

RECEIVED

APR 30 2018

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.

Johnston County Board of Elections

| | |
|---|--|
| 1. Committee Information | |
| a. Full Name FRIENDS OF CHAD STEWART | c. ID Number JOH-06H7AY-C-001 |
| b. Mailing Address (include City, State and Zip Code) PO BOX 701 CLAYTON, NC 27528 | d. Date Filed 04/25/2018 |
| | e. Phone Number (919) 550-2100 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2018 | 3. Period Start Date (mm/dd/yy) 10/19/2014 | 4. Period End Date (mm/dd/yy) 04/21/2018 | 5. Treasurer Full Name HEATHER FORD |
|-------------------------------|--|--|---|

| | | | | |
|---|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | Semi-annual | |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|--|---|---|--------------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name UNITED COMMUNITY BANK | | a. Financial Institution Full Name | |
| b. Purpose RECEIPTS & EXPENDITURES | c. Account Code CS1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 1,142.75 | | 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

H. Ford Printed Name of Signer H. Ford Signature of Appointed Treasurer 04/25/2018 Date

FOR OFFICE USE ONLY

Date Received: 4/30/18 Employee Bm A Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee _____
Date Scanned: _____ Employee _____
Date Data Entered: _____ Employee _____
 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 | |
|--|--------------------|-----------------------------|---------------------------|
| FRIENDS OF CHAD STEWART | 2018 First Quarter | JOH-06H7AY-C-001 | |
| Start of Election Cycle: January 1, 2014 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1,142.75 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 0.00 | \$ 350.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 7,650.00 | \$ 26,802.65 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 0.00 | \$ 0.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ 2,250.00 | \$ 2,650.00 | |
| 9) Loan Proceeds (CRO-1410) | \$ 0.00 | \$ 0.00 | |
| 10) Refunds/Reimbursements to the Committee (CRO-1240) | \$ 0.00 | \$ 0.00 | |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11c) Outside Sources of Income (CRO-1250) | \$ 0.00 | \$ 0.00 | |
| 11d) Legal Expense Fund - Other Sources (CRO-1270) | \$ 0.00 | \$ 0.00 | |
| 11e) Exempt Purchase Price Sales (CRO-1265) | \$ 0.00 | \$ 0.00 | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | \$ 9,900.00 | \$ 29,802.65 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 712.50 | \$ 17,556.07 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 300.00 | \$ 300.00 | |
| 13c) Coordinated Party Expenditures (CRO-1310) | \$ 0.00 | \$ 0.00 | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | \$ 3.00 | \$ 16.68 | |
| 15) Loan Repayments (CRO-1420) | \$ 0.00 | \$ 0.00 | |
| 16) Refunds/Reimbursements from the Committee (CRO-1320) | \$ 783.14 | \$ 783.14 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 350.00 | \$ 2,252.65 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 2,148.64 | \$ 20,908.54 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 8,894.11 | \$ 8,894.11 | |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | \$ 0.00 | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | \$ 0.00 | | |
| 22) Debts and Obligations owed by the Committee (CRO-1610) | \$ 0.00 | | |
| 23) Debts and Obligations owed to the Committee (CRO-1620) | \$ 0.00 | | |
| 24) Account Transfers Within the Committee (CRO-1720) | \$ 0.00 | | |
| 25) Administrative Support (CRO-1710) | \$ 0.00 | \$ 0.00 | |
| 26) Forgiven Loans (CRO-1440) | \$ 0.00 | \$ 0.00 | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | \$ 0.00 | \$ 0.00 | |
| 28) Contributions to be Refunded (CRO-1215) | \$ 0.00 | \$ 0.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| LAMAR ARMSTRONG JR 110 DOGWOOD LANE FOUR OAKS, NC 27524 | | | ATTORNEY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | THE ARMSTRONG LAW FIRM | | e. Election Sum to Date | |
| | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 03/12/2018 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANNA NICKY COX 165 SCOUT ROAD FOUR OAKS, NC 27524 | | | FARMER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DEBBIE W CREECH 135 DOGWOOD LANE FOUR OAKS, NC 27524 | | | RETIRED TEACHER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | JOHNSTON COUNTY SCHOOLS | | e. Election Sum to Date | |
| | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 550.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 7,650.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DAVID L GRADY PO BOX 343 KENLY, NC 27542 | | | INSURANCE AGENT | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | INSURANCE SHOPPE | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 250.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CAROLYN JONES 65 HUNTINGTON PLACE SMITHFIELD, NC 27577 | | | HOMEMAKER | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | HOMEMAKER | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 02/19/2018 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JAMES H LANGDON JR 10176 NC 50 HWY N ANGIER, NC 27501 | | | STATE REPRESENTATIVE / RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | STATE OF NC / RETIRED | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | CS1 | Check | | 03/17/2018 | \$ 200.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 950.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page GRO-1100) | | | | | \$ 7,650.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DONNIE LASSITER 132 BATTEN ROAD SELMA, NC 27576 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | RETIRED | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 03/11/2018 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KENNETH LUCAS 7424 CHAPEL HILL ROAD RALEIGH, NC 27607 | | | | PRESIDENT/CEO | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | TARHEEL COMPANIES OF NC | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LEE MCLAMB 111 MARIAH DRIVE FOUR OAKS, NC 27524 | | | | DEVELOPER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | RETIRED | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,700.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 7,650.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| MICHAEL MCLAMB 100 MARIAH DRIVE FOUR OAKS, NC 27524 | | | | MANAGER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | IGA | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| MARIE MOBLEY 309 SKINNER ROAD FOUR OAKS, NC 27524 | | | | ATTORNEY | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | SELF EMPLOYED | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| FRED STANCIL 466 STANCIL ROAD ANGIER, NC 27501 | | | | OWNER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | STANCIL BUILDING | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 7,650.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| K JACKSON STANCIL 740 WOODARD ROAD PRINCETON, NC 27569 | | | | LEGISLATIVE ASSISTANT | | | |
| | | | | c. Employer's Name/Specific Field STATE OF NC | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 02/28/2018 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| E WAYNE STEWART 370 DEVIL'S RACETRACK ROAD FOUR OAKS, NC 27524-9302 | | | | PROFESSOR | | | |
| | | | | c. Employer's Name/Specific Field JOHNSTON COMMUNITY COLLEGE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JEFF STEWART 1803 HILLSIDE AVENUE NASHVILLE, TN 37203 | | | | PROFESSIONAL SALES RECRUITER | | | |
| | | | | c. Employer's Name/Specific Field SALES SEARCH AMERICA | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,100.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 7,650.00 | |

Contributions from Individuals

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 | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | | TEACHER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | JOHNSTON COUNTY | | \$ 350.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | In-Kind | CONSERVATIVE RALLY | 10/24/2014 | \$ 100.00 | | |
| <input type="checkbox"/> | CS1 | In-Kind | SPONSOR FOR DAVID ROUZER EVENT | 10/28/2014 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| RALPH L STEWART JR 625 STEWART ROAD FOUR OAKS, NC 27524 | | | | OWNER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | NEUSE PLANT & BARK | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 04/17/2018 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| TINA JONES WINBORNE 6687 US HIGHWAY 70 E PRINCETON, NC 27569 | | | | PARTNER | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | DEACON JONES | | \$ 2,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | CS1 | Check | | 03/16/2018 | \$ 2,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 2,450.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 7,650.00 | |

Contributions from Other Political Committees Pg 1 of 1

| |
|--|
| Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | |
|--|---------------------------|---|---|---|
| 1. Committee Full Name (and Fund if applicable) FRIENDS OF CHAD STEWART | | | 2. ID Number JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) NC REALTORS PAC ONE HANOVER SQUARE SUITE 1109 RALEIGH, NC 27601 | | b. Type of Committee <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | d. Comments |
| | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | e. Election Sum to Date \$ 2,250.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount |
| CS1 | Check | | 04/17/2018 | \$ 2,250.00 |
| | | | | \$ |
| | | | | \$ |
| 4. Total only this Page | | | | \$ 2,250.00 |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 2,250.00 |

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 | |
| FRIENDS OF CHAD STEWART | | | | JOH-06H7AY-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| JOHNSTON REC PO BOX 2771 SMITHFIELD, NC 27577 | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ 300.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| CS1 | Check | G | 03/13/2018 | \$ 300.00 | |
| | | | | \$ | |
| 5. Total only this Page | | | | | \$ 300.00 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 300.00 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h) above)</i> | | | | | |
| 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

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 | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST BAPTIST CHURCH OF FOUR OAKS 403 N. MAIN STREET FOUR OAKS, NC 27591 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 250.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| CS1 | Check | O | 04/16/2018 | \$ 250.00 | BLACKFEET NATION 5K | | |
| | | | | \$ | SPONSOR | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| GREATER CLEVELAND CHAMBER OF COMMERCE 5533 NC HIGHWAY 42 WEST SUITE A4-1 GARNER, NC 27529 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 200.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| CS1 | Debit Card | O | 04/12/2018 | \$ 200.00 | STRAWBERRY FESTIVAL | | |
| | | | | \$ | BOOTH | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| THE FORD FIRM, PLLC PO BOX 701 CLAYTON, NC 27528 (919) 550-2100 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 718.75 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| CS1 | Check | O | 11/05/2014 | \$ 262.50 | CAMPAIGN FINANCE | | |
| | | | | \$ | SERVICES | | |
| 5. Total only this Page | | | | | | \$ 712.50 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 712.50 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | | | |
| 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) | | | | | | | |

Aggregated Non-Media Expenditures

Page 1 of 1

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | | |
|---|------------------------|-----------------------------|---|-----------------------------|------------------|---------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF CHAD STEWART | | | | | | JOH-06H7AY-C-001 | |
| 3. Payee Information | | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. Purpose Code | e. Date (mm/dd/yyyy) | f. Amount | | g. Required Remarks |
| <input type="checkbox"/> Add | CS1 | Draft | O | 11/30/2015 | \$ | 3.00 | BANK FEES |
| <input type="checkbox"/> Remove | | | | | | | |
| 4. Total only this Page | | | | | | \$ | 3.00 |
| 5. Total of ALL CRO-1315 Pages | | | | | | \$ | 3.00 |
| <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | | | |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | | |
| | 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* - Donations to Legal Expense Fund | | | | |
| O* - Other | | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | | |

Refunds/Reimbursements From the Committee Pg 1 of 3

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 | |
| FRIENDS OF CHAD STEWART | | | | JOH-06H7AY-C-001 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 02/28/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 484.65 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | STICKERS, BUMPERSTICKERS | | 11/05/2014 | \$ 484.65 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 02/10/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 29.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | WEEBLY-WEB SERVICES | | 11/05/2014 | \$ 29.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 02/10/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 39.95 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | WEEBLY-WEB SERVICES | | 11/05/2014 | \$ 39.95 |
| 4. Total only this Page | | | | | \$ 553.60 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 783.14 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit | | | | | |
| P* - Reimbursement of In-Kim O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

Refunds/Reimbursements From the Committee Pg 2 of 3

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 | |
| FRIENDS OF CHAD STEWART | | | | JOH-06H7AY-C-001 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 03/01/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 25.00 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | FACEBOOK-ADVERTISING | | 11/05/2014 | \$ 25.00 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 03/06/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 29.99 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | FACEBOOK-ADVERTISING | | 11/05/2014 | \$ 29.99 |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | 03/08/2014 |
| | | | | | i. Original Receipt Amount |
| | | | | | \$ 25.11 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | f. Purpose Code | |
| TEACHER | | JOHNSTON COUNTY | | P | |
| | | | | | j. Election Sum to Date |
| | | | | | \$ 350.00 |
| k. Account Code | l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount |
| CS1 | Check | FACEBOOK-ADVERTISING | | 11/05/2014 | \$ 25.11 |
| 4. Total only this Page | | | | | \$ 80.10 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | | \$ 783.14 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor | | M - Overpayment for Service | | N - Exceeded Contribution Limit | |
| P* - Reimbursement of In-Kim | | O* - Other | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

Refunds/Reimbursements From the Committee Pg 3 of 3

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | |
| FRIENDS OF CHAD STEWART | | | | JOH-06H7AY-C-001 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| b. Job Title/Profession | | | c. Employer's Name/Specific Field | | h. Original Receipt Date |
| TEACHER | | | JOHNSTON COUNTY | | 03/01/2014 |
| f. Purpose Code | | | i. Original Receipt Amount | | |
| P | | | S | | 24.44 |
| j. Election Sum to Date | | | | | |
| S | | | 350.00 | | |
| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| CS1 | Check | FACEBOOK-ADVERTISING | 11/05/2014 | S 24.44 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | g. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | |
| | | | <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered (Specify) | | |
| b. Job Title/Profession | | | c. Employer's Name/Specific Field | | h. Original Receipt Date |
| TEACHER | | | JOHNSTON COUNTY | | 02/21/2014 |
| f. Purpose Code | | | i. Original Receipt Amount | | |
| P | | | S | | 125.00 |
| j. Election Sum to Date | | | | | |
| S | | | 350.00 | | |
| k. Account Code | l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount | |
| CS1 | Check | JOHNSTON RW | 11/05/2014 | S 125.00 | |
| 4. Total only this Page | | | | S 149.44 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100) | | | | S 783.14 | |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor | | M - Overpayment for Service | | N - Exceeded Contribution Limit | |
| P* - Reimbursement of In-Kin | | O* Other | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |

In-Kind Contributions

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 Number | |
| FRIENDS OF CHAD STEWART | | JOH-06H7AY-C-001 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| URSULA STEWART 121 DOGWOOD LANE FOUR OAKS, NC 27524 | | <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source | |
| | | d. Election Sum to Date | |
| | | \$ 350.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| CONSERVATIVE RALLY | | 10/24/2014 | \$ 100.00 |
| SPONSOR FOR DAVID ROUZER EVENT | | 10/28/2014 | \$ 250.00 |
| | | | \$ |
| 4. Total only this Page | | | \$ 350.00 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | | \$ 350.00 |