Amendment	
☐ Yes	No

Disclosure Report Cover

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		
LIGY CONTACT I b. Mailing Address (include City, State	con sch	al or	2Axt	AVE)	264716		
b. Mailing Address (include City, State	d. Date Filed							
1112 S. LAKES FORM OPICS	4-9-2020							
Fall OHKS	NE	2151	4			e. Phone Number		
STATE BUARD OF ELECTIONS 1919-934-5652								
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name								
2020 1-1-2020	<i>U</i>	02/1	15-1	2020	HERBEI	O B. CARROL		
6. Type of Committee (Check O	NAME AND ADDRESS OF THE OWNER, OF TAXABLE PARTY OF TAXABLE PARTY.	the same of the sa	-		e type of repo	ort from one category)		
Party PAC Refe	-	nicipal Organizational		State/County	ti-nal	Referendum		
Independent Expenditure I Joint	:	Thirty-five day	1.	Organiza Quarterly		Organizational Pre-referendum		
Legal Expense Fund		Pre-primary	1	Firs		Final		
			[☐ Sec		Supplemental Final		
7. Type of Fund (if applicable,	check one)	100 NO. 100		Thi		Annual		
Booster Fund Building Fund	lo.	Semi-annuai Mid Year	.	Semi-anr		Special Special		
Dunding Fund	旨	Year End			l Year	10. Special Report Name		
Other:		Final	l	☐ Yea	r End			
8. Number of Fundraisers this	Report	Special	1.	Final				
0			The Real Property lies, the Person lies,	☐ Special				
11. Account Information				ount Infor				
a. Financial Institution Full Name			a. Financi	ial Institution				
UNITED EGROUNA b. Purpose	BAKK				ISTON			
	c. Account Code		b. Purpos		C	c. Account Code		
ALL CAMPAILY EXPENSES	KE202	0		1 AP		E)		
EXPENSES	d. Period Begin Ba			(D)	2 1 2020	d. Period Begin Balance		
## ## 170	\$ 1			100	- ACU			
CERTIFICATION	CHINA CONTRACTOR OF THE PARTY O			Or	6	/		
I certify that the Committee or Fun	nd is in compliance	with all appli	cable pro	visions of A	lections ZA. 22	R & 22D-22M of Chapter 163		
of the NC General Statutes and tha								
report is complete, true and correct	t and that I have be	een trained by	the NC S	tate Board o	f Elections.	ACCOMPANIES CONTRACTOR OF THE		
ILED DE TO A	in and	Valle	ulle	1/1/11	11	7 2 24/-)		
HERBERT B C	ARNOLL!	Sign	nature of A	appointed Trea	Curer	3-25-2020 Date		
FOR OFFICE USE ONLY	(1 /		agrate of	1	isuici	Duic		
	4/14/2	Empley		(1)	// De	livery Method		
Date Received:	11	O Employ	/ee:	1		Normal Mail		
Date Postmarked:	111/20	Employ	ree:	C'U	∠ ¦	Registered Mail Hand Delivered		
	/				H	Electronically Filed		
Date Scanned:		Employ	ree:					
Date Data Entered:		Employ	/ee:			Signer has not received mandatory training		
Please Note: This form ca	nnot be used to a	amend comm	ittee info	ormation su	ch as the con	nmittee address, treasurer,		
	treasurer, custoo					197		
37	the Statement of	Onsanination	CDO	TIOOA ELA	o malea aame	mittaa ahangaa		

Amendment ☐ Yes

E No

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

	2. Type of	Report 3	. ID Number
KAY CARROLL FOR SCHOOL BOOMS	1514	UMTER	26HTY6
Start of Election Cycle: January 1, 202	0	Total this Reporting Period	Total this Election Cycl
4) Cash on Hand at Start		s O	\$ 0
RECEIPTS			Salah A A
5) Aggregated Contributions from Individuals	(CRO-1205)	S	s
6) Contributions from Individuals	(CRO-1210)	\$ 2782.10	\$ 2782.1
7) Contributions from Political Party Committees	(CRO-1220)	S	\$
8) Contributions from Other Political Committees	(CRO-1230)	S	\$
9) Loan Proceeds	(CRO-1410)	S	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	\$
11) Other Receipt Sources			Telephone and the
11a) Interest on Bank Accounts	(CRO-1250)	S	S
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	S	S
11c) Outside Sources of Income	(CRO-1250)	S	s
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s
11e) Exempt Purchase Price Sales	(CRO-1265)	S	s
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	S	S
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 82,74	S 82,79
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	s
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	s
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	5 982,10	\$ 982,1
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1064.84	\$ 10648
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	5 / 7/7.24	5 1717.2
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	S	
22) Debts and Obligations owed by the Committee	(CRO-1610)	S	
23) Debts and Obligations owed to the Committee	(CRO-1620)	S	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	S
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	S
28) Contributions to be Refunded	(CRO-1215)	\$	Š

Cont	ributions fr	om Individual	ls		Pg	1 of 2	_	Amendment Yes No
Use this	s form to report in	ndividual contribution	ns over \$50 or co	ontribut	ions und	ler \$50 if form CF	RO 1	205 is not used
1. Com	mittee Full Nam	e (and Fund if appli	icable)				2. I	D Number
14	AY CAR	soll for	SCHOOL	BO	ARD)	7	2	GH746
CALL STATE OF THE PARTY OF THE	ributor Informa		The same of the sa	Add	Re			
a. Full N	ame, Mailing Addre	ess & Phone		b. Job T	itle/Profe	ession	d. C	omments
(includ	le city, state, & zip)			,	1 (00	10 En		
		CARNOLL				2 FO me/Specific Field		
111	2 5. LAG	LESIDE DIG	7				e F	ection Sum to Date
FC	UP OPH	15, NCZ	1524					16000
		14-5882				I: D. (/ . / . / . /	_	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion		j. Date (mm/dd/yyy		k. Amount
	KE2020					14/8/2010	9	\$ 500
	Ke 2020	CHECK				12/26/201	19	\$ 100
	KC 2020	CHECK				02/07/202	0	\$ 500 E \$ 100 E
3. Conf	ributor Informa	ation		Add	Re	move		
a. Full N	ame, Mailing Addre	ess & Phone		b. Job T	itle/Profe	ession	d. C	omments
(includ	le city, state, & zip)				-/~			
E	2114 M	· CARROLL	TR			RED	-	
		KESIDE DR		c. Empl	oyer's Na	me/Specific Field	ĺ	
111	1 A	45 NC 2	7524				e. E	lection Sum to Date
PC	ian visi		, , , , ,				\$	2582.10
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip			j. Date (mm/dd/yyy	yy)	k. Amount
	kc2020	CHEST HE CHAND	BENTON	y Mi	1) E	02/07/20	20	\$ 982.10
		, , , , ,						s
								\$
3 Con	tributor Inform	ation		Add	□ Re	move	No. of the	WELL STATE OF WELL
Service Contract of the last	ame, Mailing Addre			and the same of	Title/Profe		d. C	omments
and the second	de city, state, & zip)							
				c. Empl	oyer's Na	me/Specific Field		
				İ			e. E	lection Sum to Date
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount
								\$
								\$
								\$
4. Tot	tal only this P	age					\$	2582.10

5. Total of ALL CRO-1210 Pages

s 2782.10

Cont	ributions fr	om Individua	ıls	Pg	1 of 2	Amendment Yes No
CHARLES AND RESIDENCE	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ndividual contributio	MANAGEMENT OF THE RESIDENCE OF THE PARTY OF	ontributions und	THE RESIDENCE OF THE PARTY OF T	A STATE OF THE PARTY OF THE PAR
1. Com	mittee Full Nam	e (and Fund if app	licable)			2. ID Number
14	4Y CARA	ROLL FOR	SCHOOL.	BOARD		2GH746
	tributor Informa			Add Rer		
ands a	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments
	le city, state, & zip)	(4		ATTORN	IEV	
	UNGE B			c. Employer's Nar		
P	OBOX	119			•	
00	NTIFIE	O, NCZT	7577	MAST		e. Election Sum to Date
500	111111111111111111111111111111111111111	D/ACZ.		FIRM	2	s 1000 00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	
	KC 2020		gill 70			20 \$1000
	Rezer	CHICK				
						\$
						\$
3. Cont	tributor Informa	ation		Add Rei	nove	
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments
(includ	le city, state, & zip)			RETURA	= 1	
0	AUID L	EE		c. Employer's Nar		
		ECOMB ST.		e. Employer's Ivan	ne opecine ricia	
0	MINITE	0 NC 27	577			e. Election Sum to Date
71	MIGHE	10 140 21		I		\$ 5000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	v) k. Amount
	KC 2020	CASH			02/10/200	0 5 50
						s
						s
3. Cont	tributor Informa	ation		Add Rei	move	
	ame, Mailing Addre			b. Job Title/Profe		d. Comments
(includ	de city, state, & zip)			1.7~	3 E.	
70	YCE LE	EE		RETTLE		
2	THE AL CO	Eposin ST		c. Employer's Na	me/Specific Field	
30	7 10.5%	ECOND ST.	フクフフ			e. Election Sum to Date
91	MITHITEL	IN, NEZ	131/			\$500
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	y) k. Amount
	KC2020	COASH	-		02/10/202	P \$ 50°
						\$

2-00 00

s 2782,10

In-Kind Contributions	Pį	g of	Amendment Yes No	
Use this form to report non-monetary contributions, donations, gu Use CRO-1215 if In-Kind Contributions were or will be re			ee or fund.	
1. Committee Full Name (and Fund if applicable)		THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	2. ID Number	
KAY CARROLL FOR SOLOUL BO	AND		264746	
3. Contributor Information		emove		
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments	
(include city, state, & zip)	Individual			
Enimi M. CARROLL IN	- Candidate			
LIVE CIPIECINE D	Party PAC			
ENUM M. CAPROLL, IN 1112 S LAKESIDE D FOUR OPKS, NC 27524	Referendum	1	d. Election Sum to Date	
Foun OMES NE ZIST	Other Receip		_	
919-934-5882			\$ 982,10	
e. Description	e e e e e e e e e e e e e e e e e e e	f. Date (mm/dd/yyy	y) g. Fair Market Amount	
BENTON CARD COMPANY IN	(C.	02/07/202	\$ 982,10	
			\$	
			\$	
3. Contributor Information	☐ Add ☐ Re	emove		
a. Full Name, Mailing Address & Phone	b. Type of Contr	ibutor	c. Comments	
(include city, state, & zip)	Individual			
TI T	Candidate Party			
	PAC			
	Referendum		d. Election Sum to Date	
	Other Recei	pt Source	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
3. Contributor Information	☐ Add ☐ Re	emove		
a. Full Name, Mailing Address & Phone	b. Type of Contr	ributer	c. Comments	
(include city, state, & zip)	☐ Individual			
	Candidate			
	Party			
'	PAC Referendum		d. Election Sum to Date	
	Other Recei			
		.	\$	
e. Description		f. Date (mm/dd/yyy	y) g. Fair Market Amount	
			\$	
			\$	
			\$	
4. Total only this Page 5. Total of ALL CRO-1510 Pages			\$	
is Total of ALL CRO-1510 Pages			20010	

CRO-1510

(This line must be on line 17 of Detailed Summary Page CRO-1100)

Disbursements

	- 3	Amendmen	t
Pg	 of	 ☐ Yes	No No

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

THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	ull Name (and Fund						2. ID Number
KAY CO	greau For	2 SCHOOL	Ba	gro			26H7Y6
3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Di	sburse	
Operating Expo	enses	tributions to Candida	tes/Politic	cal Committees	□ C	oordinat	ted Party Expenditures
4. Payee Inform	PARTY OF THE PARTY				Remove		
the contract on the	ailing Address & Pho	one		b. Coordinate	ed Committee Na	me	d. Comments
(include city, state,			1110	-			
	N CARD		INC	c. Level Regis	stered (Specify)	<i>J</i> *	
PO BU	X 369 N, NC 2	7004		State		ipality:	e. Election Sum to Date
BENISO	N, NC	1,					5000 10
919-	894-300	,/					\$ 982,10
	0	h. Purpose Code		mm/dd/yyyy)	_	-	equired Remarks
KC2000	CARO	B	02/0	07/2020	598210		MUTTINE
					\$	17	400 510NS
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
(include city, sta	te, & zip)		-				
HARLI	AND CLARI	KF		a Lavel Pagi	stered (Specify)		
15955	LA CONTE	DA PKK	X	Federal	County	V*	
	NTONIO, 7			State	=		e. Election Sum to Date
770 0	11/10/10/1	18 23	6				
							\$ 26,29
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	_	equired Remarks
KC2020	CHECK	B	01/0	2/2020	\$ 26,29		PHINTIMG
			,		s		HELS
4. Payee Inform	nation			Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
(include city, sta	te, & zip)						
Troffassi	TAN COUN	74					
20000	OF ELEC	71045		c. Level Regi	stered (Specify) County		
13015.41	UI REGIO			State			e. Election Sum to Date
						·Panity.	6 - 4 -
							356.45
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
Kezaro	CHECK	H	12/1	6/2019	\$56.45	7	FLUNG FEE
					\$		
5. Total only th	is Page						S INCIL CO
							\$ 1064.84
AND DESCRIPTION OF THE PERSON NAMED IN	CRO-1310 Pages	mary Page CPO 11	00 if One	rating Evnens			0
(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* - Printin			undraising	D - T	o Anot	ther Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses							
I - Postage	J - Penaltie	es	K* - C	Office Expen	ises Q* -	Donat	ion to Legal Expense Fund
O* Other				(w 1 3 /2		12 (2) 18 18 18	
* Codes requir	e detailed explanati	on in required r	emark	s neld (k)		The second	