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final
"Booster Fund"		15	Pre-election		Second	Supplemental Final
Building Fund		lΗ	Pre-runoff	١Ħ	Third	Annual
Banding rand			Semi-annual	١Ħ	Fourth	Special
			Mid Year		Semi-annual	
Other:		lΗ	Year End		Mid Year	10. Special Report Name
Guier.		lΗ	Final		Year End	20, 0 00000 200 00000
O Number of Fun	draisage this Danart	4 11	Special	님	Final	
8. Number of Fun	draisers this Report		Бресіа і		Special	
11. Account Infor	0 mation	Na. a	Training to the Co	11. Accou	nt Information	
a. Financial Institution		ANTEN PROPERTY		a. Financial	Total Control of Fall Name	<u> </u>
BB&T/Truist				/	ON COUVE	
b. Purpose	c. Account Code			b. Purpose	A	c. Account Code
Campaign	ТД	SB		13	.00	
Contribution				HOE	INT 0 8 5050	
and Expenses	d. Period Begin Balance	ce			JUL OF THE SE	d. Period Begin Balance
	\$ 2,071.00				So Election	\$
CERTIFICATIO	N				and of	
I certify that the Co	ommittee or Fund is in comp	liance w	ith all applica	ble provisio	ons of Article 22A, 22	2B, & 22D-22M of Chapter 163 of
the NC General Sta	atutes and that no funds are c	comming	gled with prob	nibited or oth	ner non-disclosed fun	ds. I further certify that this report
is complete, true ar	nd correct and that I have bee	en traine	d by the NC	State Board	of Elections.	_//
	M. Edwards			lerne of	oure Calabales	1/9/2020
	Printed Name of Signer		S	ignature of Ap	pointed Treasurer	Date
FOR OFFICE USE	ONLY)	D.F
Date Received	7-9-202	0	Employee:		(00)	Delivery Method Normal Mail

Date Data Entered: 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.

Registered Mail

Hand Delivered Electronically Filed

Signer has not received

The state of the s

Employee:

Employee:

Date Postmarked:

Date Scanned:

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

No

1. Committee Full Name (and Fund if applicable) Committee to Elect Lyn Andrews for School Board	2. Type of Report		3. ID Number TGH156
Start of Election Cycle: January 1,	Quarterly 2020	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2071.10	\$ 256.45
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1200.00	\$ 4325.00
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			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat	ions (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, 1	1c, 11d and 11e)	\$ 1200.00	\$ 4325.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 725.90	\$ 1886.25
13b) Contributions to Candidates/Political Comm	ittees (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)	\$	\$ 150.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 725.90	\$ 2036.25
19) Cash on Hand at End (Add lines 4 and 12 together, then sa	ıbtract line 18)	\$ 2545.20	\$ 2545.20
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (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)	\$	\$ 1000.00
	(CRO-1215)	\$	\$
28) Contributions to be Refunded	(CAU-1213)	Ψ	

					Amen	dment
Contributions from Individuals	Pg	1	of	3_		Yes
Use this form to report individual contributions over \$50 or contribut	ions under	\$50 if for	rm CRO 1	205 is no	ot used	
1. Committee Full Name (and Fund if applicable)			2	. ID Nur	nber	

1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Nun	iber	
Committe	ee to Elect Lyn An	drews for School Boa	ard						TGH156	
3. Contri	butor Informatio	n		Add		Rem	ove			
	ne, Mailing Address &	2 Phone		b. Job Title/Profession				d. Comments		
	city, state, & zip)			Adver	tising A	Agent				
	R. Story, Jr									
	nty Court						cific Field			
Mattnew	s, NC 28104-7781			Non-P	TOIII O	rganiza	шоп	e. Election S	um to Date	
								c. Election S		
								\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	check					02/17/20	020	\$	400.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	è Phone		b. Job T				d. Commen	ts	
	city, state, & zip)			Part ti	me Ma	rketing	Rep			
Tim John										
-macananana (4464 11)	Valnut Drive			c. Employer's Name/Specific Field Federal Credit			cific Field			
Smithiiei	d, NC 27577			rederal Cledit				e. Election S	Sum to Date	
								NCS:	20-20-00-00-00-00-00-00-00-00-00-00-00-0	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	check					02/17/2	020	\$	100.00
									\$	
									\$	
3. Contri	ibutor Informatio	n		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T				d. Commen	ts	
	city, state, & zip)			self er	nploye	d				
Miles G.	_			L		10	100 TH 11	-		
	Lakeside Drive d, NC 27577				-	usiness	cific Field	1		
Simume	d, NC 2/3//			Owner	/sigii U	usiness	•	e. Election S	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Descr	iption		j. Date (mm/dd/yy	уу)	k. Amount	
	1	check					02/20/2	020	\$	100.00
									\$	
									\$	
4. Tota	l only this Pag	e						\$		600.00
	l of ALL CRO	-1210 Pages Detailed Summary Page	CRO-110	0)				\$		1200.00

 \boxtimes

No

Contributions from Individuals

			Amendment	
2	of	3	☐ Yes ⊠	

No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Comm	ittee Full Name (and Fund if applical	ole)					2. ID Num	iber	
Committe	e to Elect Lyn Ar	drews for School Boa	ırd						TGH156	
3. Contri	butor Informatio	n		Add		Remo	ove			
a. Full Nam	e, Mailing Address é	k Phone		b. Job T	itle/Profe	ession		d. Comments		
	city, state, & zip)			Retire	d					
	Shipwash									
6505 Rale				c. Emple	oyer's Na	me/Spec	ific Field			
Benson,	NC 27504									
								e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descr	intion		j. Date (mm/dd/yy	vv)	k. Amount	
	1	check	1 211 21	and Descr	-prion		03/06/20	-5	\$	100.00
									\$	
			-						\$	
						D	A SOLD A PROPERTY AND A SOLD ASSOCIATION OF THE PARTY AND A SOLD A			
	butor Informatio			Add	Ш	Remo	ove			
	ne, Mailing Address &	k Phone			Title/Prof	ession		d. Comment	IS	
	city, state, & zip)			Retire	a					
Lee McLa				a Fmpl	ovonie Ne	ma/Sna	rific Field			
111 Maria	s, NC 27524			c. Empi	oyer s iva	ine/spec	mic Fieiu			
roui Oak	s, NC 27324							e. Election S	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	1	cash					03/06/20	020	\$	200.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job 7	Title/Prof	ession		d. Commen	ts	
(include	city, state, & zip)			Retire	ed					
W.E.B. A										
	rescent Drive			c. Empl	oyer's Na	ame/Spe	cific Field			
Smithfiel	d, NC 27577							e. Election S	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Cind Descr	ription		j. Date (mm/dd/yy	yy)	k. Amount	
	1	check					03/06/2	020	\$	50.00
									\$	
									\$	
4. Tota	l only this Pag	e						\$		350.00
	of ALL CRO	1-1210 Pages Detailed Summary Page	CRO-110	9)				\$		1200.00

Contributions from Individuals

		Amendment								
3	of	3		Yes	\boxtimes	No				

Use this form to report individua	al contributions over \$50	or contributions under	\$50 if form C	RO 1205 is not used
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Pg

	ittee Full Name (and Fund if applical	ole)					2. ID Num	ber	
Committe	e to Elect Lyn An	drews for School Boa	rd						TGH15	6
3. Contri	butor Informatio	n		Add		Remove				
STREET, STREET	e, Mailing Address &			b. Job Title/Profession			A CONTRACTOR OF THE CONTRACTOR	d. Comments	s	
(include o	city, state, & zip)			Accou	intant					
Lee Jacks	on									
P.O. Box	1249			c. Empl	oyer's Nan	ne/Specific	Field			
Smithfield	d, NC 27577			owner	•					
								e. Election S	um to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i In-K	ind Descr	intion	i D	ate (mm/dd/yy	vv)	k. Amou	nt
			L IN-I	did Desci	rperon	J. 12				
	1	check					04/22/20	J2U	\$	250.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remove				
Electronic Service V. D.	ne, Mailing Address &			b. Job 7	itle/Profes	ssion		d. Comment	s	1
	city, state, & zip)									
				c. Empl	oyer's Nar	ne/Specific	Field	e. Election S	um to Date	
			,					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descr	iption	j. D	ate (mm/dd/yy	yy)	k. Amou	nt
	1								\$	
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Remove				
a. Full Nam	ne, Mailing Address é	& Phone		b. Job 7	itle/Profe	ssion		d. Comment	s	
(include	city, state, & zip)									
				c. Empl	oyer's Nai	ne/Specific	Field			
								e. Election S	um to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Desci	ription	j. I	Date (mm/dd/yy	yy)	k. Amou	int
	1								\$	
									\$	
									\$	
4. Total	only this Pag	e						\$		250.00
5. Total	of ALL CRO	-1210 Pages						\$		1200.00
(This line	e must be on line 6 of	Detailed Summary Page (CRO-1100	9)						1200.00

D1.1					Amendment		
Disbursements	Pg	1	of	1	Yes	\boxtimes	No
Hea this form to report avanditures to m the	committee for constitut commence o				: d-4-/1:4:1		

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

	ull Name (and Fun	the same of the sa			2. ID Number
Committee to E	lect Lyn Andrews for	TGH156			
3. Type of Disbu	ursement (Plea	ise use separate C	RO-1310 forms for each t	ype of Disbursem	ent.)
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Coc	ordinated Party Expenditures
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state, Hinson Printing	& zip)				
1294 West Marl	ket Street		c. Level Registered (Specify)		
Smithfield, NC			Federal	County:	
27577			State	Municipality:	e. Election Sum to Date
					\$ 832.65
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	В	3/2/2020	\$427.00	Election Flyers
1	check	В	2/19/20	\$298.90	Election Flyers
4. Payee Inform	ation		Add	Remove	,
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	5.5				
(mendae city, state,	a hp)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
		h Boom on Code		Ι.	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	is Page				\$ 725.90
	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sur	nmary Page CRO-110	0 if Operating Expenses)		\$ 725.00
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)					\$ 725.90
(This line goes in	line 13c of Detailed Sur	nmary Page CRO-1100	0 if Coordinated Party Expenditu	ires)	
7. Purpose Code	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund		D - To Anothe	
E - Salaries	F* - Equipment				Public Office Expenses
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses	Q* - Donatio	n to Legal Expense Fund