APR 3 0 2018

Disclosure Report Cover

Amendment

☐ Yes No No 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 c. ID Number a. Full Name FRIENDS OF CHAD STEWART JOH-06H7AY-C-001 d. Date Filed b. Mailing Address (include City, State and Zip Code) 04/25/2018 CLAYTON, NC 27528 e. Phone Number (919) 550-2100 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name HEATHER FORD 10/19/2014 04/21/2018 2018 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign

Party Municipal State/County Referendum ☐ Joint Fundraiser ☐ PAC Organizational Organizational Organizational Referendum R Legal Expense Fund Thirty-five day Quarterly ☐ Pre-referendum 7. Type of Fund (if applicable, check one) Pre-primary First ☐ Final "Booster Fund" Pre-election Second Supplemental Final Annual ☐ Building Fund Pre-ronoff Third Presidential Election Year Candidates Fund Semi-annual Fourth ☐ Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Final Year End Other: 8. Number of Fundraisers this Report Special ☐ Final ☐ _{Special} 3. Account Information 3. Account Information

a. Financial Institution Full Name a. Financial Institution Full Name UNITED COMMUNITY BANK b. Purpose c. Account Code b. Purpose c. Account Code RECEIPTS & CS1 **EXPENDITURES** d. Period Begin Balance d. Period Begin Balance 1,142.75

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	Signature of Appointed Treasurer	04/25/2018 Date
OR OFFICE USE ONLY		
Date Received: 4/3	0/18 Employee BMA	Delivery Method Normal Mail
Date Postmarked:	Employee	Registered Mail Hand Delivered
Date Scanned:	Employee	☐ Electronically Filed
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.

Amendment ☐ Yes X No

Detailed Summary 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 Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start S 1,142.75 \$ 0.00 RECEIPTS (CRO-1205) S 5) Aggregated Contributions from Individuals 0.00 \$ 350.00 6) Contributions from Individuals (CRO-1210) 7,650.00 26,802.65 7) Contributions from Political Party Committees (CRO-1220) S S 0.00 0.00 8) Contributions from Other Political Committees (CRO-1230) 2,250.00 S 2,650.00 (CRO-1410) 9) Loan Proceeds S 0.00 0.00 10) Refunds/Reimbursements to the Committee (CRO-1240) 0.00 S 0.00 1) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) S 0.00 0.00 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 0.00 11c) Outside Sources of Income (CRO-1250) S 0.00 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) S 0.00 S 0.00 11e) Exempt Purchase Price Sales (CRO-1265) S 0.00 S 0.00 2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 9,900.00 29,802.65 EXPENDITURES 3) Disbursements 13a) Operating Expenditures (CRO-1310) 712.50 | \$ 17,556.07 13b) Contributions to Candidates/Political Committees (CRO-1310) S S 300.00 300.00 (CRO-1310) S 13c) Coordinated Party Expenditures \$ 0.00 0.00 14) Aggregated Non-Media Expenditures (CRO-1315) 3.00 16.68 0.00 15) Loan Repayments (CRO-1420) 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) S 783.14 783.14 17) In-Kind Contributions (CRO-1510) S 350.00 S 2,252.65 (8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) S S 2.148.64 20,908.54 (9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) S 8,894.11 8,894.11 ADDITIONAL INFORMATION (CRO-1330) S 20) Non-Monetary Gifts Given to Other Committees 0.00 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 0.00 22) Debts and Obligations owed by the Committee (CRO-1610) S 0.00

	_		_		_
CR	n.	_1	1	1	n

25) Administrative Support

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

26) Forgiven Loans

23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee

(CRO-1620)

(CRO-1720)

(CRO-1710)

(CRO-1440)

(CRO-2220)

(CRO-1215)

S

S

0.00

0.00

0.00

0.00

0.00 S

0.00 S 0.00

0.00

0.00

0.00

		OIII THOIVIOUSIS			Pg 1 of 0 under \$50 if form CRO 1	tree and	☐ Yes is not us	X No
Annual Company	The second secon	(and Fund if applicab		8785.55985E			D Numbe	
	OS OF CHAD STEV	.,		Mrtinetteren) i dinenteren	**************************************		***************************************	7AY-C-001
3. Contr	ributor Informatio	on		Add F	Remove		N. Carlo	
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title/	/Profession	d. C	omment	:B
(inclu	de city, state, & zi	ip)		ATTORNEY	Y			
LAMAR	R ARMSTRONG JI	R						
110 DOC	GWOOD LANE			c. Employer	r's Name/Specific Field			
FOUR O	DAKS, NC 27524			THE ARMS	STRONG LAW			
				FIRM		e. El	lection S	um to Date
						S		250.00
f Prior	- Account Code	h. Form of Payment	i. In-Kind De	ecription	j. Date (mm/dd/yyyy)		k. Amou	
	CS1	Check			03/12/2018	-		
					U3/12/2016		S	250.00
						F.	S	
							S	
3. Contr	ributor Informatio	on		Add 🗆 I	Remove			
	ame, Mailing Add			b. Job Title/		d. C	comment	8
(include city, state, & zip)				FARMER				
ANNA NICKY COX								
165 SCOUT ROAD				c. Employer	r's Name/Specific Field			
FOUR OAKS, NC 27524			RETIRED		*			
13.73.00				1.00		e. El	lection S	um to Date
						S	***************************************	200.00
		10 00 00	1 22		1		-	
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy)) /	k Amou	nt
	CS1	Check			04/17/2018		S	200.00
						1 30	S	
						1	S	
3. Contr	ributor Informati	on		Add 🗆 I	Remove			
a. Full N	lame, Mailing Add	dress & Phone		b. Job Title	/Profession	d. C	Comment	B
(inclu	ide city, state, & zi	dp)		RETIRED T	EACHER		***************************************	
	E W CREECH	***************************************						
135 DO	GWOOD LANE			c. Employer	r's Name/Specific Field			
	DAKS, NC 27524			JOHNSTON	N COUNTY			
				SCHOOLS		e. El	lection S	um to Date
						S		100.00
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyyy))	k. Amou	nt
	CS1	Check			04/17/2018		s	100.00
				PC W. Y.			s	
							S	
4. Tota	al only this Pa	ge .				S		550.00
		O-1210 Pages						The state of
		6 of Detailed Summary	Page CRO-1100	a a		S		7,650.00

Amendment

Contributions from Individuals

				Amendm	ent
$P_{\mathbf{g}}$	2	of	6	Yes Yes	X No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1	205 is not used
L. Committee Full Name (and Fund if applicable)	2. ID Number
EDIENDS OF CUAD STEWART	TOTA OCTUBANA

AR LOUIS		Table Culps It applicate		*************	************	***************************************	Ante A		C.L
	OS OF CHAD STE						T		7AY-C-001
the second secon	ributor Informati	the United Section (1997) in the property of the contract of t		Add	☐ Re	move		JASTA A	
a. Full l	Vame, Mailing Add	dress & Phone		b. Job 1	litle/Pr	ofession	d. (Commeni	ts
(incl	ide city, state, & z	ip)		INSUR	ANCE	AGENT			
DAVID	L GRADY								
РО ВО	X 343			c. Empl	oyer's	Name/Specific Field			
KENLY	, NC 27542			INSUR	ANCE	SHOPPE			
							e. E	lection S	ium to Date
							S		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	1	k. Amou	ınt
	CS1	Check		******************	***************************************	04/17/2018	*********	s	250.00
						34,17,2016			230.00
								s	
			-					-	
								S	
3. Cont	ributor Informati	on		Add	☐ Re	move	LUS V		Salakosta
a. Full l	Name, Mailing Ado	dress & Phone				ofession	d. (Commen	ts
(incl	ıde city, state, & z	ip)		HOME	MAKE	R		***************************************	***************************************
CAROI	LYN JONES								
	NTINGTON PLACE	Е		c. Empl	oyer's	Name/Specific Field			
SMITH	MITHFIELD, NC 27577			HOME	MAKE	R			
							e. I	lection S	um to Date
							S		500.00
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription		j. Date (mm/dd/yyyy)		k. Amou	ınt
	CS1	Check	***************************************		******************	***************************************	*********	• • • • • • • • • • • • • • • • • • • •	
						02/19/2018		S	500.00
							Specially .	s	
<u> </u>			-				-		
				MANA CONTRACTOR OF THE PARTY OF				S	
	ributor Informati				☐ Re				
ı	Name, Mailing Add			b. Job	litle/Pr	vfession	d. (Commen	ts
(incl	ide city, state, & z	ip)		STATE	REPR	ESENTATIVE /			
JAMES	H LANGDON JR			RETIR	ED		1		
I	NC 50 HWY N				*************	Name/Specific Field			
ANGIE	R, NC 27501			STATE	E OF N	C / RETIRED	-	Martin S	Sum to Date
							e. I	Liection 2	oum to Date
							S		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	ļ	j. Date (mm/dd/yyyy)	1	k. Amou	int
	CS1	Check				03/17/2018		s	200.00
<u> </u>						03/17/2018		3	200.00
								s	
								s	
	al only this Pa	760		1/3918-28	S 111 (26)		S		950.00
		O-1210 Pages					3		750.00
		O-1210 Fages 6 of Decailed Summary.	Page GRO-1100)				S		7,650.00

Contributions from Individuals

				Amendmo	ent .	
$\mathbf{P}_{\mathbf{g}}$	3	of	6	☐ Yes	X	No

Use this form to rep	ort individual conti	ributions over \$50 or	contributions under	\$50 if form	CRO 1205 is not used
		The state of the s	A SAME TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ALCOHOLD TO THE REAL PROPERTY.	NAME OF TAXABLE PARTY OF TAXABLE PARTY.

1. Comp	nittee Full Name	(and Fund if applicabl	le)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2. I	D Number	454100000000000000000000000000000000000
FRIEND	OS OF CHAD STE	WART					J	ЮН-06Н7А	Y-C-001
3. Contr	ributor Informati	on		Add	☐ Re	move	23.4		
1	ame, Mailing Add			b. Job	Title/Pr	ofession	d. Comments		
(inclu	de city, state, & z	ip)	***************************************	RETIR	ED				
	E LASSITER			c. Emp	lover's	Name/Specific Field	1		
	TTEN ROAD , NC 27576			RETI	****************		-		
SELMA	, NC 27370			KEIII	ŒD		e. E	lection Sur	n to Date
							S	***************************************	1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	criptio	1	j. Date (mm/dd/yyyy)		k. Amount	
	CS1	Check				03/11/2018		S	1,000.00
								S	
	,							s	
A STATE OF THE PARTY OF THE PAR	ributor Informati			Add	☐ Re				
	ame, Mailing Ado			b. Job	Title/P	ofession	d. C	Comments	
	ide city, state, & z	ip)		PRESI	DENT/	CEO			
i .	TH LUCAS	D		c. Emr	loyer's	Name/Specific Field	1		ì
7424 CHAPEL HILL ROAD RALEIGH, NC 27607					***************************************	OMPANIES OF			
RALLIGH, NC 27007				NC			e. F	lection Su	n to Date
							S		500.00
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	criptio	D.	j. Date (mm/dd/yyyy)	 	k. Amoun	1
	CS1	Check				04/17/2018		S	500.00
	-			40.337.33				S	
								s	
No. of the Control of	ributor Informati				☐ Re				
	ame, Mailing Ad				•••••	rofession	d. (Comments	
0.00	ide city, state, & z	ap)		DEVE	LOPER				
LEE MO	CLAMB ARIAH DRIVE			c. Emp	oloyer's	Name/Specific Field	1		
	DAKS, NC 27524			RETI	RED	***************************************			
1							e. I	lection Su	m to Date
1							S		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Dea	criptio	n	j. Date (mm/dd/yyyy)	<u> </u>	k. Amoun	t
	CS1	Check				04/17/2018		s	200.00
								S	
							ul dan	s	
4. Tot	al only this Pa	ge					S		1,700.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Paga CRO-1100)				s	200,000	7,650.00

		om Individuals			Pg	4 of 6	_	☐ Yes	
		dividual contributions		ontribution	ns und	er \$50 if form CRO	100		
		(and Fund if applicabl	(e)			***************************************	***************************************	D Numb	***************************************
FRIEND	OS OF CHAD STEV	WART					L.	JOH-06H	I7AY-C-001
Company of the second	cibutor Informatio	The second secon		Distriction of the Party of the	Rem			501 ST	
	ame, Mailing Add			b. Job Tit	le/Prof	ession	d. C	Commen	its
	de city, state, & zi	ip)		MANAG	ER				
	EL MCLAMB			c. Employ	ver's No	me/Specific Field	\dashv		
	RIAH DRIVE DAKS, NC 27524			IGA					
locke	7 HCO, IVC 27324			1071			e. I	lection !	Sum to Date
							S		200.00
C D-i	- Assessed Code	h. Form of Payment	i. In-Kind Des			Date (mar/dd/mar		k. Amoi	
	*************************************	Check	I. IM-KING DES	cription	J	. Date (mm/dd/yyy	7.7	•	
	CS1	Check				04/17/2018		\$	200.00
								s	
								\$	
3. Contr	ributor Informati	on		A.dd	Rem	ove			
	ame, Mailing Add			b. Job Tit	le/Prof	ession	d. C	Commen	ite
(inclu	de city, state, & z	ip)	***************************************	ATTORN	ŒΥ			••••••	
	MOBLEY			7-1-	f- N T		-		
	NNER ROAD				***************	me/Specific Field			
FOUR	DAKS, NC 27524			SELF EN	APLOY	ED	e. I	lection :	Sum to Date
							S	*************	200.00
			1 7 771 130	<u> </u>		Th. (411)		1	
	······································	h. Form of Payment Check	i. In-Kind Des	eription		. Date (mm/dd/yyy	y)	k. Amo	unt
	CS1	CHECK			\rightarrow	04/17/2018		S	200.00
								s	
								s	
3. Conti	ributor Informatic	on		Add [Rem	ove			
	iame, Mailing Add			b. Job Ti	ile/Prof	ession	d. (Commen	its
	de city, state, & z	ip)		OWNER					
	TANCIL BOAD			c. Employ	ver's N	ame/Specific Field	\dashv		
	ANCIL ROAD R, NC 27501			STANCI					
1111012	., 110 27301				L BOIL	221110	e. I	lection	Sum to Date
							s		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j	. Date (mm/dd/yyy	y)	k. Amo	unt
	CS1	Check				04/17/2018		s	500.00
								s	
								s	
4. Tot	al only this Pa	ge					S		900.00
5. Tot	al of ALL CR		Dess (DO 1180)				S		7,650.00

Amendment

		om Individuals			g5 of				No No
and the second		dividual contribution		ontributions u	ınder \$50 if f		-		
***************************************		(and Fund if applicab	e)		***************************************			D Number	na mmininima
FRIEND	OS OF CHAD STE	WART					J	JOH-06H7AY	-C-001
Andrew Comments	ributor Informatic	45/17/19			emove				
l .	ame, Mailing Add			b. Job Title/I	Profession		d. C	Comments	
	de city, state, & z	ip)	***************************************	LEGISLATIV	VE ASSISTA	NT			
	SON STANCIL			e Frankrer'	s Name/Speci	Ge Field			
	ODARD ROAD				***************************************	ine riem			
PRINCE	ETON, NC 27569			STATE OF 1	NC		e. E	lection Sum	to Date

							S		500.00
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (m	m/dd/yyyy)		k. Amount	
	CS1	Check			02/2	28/2018		s	500.00
								s	
								s	
3. Cont	ributor Informati	on		Add □ R	emove	material ha		183,000 600	
	ame, Mailing Add			b. Job Title/I			d. C	Comments	
	de city, state, & z			PROFESSOR				***************************************	
E WAY	NE STEWART	***************************************	***************************************						
	VIL'S RACETRAC	CK ROAD		c. Employer'	s Name/Spec	ific Field			
FOUR (DAKS, NC 27524-	9302		JOHNSTON	COMMUNI	ΓY			
				COLLEGE			e. E	lection Sum	to Date
1							S		100.00
£ Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	i. Date (m:	m/dd/yyyy)	_	k. Amount	
	CS1	Check			***************************************	***************************************	**********		
	001				04/	17/2018		S	100.00
								s	
								s	
3. Cont	ributor Informati	on		Add □ R	emove				
a. Full N	iame, Mailing Add	dress & Phone		b. Job Title/I	Profession		d. C	Comments	
(inelu	de city, state, & z	ip)		PROFESSIO	NAL SALES			***************************************	
JEFF ST	ΓEWART			RECRUITER					
	LLSIDE AVENUE	3			s Name/Spec	***************************************			
NASHV	VILLE, TN 37203			SALES SEA	RCH AMERI			lection Sum	4 D.4:
							e. L	Tection 2mm	to Date
			T				S	I	500.00
f. Prior	***************************************	h. Form of Payment	i. In-Kind Des	eription	j. Date (m	m/dd/yyyy)		k. Amount	
	CS1	Check			04/	17/2018		S	500.00
								S	
								S	
4. Tot	al only this Pa	ge					S		1,100.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Dans (*DA) 1180				s		7,650.00
(I RIS	une musi de on iine	a of Dennied Summary.	rage CRU-1100)			THE RESERVE TO SERVE THE RESERVE THE RESERVE TO SERVE THE RESERVE	1		

Amendment **Contributions from Individuals** 6 of ☐ 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 FRIENDS OF CHAD STEWART JOH-06H7AY-C-001 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) TEACHER **URSULA STEWART** c. Employer's Name/Specific Field 121 DOGWOOD LANE FOUR OAKS, NC 27524 JOHNSTON COUNTY e. Election Sum to Date 350.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind CS1 CONSERVATIVE RALLY 10/24/2014 S 100.00 In-Kind CS1 SPONSOR FOR DAVID S 10/28/2014 250.00 ROUZER EVENT S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER RALPH L STEWART JR c. Employer's Name/Specific Field **625 STEWART ROAD** FOUR OAKS, NC 27524 NEUSE PLANT & BARK 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 Check CS1 04/17/2018 S 100.00 S S ☐ Add ☐ Remove 3. Contributor Information . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PARTNER TINA JONES WINBORNE c. Employer's Name/Specific Field 6687 US HIGHWAY 70 E DEACON JONES PRINCETON, NC 27569 e. Election Sum to Date 2,000.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check CS1 03/16/2018 S 2,000.00

(This line must be on line 6 of Demiled Summary Page CRO-1100) CRO-1210 NC State Board of Elections April 2007

S

S

S

S

2,450.00

7,650.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

	ons from Othe				<u>l</u>	Amendm Yes	ent No
	ill Name (and Fund if				2.1) Number	
FRIENDS OF CH			***************************************	NACINALIA		IOH-06H7	AY-C-001
3. Contributor l	nformation		Add	Remove		a valent	
a. Full Name, Ma	iling Address & Phon	•	b. Type of Comm		d. Comments		
(include city, s	state, & zip)		☐ Candidate	X PAC			
NC REALTORS	PAC		☐ Referendum				
ONE HANOVER	RSQUARE		c. Level Register				
SUITE 1109			☐ Federal	County:		- 1- Y	
RALEIGH, NC	27601		X State	☐ Municipality:	e. E	lection Su	m to Date
					S		2,250.00
£ Account Code	g. Form of Payment	h. In-Kind Desc	ription	i. Date (mm/dd/y	, ,,,,	j. Amoun	t
CS1	Check			04/17/2018		S	2,250.00
						s	
						s	
4. Total only thi	s Page				S		\$2,250.00
THE PERSON NAMED IN COLUMN TO SERVICE OF SER	CRO-1230 Pages be on line 8 of Detailed 5	iummary Page CRC)-1100)		s		\$2,250.00
CRO-1230		NC St	ate Board of Elections		e In		April 2007

Disburseme	nts				Pg _		1	Amend		
	port expenditures		e for c	perating expe	nses, c	ontributi	ons to	candidate/	political	
Annual Company of the	ordinated party ex Name (and Fund i	Contraction of the last of the						2. ID Numl	045	
FRIENDS OF CHA	•••••••	i applicable)		***************************************			***************************************		17AY-C-001	
FRIENDS OF CITA	DJIEWARI									
3. Type of Disburs	ement (Please 1	use separate CRO	-1310	forms for eac	k type	of Disbu	rseme.	<u>nt.)</u>		
Operating Expen	ises 🗓 Contr	ibutions to Candidat	es/Polit	ical Committee	3	☐ Co	ordinate	ed Party Exp	enditures	
4. Payee Informati				Add 🗆	Remo	ove				
ı. Full Name, Maili	ng Address & Pho	one		b. Coordinate	ed Com	mittee N	ıme	d. Commen	ıts.	
include city, state	, & zip)									
JOHNSTON REC				a I mal Pari	-4	/C		П		
PO BOX 2771	2000			c. Level Regi		County				
SMITHFIELD, NC	2/5//			X State	_	_		e. Election	Sum to Date	
	,							S	300.00	
E Account Code g.	Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/yyyy	j. An	ount	k. Re	quired Rem	arks	
CS1	Check	G	(3/13/2018	S	300.00				
					s					
5. Total only this l	Page							S	300.00	
6. Total of ALL CI	RO-1310 Pages									
(This line goes in l	line 13a of Detailed S line 13b of Detailed S line 13c of Detailed S	Summary Page CRO-	-1100 i	f Contrib to Can	didates		omm)	S	300.00	
7. Purpose Cod	les (List detailed	expenditure code	in(h)	above)						
A* - Media	B* - Printin	₩		Fundraising				her Candida		
E - Salaries							_	g Public Office Expenses		
- Postage	J - Penaltie	5	K* - (Office Expense	es	Q* - D	onatio	on to Legal !	Expense Fund	
D* Other	letailed explanatio	n in required re-	arles	field (Ir)					NATIONAL DESIGNATION OF THE PARTY OF THE PAR	
Cours require	cranten expranatio	n in reduit on tem	iai DS	nem (v)						

coordinated party ex Il Name (and Fund in AD STEWART				-			candidate/politic	eni.		
· · · · · · · · · · · · · · · · · · ·	f !! blat						2. ID Number			
AD SIEWAKI	(apprenie;				***************************************	***************************************	JOH-06H7AY-0	C-001		
rsement (Please u	ise separate CRC	1310	forms for each	type o	f Disbw	rseme	nt.)			
	ibstions to Candidat	es/Polit	ical Committees		☐ Coc	ndinat	ed Party Expenditure	25		
tion			Add 🗆	Remov	re			NO FALL		
ling Address & Pho	one		b. Coordinated	d Comm	rittee Na	ıme	d. Comments			
e, & zip)	***************************************	!			***************************************					
CHURCH OF FOUR	OAKS	1								
REET		,		***********	*************		,	1		
27591		1					a Florida Same to Date			
		,	LI State	L	Muncip	auty.	é. Liection Sum a) Date		
		1					S	250.00		
g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Remarks			
Check	О	1	•••••	S	***************************************	BLA	CKFEET NATION	5K		
-		1		-		1				
		1	provide the second	_						
ition 0.74	STREET,	traditional to			A.—	2.50				
_	one		b. Coordinated	d Comm	ıittee Nı	ıme	d. Comments			
ELAND CHAMBER AY 42 WEST 529	OF COMMERCE		c. Level Regia: Federal State		County:		e. Election Sum to	Date 200.00		
Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amor	mat	k Re	ouired Remarks			
***************************************		1	• • • • • • • • • • • • • • • • • • • •	†	***************************************		***************************************	VAI		
Doon out	<u> </u>		7/12/2010	-	200.00	ı		VAL		
	~ .									
tion				100 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
-	ne	,	b. Coordinated	d Comm	rittee Na	ıme	d. Comments			
e, & zip)	······································									
I, PLLC		,	Y 1 12	·1/E			-			
		1	***************************************	terea (5)		***************************************				
.7528				ī	-		a Flaction Sum to	- Data		
			La Vanca		***************************************	**************************************	***************************************	*****************		
							5	718.75		
g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amo	unt	k. Re	quired Remarks			
Check	О	T	***************************************	S	262.50	CAM	PAIGN FINANCE			
		\vdash				ı				
and the second s				3						
							S	712.50		
CRO-1310 Pages										
line 13b of Detailed S	Summary Page CRO-	-1100 if	Contrib to Cand	lidates/Po		,	S	712.50		
						A DESCRIPTION	Miles Professor	100000		
				*	n To	Annt	has Candidate			
F* - Equipme	ent	G-Pol	litical Party	5	H* - H	olding	g Public Office Ex	-		
	tion ling Address & Pho e, & zip) CHURCH OF FOUR OF EET 27591 Form of Payment Check tion ling Address & Pho e, & zip) ELAND CHAMBER AY 42 WEST 529 Form of Payment Debit Card tion ling Address & Pho e, & zip) FLAND CHAMBER AY 42 WEST 529 Form of Payment Check tion ling Address & Pho e, & zip) PLLC 7528 Form of Payment Check Page TRO-1310 Pages line 13a of Detailed S line 13c of Detailed S	ching Address & Phone e, & zip) CHURCH OF FOUR OAKS EET 27591 Form of Payment Check Check	Inses	Contributions to Candidates/Political Committees	Contributions to Candidates/Political Committees	Contributions to Candidates/Political Committees Coordinate flow Add Remove	Contributions to Candidates Political Committees	Contributions to Candidates/Political Committees Coordinated Party Expenditure (Ining Address & Phone e. & zip) Leafter County: State State County: State Co		

Aggregated	Non-Media	Expenditures	Doga
Aggitgattu	TAOH-TATCOIN	Lapenonuico	Page .

Aggreg	ated Non-M	ledia Expendi	itures	Page_		☐ Yes ☒ No				
Optional fo	orm used to repo	ort NC Non-Media	Expenditures o	f \$50 or less.						
L. Committ	ee Full Name (and	Fund if applicable)			2. ID Number	KELENGUNGAN PANGUNGAN KANTAN PANGUNGAN KANTAN K				
FRIENDS C	OF CHAD STEWAL	RT			JO	H-06H7AY-C-001				
3. Payee In	formation									
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	£ Amount	g. Required Remarks				
☐ Add ☐ Remove	CS1	Draft	О	11/30/2015	\$ 3.0	BANK FEES				
4. Total o	nly this Page				S	3.00				
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$ 3.00					
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)						

C* - Fundraising

G - Political Party

K* - Office Expenses

O* - Other * Codes require detailed explanation in required remarks field (g)

B* - Printing

J - Penalties

F* - Equipment

CRO-1315

E - Salaries

I - Postage

NC State Board of Elections

December 2009

Amendment

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donations to Legal Expense Fund

Refunds/Re							_	Amendment Yes X N	ĪΩ		
THE RESERVE AND ADDRESS OF THE PERSON NAMED OF	-		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NAMED I	commoun	ons retu	med to the contrib		The second secon			
1. Committee Full FRIENDS OF CHA			HICADIE)	***********************			1	Number I-06H7AY-C-001			
		WAR1					JOI	1-00H/A1-C-001			
3. Payee Informati						move					
a. Full Name, Mail				d. Type	of Com	*****	g. C	omments			
(include city, sta	***************	p)			ecenden Gracere	☐ PAC☐ Party					
URSULA STEWAI						red (Specify)	h. Original Receipt Date				
FOUR OAKS, NC				☐ Fed	eal	County:		02/28/2014			
				Stat	ê	☐ Municipality:	i. O	riginal Receipt A	mount		
							S		484.65		
b. Job Title/Profess	ion	c. Employer's N	ame/Specific Fiel	d f. Purpe	ose Code	<u> </u>	-	ection Sum to Da			
TEACHER	***************************************	JOHNSTON COUN	NTY	P	***************************************			***************************************	350.00		
k. Account Code	1. Form	of Payment	m. Required Rem	arks		n. Date (mm/dd/y	vvv)	o. Amount			
CS1	Ch-sk STICKERS BLIMB		STICKERS, BUMPER	***************************************	***************************************	11/05/2014		S	484.65		
				Add	□ Re	move	\$0.500		0.00		
3. Payee Informat a. Full Name, Mail		race & Phone			of Com		- C	omments			
include city, sta	_			Can	*****************	□ PAC			***************		
URSULA STEWAI	***************************************	***************************************	**************************************	□ Ref	erendum	☐ Party					
121 DOGWOOD LANE				e. Leve	l Registe	ered (Specify)	Ъ. С	riginal Receipt I)ate		
FOUR OAKS, NC 27524				Fed		County:		02/10/2014			
				☐ Stat	:a	☐ Municipality:					
							S	riginal Receipt A	*****************		
b. Job Title/Profess	4	- FII- N	Same/Specific Fiel	J 6 D	C-1-		<u> </u>	ection Sum to Da	29.00		
TEACHER		JOHNSTON COUN	***************************************	·····	f. Purpose Code						
TEACHER		JOHNSTON COOL		P			S		350.00		
k. Account Code	1. Form	of Payment	m. Required Rem	arks	****************	n. Date (mm/dd/y))	o. Amount	·····		
CS1	Check		WEEBLY-WEB SERV	ICES		11/05/2014		S	29.00		
3. Payee Informat	ion					move					
a. Full Name, Mail	_				of Com	nittee	g. C	omments			
(include city, sta	ite, & zi	p)			ıdıdate	PAC					
URSULA STEWAI					erendum 1 Rapiota	Party ered (Specify)	h C	riginal Receipt I	lata		
121 DOGWOOD L FOUR OAKS, NC				☐ Fed	***************************************	County:					
FOUR OAKS, NC	21324			☐ Stat		☐ Municipality:		02/10/2014			
					***************************************		i O	riginal Receipt A	mount		
							\$		39.95		
b. Job Title/Profess	ion	c. Employer's l	Vame/Specific Fiel	d f. Purp	ose Code		j. E	ection Sum to Da	te		
TEACHER		JOHNSTON COUR	NTY	P			S		350.00		
k. Account Code	l. Form	of Payment	m. Required Ren	ıarks		n. Date (mm/dd/y	yyy)	o. Amount			
CS1	Check		WEEBLY-WEB SERV	/ICES		11/05/2014		S	39.95		
4. Total only this	Page						S		553.60		
5. Total of ALL C	RO-132	THE RESERVE OF THE PARTY OF THE	D CDC 1	100)			S		783.14		
			mmary Page CRO-1								
			Sement code in (f			N Care	1021	Contibution Limit			
L - Returned to P* - Reimburse			Overpayment for Other	Service		IN - EXCEC	теа (JOHN TOURDUROUS LIMIT			
			in required remai	dre field (v	11)						

Amendment Refunds/Reimbursements From the Committee Pg 2 of ☐ Yes X 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 Add 🗆 Remove d. Type of Committee a. Full Name, Mailing Address & Phone g. Comments Candidate ☐ PAC (include city, state, & zip) ☐ Referendum ☐ Party URSULA STEWART e. Level Registered (Specify) h. Original Receipt Date 121 DOGWOOD LANE ☐ Federal County: FOUR OAKS, NC 27524 03/01/2014 ☐ State ☐ Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date TEACHER JOHNSTON COUNTY 350.00 L Form of Payment n. Date (mm/dd/yyyy) o. Amount k. Account Code m. Required Remarks FACEBOOK-ADVERTISING 25.00 11/05/2014 3. Payee Information Add Remove a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments ☐ Candidate ☐ PAC (include city, state, & zip) ☐ Referendum ☐ Party URSULA STEWART e. Level Registered (Specify) h. Original Receipt Date 121 DOGWOOD LANE ☐ Federal County: FOUR OAKS, NC 27524 03/06/2014 ☐ State ☐ Municipality: i. Original Receipt Amount j. Election Sum to Date b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code JOHNSTON COUNTY TEACHER 350.00 L Form of Payment k. Account Code m. Required Remarks n. Date (mm/dd/yyyy) o. Amount FACEBOOK-ADVERTISING S 29.99 11/05/2014 Add Remove 3. Payee Information a. Full Name, Mailing Address & Phone d. Type of Committee g. Comments ☐ PAC (include city, state, & zip) ☐ Candidate ☐ Referendum ☐ Party **URSULA STEWART** e. Level Registered (Specify) h. Original Receipt Date 121 DOGWOOD LANE ☐ Federal County: FOUR OAKS, NC 27524 03/08/2014 ☐ State ■ Municipality: i. Original Receipt Amount b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose Code j. Election Sum to Date TEACHER JOHNSTON COUNTY S 350.00 n. Date (mm/dd/yyyy) o. Amount k. Account Code 1. Form of Payment m. Required Remarks Check FACEBOOK-ADVERTISING S 25.11 11/05/2014 4. Total only this Page S 80.10 5. Total of ALL CRO-1320 Pages S 783.14 (This line must be on line 15 of Detailed Summary Page CRO-1100) 6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor

P* - Reimbursement of In-Kine O* Other

M - Overpayment for Service

N - Exceeded Contibution Limit

L. Committee Fu	l Name	(and Fund if ap	plicable)			2. I) Number		
FRIENDS OF CH	AD STE	WART	•			JOF	I-06H7AY-	C-001	
3. Payee Informa	tion			Add R	emove			Mark Contract	
. Full Name, Mai	ling Add	lress & Phone	1	d. Type of Com	mittee	g. C	omments		
(include city, s	ate, & z	ip)	***************************************	Candidate	PAC				
URSULA STEWA	RT			Referendum	Party	1 6	111 17	1.70.4	
121 DOGWOOD				e. Level Registe	County:	H. C		ceipt Date	
FOUR OAKS, NO	27524			State	Municipality:		03/01	/2014	
						i O	riginal Re	ceipt Amount	
						S		24.44	
b. Job Title/Profe	szion	c. Employer's	Name/Specific Field	f. Purpose Code	e	j. El	ection Sun	a to Date	
TEACHER JOHNSTON COUNTY		NTY	P		s	•••••••••••••••••••••••••••••••••••••••	350.00		
k. Account Code	1. Form	a of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amoun	t	
CS1	Check		FACEBOOK-ADVERTIS	SING	11/05/2014	4 S		24.44	
3. Payee Informa	tion			Add 🗆 R	emove	126			
a. Full Name, Ma	iling Ad	dress & Phone	de Assistante	d. Type of Com	mittee	g. Comments			
(include city, s	tate, & z	ip)		Candidate	PAC				
URSULA STEWA	ART			Referendum		h. Original Receipt Date			
121 DOGWOOD				e. Level Regist	County:				
FOUR OAKS, NO	27524			State	Municipality:	02/21/2014 i. Original Receipt Amount			
			4						
						S		125.00	
b. Job Title/Profe	ssion	c. Employer's	Name/Specific Field	f. Purpose Cod	j. Election Sum to Date				
TEACHER		JOHNSTON COU	NTY	P		s		350.00	
k. Account Code	1. Form	n of Payment	m. Required Rema	rks	n. Date (mm/dd/y	ууу)	o. Amoun	t	
CS1	Check	***************************************	JOHNSTON RW		11/05/2014		s	125.00	
4. Total only this	Page			In contract to		S	7 7 3 3	149.44	
5. Total of ALL (This line must b			mmary Page CRO-110	70)		S		783.14	
	STREET, SQUARE, SQUARE,	Married Street, Square Street, Square,	rsement code in (f) a						
L - Returned to	Contril	outer M-	Overpayment for Se		N - Excee	ded C	ontibution	a Limit	
P* - Reimburs	ement/	of IngKind the	1 mner						

In-Kind Contributions			D-	1	_	•	1	Ame	endme	ent V	No
Use this form to report non-monetary contrib	ntions donation	e (T/	-		_	-					140
Use CRO-1215 if In-Kind Contributions w	ere or will be re	fun	ided within	7 day	/5.	00 10	uic con	mmere	æ ur ii	MINE.	
1. Committee Full Name (and Fund if app							2.ID1	Vumb	er		
FRIENDS OF CHAD STEWART							ЈОН-0	6H7A	Y-C-(001	
3. Contributor Information		Ad	d 🔲 Res	nove					G(g)		
a. Full Name, Mailing Address & Phone			ype of Con	tribut	or	***********	c. Com	meni	ts		
(include city, state, & zip)		=	Individual								*
URSULA STEWART		=	Candidate								
121 DOGWOOD LANE		=	Party								
FOUR OAKS, NC 27524	ŀ	PAC Referendum									
		Other Receipt Source					d. Election Sum to Date				
*		ш	Other Rece	pt sou	rce		S				350.00
e. Description	·			f. Dat	e (m	m/dd	/ yyyy)	g. Fa	air Ma	rket	Amount
CONSERVATIVE RALLY					10/2	4/201	14	S			100.00
SPONSOR FOR DAVID ROUZER EVENT		10/28/20					014 \$			250.00	
								s			
4. Total only this Page							S				350.00
5. Total of ALL CRO-1510 Page (This line must be on line 17 of Detailed Sur		-11	00)				S				350.00
CRO-1510	NC State Bo	ard (of Elections				in a series	i de la color		Dece	mber 2007