Amendment

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			Transfer of	THE RESERVE			
a. Full Name		MI III			c. ID Number		
commiTTEE TO	ELECT	KAY	cAnnoc	C	26H7Y6		
b. Mailing Address (include City, State	d. Date Filed						
1112 S. LAKE	1112 S. LAKESCAE DR						
Foun asses,	NCZ	7524	-		e. Phone Number		
					919-632-1149		
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period E	nd Date (mm/dd/	yy) 5. Treasure	er Full Name		
2020 10/1/20	All being the second of the se	PROPERTY AND PERSONS ASSESSED.	CONTRACTOR IN CO	NAME AND ADDRESS OF THE OWNER, WHEN PERSON	TB CARROL		
6. Type of Committee (Check C	one) 9. T	ype of Rep			ort from one category)		
Candidate Campaign Part		icipal	State/Cou		Referendum		
		Organizational		nizational	Organizational		
Independent Expenditure I Join		Thirty-five day	-		Pre-referendum		
Legal Expense Fund		Pre-primary	닏	First	Final		
		Pre-election	ᄖ	Second	Supplemental Final		
7. Type of Fund (if applicable,	check one)	Pre-runoff	片	Third	Annual Special		
Booster Fund		Semi-annual Mid Year	U <sub>S</sub>	Fourth	Special		
☐ Building Fund	IH	Year End		i-annual Mid Year	10. Special Report Name		
Other:	片	Final		Year End	10. Special Report Ivalile		
8. Number of Fundraisers this	The same of the sa	Special	Firma				
o. Number of Fundraisers this	Report	Special	☐ Spec				
11. Account Information	1.30% 医初生 39		11. Account In	formation			
a. Financial Institution Full Name			a. Financial Institu	ution Full Name			
UNITED COMMINI	ITY BAK	1/					
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
CAMPAI 6KI	Kerper	9					
	d. Period Begin Ba	lance			d. Period Begin Balance		
	\$				\$		
CERTIFICATION			NAMES OF TAXABLE PARTY.				
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.    Printed Name of Signer   Signature of Appointed Treasurer   Date							
FOR OFFICE USE ONLY		AND DESCRIPTION		peller peller			
Date Received:	Date Received: Employee: Delivery Method Normal Mail						
Date Postmarked:	Harris Control Control	Employ	yee:	[	Registered Mail Hand Delivered		
Date Scanned:		Emplo	yee:		Electronically Filed		
Date Data Entered:		Emplo	yee:	□	Signer has not received mandatory training		
Please Note: This form cassistan You must amend	annot be used to a at treasurer, custoo the Statement of	lian of book	s information, or	r account inform	ation.		

Amendment Yes ☐ No

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

Use this form to summarize all disclosure reporting forms and to 1. Committee Full Name (and Fund if applicable) 2.	Type of I		3. ID Number
ROMAN ITTEE TO FIFET KIN PADON	FINI	a	26H7Y6
Start of Election Cycle: January 1, 2020	1000	Total this	Total this
		Reporting Period	
4) Cash on Hand at Start		s 1598,88	s &
<u>RECEIPTS</u>			
-/ 86 6	CRO-1205)	\$	\$
6) Contributions from Individuals	CRO-1210)	\$ 125. W	\$ 3204.10
7) Contributions from Political Party Committees	CRO-1220)	\$	\$
8) Contributions from Other Political Committees	CRO-1230)	\$	\$
9) Loan Proceeds	CRO-1410)	\$ 335	s 17:03
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)	\$	\$
11e) Exempt Purchase Price Sales	CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11	d and 11e)	\$ , 125,05	s 3224,13
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	CRO-1310)	\$ 37.38	\$ 555.53
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)	\$ 1686.50	s 1686,50
16) Refunds/Reimbursements from the Committee	CRO-1320)		s
17) In-Kind Contributions	CRO-1510)	S	s 982.10
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	act line 18)	\$	\$ 0
ADDITIONAL INFORMATION		142	
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)	\$	1860
25) Administrative Support	CRO-1710)	\$	\$
26) Forgiven Loans	CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	CRO-2220)	\$	\$
28) Contributions to be Refunded  ORO 1100  NC State Board	CRO-1215)	\$	S August 2008

Cant		om Individuo	la			Amendment		
		om Individua ndividual contributio		Pg antributions und	der \$50 if form CI		No Sed	
STREET, SQUARE,	AND REAL PROPERTY AND REAL PRO	e (and Fund if app	NAME OF TAXABLE PARTY.	onu ioutions une	del \$50 il lollil Ci	2. ID Number	scu	
							11/	
STATE OF TAXABLE PARTY.	MANAGEMENT OF THE PARTY OF THE	TO ELECT	Open or second lift of the second control of the	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN		2GH7	16	
	ributor Informa			Add Re		d. Comments		
15.	ame, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Prof	ession	a. Comments		
				ATTON	NEY			
7	S. VANN GAULS 3140 SANDERS RD				MEY nme/Specific Field			
1	11101119	PNINGS, NO	27592	GELF		e. Election Sum to	Date	
a	119-894-	3344	,			\$ 1000		
		h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy			
	KC202	CHECK			10/9/20	\$ 100	12	
						\$		
						\$		
3. Cont	ributor Informa	ation		Add R	emove			
The second	ame, Mailing Addre	ess & Phone		b. Job Title/Prof	ession	d. Comments		
	le city, state, & zip)			RETIL	$p \in n$			
EN	ue m.	WILLIAMS	è		ame/Specific Field	1		
16	OI LAKE	PANK CI	neix		•			
91	MITHFIR	40, He.	27577				e. Election Sum to Date	
						\$ 25 0		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy		16	
	KC2020	CHECK			10/20/200	\$ 25	<u></u>	
						\$		
						\$		
3. Cont	tributor Inform	ation		Add R	emove	Total Control		
	ame, Mailing Addr			b. Job Title/Pro	fession	d. Comments		
(includ	le city, state, & zip)		<u> </u>					
				c. Employer's N	ame/Specific Field			
						e. Election Sum to	Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy) k. Amount		
						\$		
						\$		
						\$		
4. To	tal only this P	age				\$ 129	- co	
5. Tot	tal of ALL Cl	RO-1210 Pages	Page CRO-1100)		T WELL	\$ 129	-a	

Disbursements	
Dispui scincino	

	2	Am	endmen	t
Pg	 of		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 F	ull Name (and Fund	d if applicable)				2. ID Number
PAMMITT	EE TO ELEC	T KAY OF	MRROL	_		264746
3. Type of Disb	ursement (Please	use separate CR	20-1310	forms for e	ach type of Dis	bursement.)
Operating Expe		tributions to Candida			- parting	ordinated Party Expenditures
4. Payee Inform				Add	Remove	
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Committee Nan	ne d. Comments
include city, state,	& zip)					
1110770	community	1 BAUK			. 1/0	
126 11	GECOND 5	T.	1	Federal	stered (Specify) County:	
128 4.	110000	27577		State	Municip	
SMITHE	TECO, NO	, . , . ,	t			
800-	822-2651					\$ 300
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (n		j. Amount	k. Required Remarks
Kezaro	DRAFT	0	10/30		\$ 300	BANL FEES
KC2020		0		12020	\$ 300	
4. Payee Inform	THE RESERVE OF THE PARTY OF THE			Add $\square$	Remove	
	ling Address & Phone		and the same of		ed Committee Nar	me d. Comments
a. Fun Name, Man (include city, sta						M2.72 (32.70) (77.70) (77.70) (77.70)
	-					
H1450K	115 PRINT	NU		c. Level Regi	stered (Specify)	
1294 0	U. MARKE	7 57		Federal	- County	
SMITH	W. MARKE FICED N	@ 2757	7	State	Munici	pality: e. Election Sum to Date
	934-9036					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (r	nm/dd/yyyy)	i. Amount	k. Required Remarks
	g. Form of Fayment				Management and the second	PRINTING
KCZONO		B	11/30	12020	\$ 31.38	PIGATIAL
					\$	
4. Payee Inform	mation			Add	Remove	
a. Full Name, Mai	ling Address & Phone	The state of the s		b. Coordinat	ed Committee Na	me d. Comments
(include city, sta	ate, & zip)					
				a I aval Dagi	istered (Specify)	
				Federal	County	v:
				State		ipality: e. Election Sum to Date
1						\$
		1.000				3
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
			1		\$	
					\$	
				22 - 2		\$
5. Total only t						φ
	L CRO-1310 Pages		BY In			20 20
(This line goes i	in line 13a of Detailed Su	mmary Page CRO-1	100 if Ope	rating Expens	ses) Anton/Political Con	\$ 37.38
(This line goes i	in line 13b of Detailed Su in line 13c of Detailed Su	ummary Page CRO-1 ummary Page CRO-1	100 if Con	rdinated Part	v Expenditures)	isone)
STATE OF THE PARTY	THE PARTY IN STREET, STOCKER WHITE PARTY				y Experience (o)	
	Codes (List detaile			undraising	n T	To Another Candidate
A* - Media E - Salaries	B* - Print F* - Equi			litical Party		Holding Public Office Expense
I - Postage	J - Penal			Office Expe		Donation to Legal Expense Fu
O* Other	J - I Chai				o- redottanter 2	errorestate de consenda de la consenda del consenda de la consenda de la consenda del consenda de la consenda d
	ire detailed explana	tion in required	remark	s field (k)		THE RESERVE OF THE PERSON OF T

			Amendment	
Loan Repayments	Pg	 of	 ☐ Yes	□ No
Jse this form to report payments on an existing loan.				

1. Committee Full Name (a	and Fund if appli	cable)		2. ID Number		
comme THE I	O ELECT	KAY CAPAL	9lk_	261786		
3. Lender Information		☐ Add	Remove			
a. Full Name, Mailing Address &	Phone			b. Comments		
(include city, state, & zip)						
Envir m C	ARROU	In		c. Original Loan Date		
1 10	MEGINE	nn		12-26-19		
1112 3. W.	d. Original Loan Amount					
919-834				\$ 2599.19		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$ 25 99.19	12020	CHECK	12/11/2020	\$ 1686.50		
\$				\$		
3. Lender Information		☐ Add	Remove			
a. Full Name, Mailing Address &	k Phone			b. Comments		
(include city, state, & zip)						
				c. Original Loan Date		
				c. Original Loan Date		
				d. Original Loan Amount		
				AND		
				\$		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
6				\$		
\$				Ψ		
\$				\$		
3. Lender Information	es de la company	☐ Add	Remove			
a. Full Name, Mailing Address	& Phone			b. Comments		
(include city, state, & zip)						
N .				c. Original Loan Date		
				d. Original Loan Amount		
				\$		
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount		
\$				\$		
\$				\$		
4. Total only this Pag	e			\$		
5. Total of ALL CRO						
(This line must be on line 15		Page CRO-1100)	he de la company	\$		