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 In	formation			6	1	A		
a. Full Name				/3		.0		c. ID Number
FRIENDS OF (CHAD STEWA	ART		105	ul '	10 5018		JOH-06H7AY-C-001
b. Mailing Addre	ess (include Cit	y, State and Zip	Code)		1	35/		d. Date Filed
PO BOX 701 CLAYTON, N	C 27528			· das Ele				07/05/2018
CLATION, IV	C 21320							e. Phone Number
								(919) 550-2100
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period l	and Dat	te (mm/dd/yy)	5. Treasur	er Full Name
2018		1/22/2018		(6/30/2	018	HEATHE	R FORD
6. Type of Com	mittee (Check C	One)	9. Typ	e of Report	(ch	neck only one	type of rep	ort from one category)
Candidate Can		The state of the s	Munic			State/County	VI J 1	Referendum
☐ Joint Fundrais	ser PA	C		Organization	nal	Organizatio	nal	☐ Organizational
Referendum	☐ Leg	al Expense Fund		Thirty-five	day	Quarterly		☐ Pre-referendum
7. Type of Fund	(if applicabl	le, check one)		Pre-primary		☐ First		Final
Booster Fund				Pre-election				Supplemental Final
Building Fund				Pre-runoff		Third		☐ Annual
Presidential E	lection Year Can	didates Fund		Semi-annual		Fourth		☐ Special
NC Public Car	mpaign Financing	, Fund		Mid Ye	ar	Semi-annual	1	
				Year Er	ıd	☐ Mid Ye	ar	10. Special Report Name
Other:				Final		☐ Year E	nd	
8. Number of Fi	undraisers this	Report		Special		Final		
	0					☐ Special		
3. Account Info	rmation				3. Acc	ount Informati	on	
a. Financial Inst	titution Full Na	m e			a. Fina	ncial Institutio	n Full Nam	16
UNITED COM	IMUNITY BA	NK						
b. Purpose		c. Account Cod	le		b. Purp	oose		c. Account Code
RECEIPTS &			CS1					
EXPENDITUR	RES	· ·	201					
		d. Period Begi	n Balan	ce				d. Period Begin Balance
		s		9,144.11				\$
CERTIFICATION	ON							
		or Fund is in co	mplian	ce with all a	pplicat	ole provisions	of Article 2	22A, 22B & 22D-22M of
								other non-disclosed
								ed by the NC State Board
	1 + 1		-	,	1//	1		
1 1	to bord				1/-	100		07/05/2018
F	Printed Name of S	Signer	•	Sign	ature of	Appointed Trea	surer	Date
FOR OFFICE U	JSEONLY			-		Ω.		
Date Receiv		1-10-18	_	Emplo	yee:		<u>De</u>	<u>livery Method</u> Normal Mail
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Date Scann	ed:		_	Emplo	yee:			Electromouny Thea
Date Data F	Entered:			Emplo	yee:			Signer has not received mandatory training
Please No	te: This form	cannot be used	to ame	nd committ	ee info	rmation such a	s the comn	nittee address, treasurer,
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		nd the Statemen						
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Aggrega	ted Contrib	outions from I	ndividuals Page		1	Amendme Yes	nt X No
Optional for	m used to repor	t NC Contributions	From Individuals of \$	50 or less			
1. Committee	e Full Name (and	Fund if applicable)			2. ID N	Number	
FRIENDS C	F CHAD STEW	JOH-06H7AY-C-001					
3. Contribute	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd	/yyyy)	f. Amount	
☐ Add ☐ Remove	CS1	Check		05/23/20	18	\$	50.00
4. Total or	lly this Page				\$		\$50.00
	ALL CRO-12 ust be on line 5 of D	05 Pages Detailed Summary Page	CRO-1100)		\$		\$50.00

NC State Board of Elections

CRO-1205

April 2007

		om Individuals		_	1 of 6	•	Amendmen Yes is not used	No No
		(and Fund if applicabl					D Number	
	DS OF CHAD ST	· · · · · · · · · · · · · · · · · · ·					ОН-06Н7А	Y-C-001
	ributor Informati			Add Rei	move			
	Name, Mailing Add			b. Job Title/Profession			Comments	
	de city, state, & zi	ip)		OWNER				
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	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
	ide city, state, & zi	(p)		BUILDER				
	S CARROLL RON COURT			c. Employer's	Name/Specific Field	1		
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	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
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	CARROLL JAIL RUN			c. Employer's	Name/Specific Field	1		
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				& CHEMICA	AL CO	e. I	Dection Sun	n to Date
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							\$	
							\$	

4. Total only this Page

950.00

\$

\$

		om Individuals					Yes No
		dividual contributions		ntributions un	der \$50 if form CRO 1		
		(and Fund if applicab	le)			2.1	D Number
FRIEN	DS OF CHAD ST	ΓEWART				J	OH-06H7AY-C-001
	ributor Informati			Add Re	move		
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(inclu	ide city, state, & z	ip)		REAL ESTA	TE BROKER		
	CORBETT						
	KERS WAY			c. Employer's	Name/Specific Field	1	
GARN			<u> </u>				
							Dection Sum to Date
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(include city, state, & zip) INSURANCE AGENT							
KEVIN	I CREECH						
138 CF	ROSS RIDGE DR	IVE		c. Employer's	Name/Specific Field		
WILLO	OW SPRING, NC	27592		FARM BUR	EAU	_	
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MARY	HELEN CREEC	CH					
PO BO				c. Employer's	Name/Specific Field		
BENSO	ON, NC 27504			JOHNSTON	COUNTY		
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	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$	12,150.00

Amendment

		om Individuals	_		3 of6_ uder \$50 if form CRO 1		Amendmen Yes is not used	No No
		(and Fund if applicab					D Number	
	DS OF CHAD ST					_	OH-06H7A	Y-C-001
3. Cont	ributor In formati	on		Add Re	move	7.13		
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. Comments		
(inclu	ide city, state, & z	ip)		CPA				
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	X 1009				Name/Specific Field	-		
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(inclu	ide city, state, & z	ip)		FARMER				
	A KORNEGAY				N. 10	ļ		
	ORLEY ROAD				Name/Specific Field	-		
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			9				\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

12,150.00

950.00

Contributions from Individuals Pg 4 of 6 Amendment Yes No

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

A. Job Title/Profession d. Comments	1. Comm	nittee Full Name		2. ID Number					
A. Full Name, Mailing Address & Phone (include city, state, & zip)	FRIEN	DS OF CHAD ST	TEWART				J(OH-06H7AY-C-001	
Ginclude city, state, & zip FARMER C. Employer's Name/Specific Field SELF EMPLOYED E. Employer's Name/Specific Field Self Empl	3. Contr	ributor In formatio	on		Add R	emove			
DANIEL KORNEGAY III 427 WORLEY ROAD PRINCETON, NC 27569 Employer's Name/Specific Field SELF EMPLOYED E. Employer's Name/Specific Field S 500.00	a. Full N	lame, Mailing Add	lress & Phone		b. Job Title/P	rofession	d. C	d. Comments	
C. Employer's Name/Specific Field SELF EMPLOYED	_				FARMER			100	
PRINCETON, NC 27569 SELF EMPLOYED			III		c. Employer's	Name/Specific Field	ł		
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3. Contributor Information								\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) RONNIE R LEE 5160 HIGHWAY 42 WEST GARNER, NC 27529 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) a. Full Name, Mailing Address & Phone (include city, state, & zip) Check Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM FRANK LEE PO BOX 148 SMITHFIELD, NC 27577 Add CENTRAL MARKETING, INC & FRANK LEE COMPANIES FRANK LEE COMPANIES C. Employer's Name/Specific Field CENTRAL MARKETING, INC & FRANK LEE COMPANIES C. Employer's Name/Specific Field CENTRAL MARKETING, INC & FRANK LEE COMPANIES S 2,500.00 G. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount CS1 Check DS/23/2018 S 2,500.00		14						\$	
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4. Total only this Page \$ 3,250.00	4. Tot	al only this Pa	ge				\$	3,250.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 12,150.00	18 SUGDISHOUSES	5. Total of ALL CRO-1210 Pages					\$	12,150.00	

		om Individuals dividual contributions					Amendme Ves	№ No
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	HELL J LEQUIRI	Ε				-		
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3. Cont	ributor Informati	on		Add Re	move			
	Name, Mailing Ado			b. Job Title/Pr	ofession	d. (Comments	
(inclu	ide city, state, & z	ip)		-	D PROPERTY			
	N B MARTIN			BUSINESS N	MANAGER Name/Specific Field	\downarrow		
1	ARKER ROAD OAKS, NC 2752	24		STATE OF N		┨		
IOUK	OAKS, NC 2732	24		STATE OF I	NC .	e. F	Dection Sur	m to Date
						\$	-	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	t
	CS1	Check			04/23/2018		\$	100.00
							\$	
							\$	
7117	ributor Informati				move			
	Name, Mailing Add			b. Job Title/Pr	ofession	d. (Comments	
_	ide city, state, & z	• • • • • • • • • • • • • • • • • • • •		RETIRED				
	S D MASSENGII			c Employer's	Name/Specific Field	-		
	NITY CHURCH I OAKS, NC 2752			RETIRED	Name/Specific Field	1		
1.000	OAKS, NC 2732	24		RETIRED		e. I	Dection Sur	m to Date
-						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	<u> </u>
	CS1	Check			04/23/2018		\$	100.00
							\$	
							\$	

4. Total only this Page

700.00

\$

\$

Contributions from Individuals

			Amendme	ent
Pg	6_ of	6	☐ Yes	X No

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

1. Com	nittee Full Name	2. ID Number							
FRIEN	DS OF CHAD ST	TEWART				JOH-	JOH-06H7AY-C-001		
	ributor Informatio			Add 🗆 F	Remove				
	lame, Mailing Add			b. Job Title/	Profession	d. Com	ments		
	de city, state, & zi	ip)		LEGAL AS	SISTANT				
	N C POPE LENTA ROAD			c. Employer'	s Name/Specific Field		2 7 8		
	IFIELD, NC 275	77		MAST LA	W FIRM				
<i>y</i>						e. Decti	on Sum to Date		
						\$	100.00		
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)) k. A	mount		
	CS1	Check			05/04/2018	\$	100.00		
	· · · · · · · · · · · · · · · · · · ·					\$	d		
						\$			
	ributor Informatio			Add 🔲 F	Remove				
	lame, Mailing Add			b. Job Title/	Profession	d. Com	ments		
	de city, state, & zi	ip)		OWNER					
RONNIE J STEPHENS 6508 SOUTHERN TIMES DRIVE				c. Employer'	s Name/Specific Field	-			
RALEIGH, NC 27603				CAROLINA CONDUIT					
				SYSTEMS		e. Decti	on Sum to Date		
						\$	3,500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription j. Date (mm/dd/yyyy		k. A	mount		
	CS1	Check			04/23/2018	\$	3,500.00		
						\$			
						\$			
3. Cont	ributor Inf ormati	on		Add 🔲 I	Remove				
	Name, Mailing Add			b. Job Title/	Profession	d. Com	ments		
	de city, state, & z	ip)		OWNER					
PO BO	STEWART X 340			c. Employer	s Name/Specific Field	1			
	OAKS, NC 2752	24		HOLIDAY	TRAVEL MART				
						e. Electi	on Sum to Date		
						\$	0.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)) k. A	mount		
	CS1	In-Kind	POLL WORK	ERS	06/26/2018	\$	1,500.00		
						\$			
						\$			
4. Tot	al only this Pa	ge				\$	5,100.00		
	5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						12,150.00		

Disbursem	ients				Pg 1 of	5		ndment 'es XINo
777000	report expenditures	from the committee	ee for o	perating exper	-	_	- A	
	coordinated party ex			F				
	ull Name (and Fund i	f applicable)			建设是新疆的大学工程	Lyvea	2. ID Nu	
FRIENDS OF	CHAD STEWART						JOH-	06H7AY-C-001
3. Type of Disbu		use separate CRO						
Operating Exp	oenses	ributions to Candidat	es/Polit	ical Committees	☐ Coo	ordinat	ed Party E	xpenditures
4. Payee Inform				Add 🗖	Remove			
	ailing Address & Pho	one		b. Coordinate	d Committee N	ame	d. Com m	ents
(include city, sta				1				
BENTON CAR	D COMPANY			a Laval Pagis	tered (Specify)			
PO BOX 369	27504			Federal	County		-	
BENSON, NC	27304			State	☐ Municip		e. Electio	n Sum to Date
							\$	1,397.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
CS1	Check	В	0.	4/24/2018	\$ 637.83	YAR	D SIGN	S
CS1	Check	В	0.	5/02/2018	\$ 760.06	SIGN	NS, STIC	KERS
4. Payee Inform				Add 🔲	Remove			
The second secon	ailing Address & Pho	one		b. Coordinate	d Committee N	a m e	d. Com m	ents
(include city, sta	te, & zip)			1				
BENTON CAR	D COMPANY			a Laval Dagis	tered (Specify)			
PO BOX 369	27504			Federal	County		{	
BENSON, NC	2/304			☐ State	☐ Municip		e. Electio	n Sum to Date
							\$	183.61
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vvvv)	j. Amount	k. Re	quired Re	
CS1	Check	В		5/15/2018	\$ 183.61	_	ALS	
				3/13/2010	\$	DEC	7100	
4 Deves Inform				A 1 1			Organization de la constitución	
4. Payee Inform	ailing Address & Pho	one.		Add _	Remove d Committee N	a m a	d. Com m	ante
(include city, sta		one		b. Cooldinate	d Committee N	ame	u. Com in	ents
CAROLINA PI				1 =				
2803 INDUSTI					tered (Specify)]	
RALEIGH, NC				☐ Federal	☐ County			
				☐ State	☐ Municip	ality:	e. Dectio	n Sum to Date
							\$	268.13
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Re	marks
CS1	Check	В	0	6/19/2018	\$ 268.13	INFO	ORMATI	ON SHEETS
					\$			
5. Total only thi	s Page						\$	1,849.63
6. Total of ALL	CRO-1310 Pages							
	in line 13a of Detailed S	Summary Page CRO	-1100 ij	Operating Expe	enses)		•	16.040.62
	in line 13b of Detailed S in line 13c of Detailed S		-			omm)	\$	16,948.62
	odes (List detailed				J — periamires)			
A* - Media	B* - Printin	AMERICAN PROPERTY OF THE PROPE		undraising	D-To	Anot	her Candi	date
E - Salaries	F* - Equipm	_		litical Party				Office Expenses
I - Postage	J - Penaltie			Office Expense				al Expense Fund

O* Other

K* - Office Expenses

					Amenume	ent
Disbursements	Pg .	2	of	5	☐ Yes	X No
					\$	

	Committee Full Name (and Fund if applicable) IENDS OF CHAD STEWART							2. ID Nu JOH-	mber 06H7AY-C-001
3. Type of Disbu	rsement (Please)	ise separate CRO	-1310	forms for each	li tvn	e of Dishu	rseme	nt.)	
Operating Exp		ibutions to Candidat				*******			x penditures
4. Payee Inform	ation			Add 🔲	Ren	ove			
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Com m	ents
(include city, sta									
DOWNTOWN	SMITHFIELD DEV	ELOPMENT							20.6
CORPORATIO				c. Level Regis	te re d		- 1		
200 SOUTH FR				☐ Federal ☐ State		☐ County: ☐ Municip		a Flantic	on Sum to Date
SMITHFIELD,	NC 27577			State		with the p	anty.	e. Mettic	on Sum to Date
								\$	167.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	marks
CS1	Check	О	0.5	5/02/2018	\$	167.00	HAN	1 & YAN	и воотн
	-				\$		7		
4. Payee Information				Add \square	Ren	nove			
a. Full Name, Ma	iling Address & Pho	one		b. Coordinate	d Co	mmittee Na	me	d. Com m	ents
(include city, sta	te, & zip)								
	ENSON NEWS IN	REVIEW							
PO BOX 9				c. Level Registered (Specify) Federal County:					
BENSON, NC	27504			State		☐ County: ☐ Municip		e Flectic	on Sum to Date
				state		- Witamerp	unty.		
								\$	149.01
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	marks
CS1	Check	Α	0.5	5/15/2018	\$	149.01	NEW	/SPAPEI	R AD
					\$,
4. Payee Inform	ation			Add \square	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ım e	d. Com m	ents
(include city, sta	te, & zip)								
	DUNTY QUAILS U	NLIMITED							
PO BOX 2889				c. Level Regis	tered	County:			
SMITHFIELD,	NC 27577			State		= -		e. Dectio	on Sum to Date
	**							\$	300.00
	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Aı	nount	k. Re	quired Re	emarks
CS1	Check	0	04	4/26/2018	\$	300.00	EVE	NT SPO	NSOR
				· II	\$				
5. Total only thi	s Page				2702			\$	616.01
	CRO-1310 Pages							-	
	n line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)				16 040 60
	n line 13b of Detailed S		_			s/Political C	omm)	\$	16,948.62
(This line goes i	n line 13c of Detailed S	ummary Page CRO	·1100 if	Coordinated Pa	rty Ex	(penditures)	-		11
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	_		undraising				her Cand	
E - Salaries	F* - Equipm			litical Party					Office Expenses
I - Postage O* Other	J - Penaltie	S	K* - C	Office Expense:	S	Q* - D	onatio	on to Leg	al Expense Fund
the same of the sa	e detailed explanatio	n in required ren	narks f	ield (k)			Uga te	COURT DE LA COURT	
Cours requir			atty I	()			of the latest spirit		

				Amendm	ent
Pg	3	of	5	☐ Yes	X No

1. Committee Fu	ıll Name (and Fu	nd if applicable)			E AIRE			2. ID Nu	
FRIENDS OF O	CHAD STEWAR	T						ЈОН-	06H7AY-C-001
3. Type of Disbu		se use separate CR						_	
X Operating Exp	-700 ZHIPMAN	ontributions to Candida					rdinat	ed Party E	xpenditures
4. Payee Inform				Add 🔲		nove			
	iling Address &	Phone		b. Coordinate	d Co	mmittee Na	ım e	d. Comn	ients
(include city, sta				-				-	
JOHNSTONIA	N NEWS			c. Level Regis	tere	l (Specify)			
PO BOX 39	7540			Federal		County:			
KENLY, NC 2	1342			State		☐ Municip		e. Electio	on Sum to Date
								\$	1,250.00
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
CS1	Check	A	†	5/02/2018	\$	1,250.00		/SPAPE	
					\$				
4. Payee Inform	ation			Add 🗆	Ren	nove	TO SE		
a. Full Name, Ma	ailing Address &	Phone	W 3	b. Coordinate	d Co	mmittee Na	m e	d. Com n	ents
(include city, sta	te, & zip)								
LOOKOUT ST	RATEGIES, LLO	2							
	VILLE STREET			c. Level Regis	tere				
SUITE 1130				Federal		County:			
RALEIGH, NC	27601			☐ State		☐ Municip	ality:	e. Election	on Sum to Date
								\$	750.00
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Re							k. Re	quired R	emarks
CSI	Check	A	0:	5/08/2018	\$	750.00	WEE	SSITE SI	ERVICES
	- "				\$				
4. Payee Inform	ation			Add	Ren	nove			
a. Full Name, Ma	ailing Address &	Phone		b. Coordinate	d Co	mmittee Na	ım e	d. Com n	ents
(include city, sta	te, & zip)								
PERSUASION									
	TOWN DRIVE			c. Level Regis	tere				
RALEIGH, NC	27514			Federal State		☐ County: ☐ Municip		a Floatie	on Sum to Date
				State		Withhelp	ainy.	e. Mecui	on Sum to Date
								\$	7,000.00
f. Account Code	g. Form of Payme	nt h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired R	emarks
CS1	Check	A	0:	5/02/2018	\$	7,000.00	MAI	LPIECE	S
					\$			-77	
5. Total only thi	s Page							\$	9,000.00
6. Total of ALL	CRO-1310 Page	S						_	· · · · · · · · · · · · · · · · · · ·
		ed Summary Page CRO)-1100 ij	Operating Expe	nses)			•	16.040.62
	-	ed Summary Page CRO	-			s/Political C	omm)	\$	16,948.62
(This line goes i	n line 13c of Detail	ed Summary Page CRO	-1100 if	Coordinated Pa	rty E	xpenditures)			
7. Purpose Co	odes (List detai	led expenditure code	in (h.)	above)					
A* - Media	B* - Pri	iting	C* - F	undraising		D-To	Anotl	ner Cand	idate
E - Salaries	F* - Equi		G - Po	litical Party		H* - He	olding	Public (Office Expenses
I - Postage	J - Pena	lties	K* - (Office Expense	S	Q* - D	onatio	n to Leg	al Expense Fund
O* Other							Silve Sultransian		
* Codes requir	e detailed explan	ation in required rea	narks f	ield (k)	12576			1990	

Disbursements	Dis	burs	sem	ents
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				Am	e n dm e	nt	
Pg	4_	of	5		Yes	X	No

1. Committee Fr		2. ID Number						
FRIENDS OF (CHAD STEWART						JOH-	06H7AY-C-001
3. Type of Disbu		use separate CRO				urseme	ent.)	
X Operating Exp	enses	ributions to Candidat	es/Polit	ical Committees		oordinat	ed Party F	Expenditures
4. Payee Inform				Add	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee	Name	d. Com n	nents
(include city, sta	te, & zip)							
PERSUASION								
1205 WALKER	TOWN DRIVE			c. Level Regis			1	7:
RALEIGH, NC	27514			Federal	Coun	•		
				☐ State	Muni	cipality:	e. Becti	on Sum to Date
	. "	·					\$	3,750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
CS1	Check	A	0.5	5/15/2018	\$ 3,750.0) MA	IL PIECE	E, NEWSPAPER
				s L			SIGN, RA	IDIO SCRIPT
4 D T. 6	-10 man			A 11 🖂				
4. Payee Inform		and the second second second second		Add D. Coordinate	Remove	Nin	la C	
	ailing Address & Pho	one		b. Coordinate	d Committee	Name	d. Comn	ients
(include city, sta								
BECKY SHEAD	RER			c. Level Regis	tered (Specify)	┨	
PO BOX 322 CLAYTON, NO	7 77570			Federal County:				
CLATION, NO	21326			☐ State		cipality:	e. Election	on Sum to Date
							\$	240.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
CS1	Check	В	00	6/06/2018	\$ 240.0	T-S	HIRTS	
					\$			
4. Payee Inform	ation			Add \square	Remove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee	Name	d. Com n	nents
(include city, sta	te, & zip)							
THE FORD FIF	RM, PLLC						1	
PO BOX 701				c. Level Regis		-	4	
CLAYTON, NO				☐ Federal	Coun	-		
(919) 550-2100				State	☐ Muni	cipality:	e. Electi	on Sum to Date
							\$	456.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired R	emarks
CS1	Check	0	0:	5/02/2018	\$ 456.0	CA	MPAIGN	FINANCE
					\$	COI	VSULTI	₹G
5. Total only thi	s Page	Part and the last of the last	(enes				\$	4,446.00
							Ψ	7,770.00
	CRO-1310 Pages							
	n line 13a of Detailed S		_			. C	\$	16,948.62
	n line 13b of Detailed S n line 13c of Detailed S							
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)				
A* - Media	B* - Printin			undraising	D -7	o Anot	her Cand	idate
E - Salaries	F* - Equipm	_		litical Party				Office Expenses
I - Postage	J - Penaltie			Office Expense			_	al Expense Fund
O* Other				_				
* Codes requir	e detailed explanatio	n in required ren	narks f	ield (k)				

Disbursements	Pg _	5 (of <u>5</u>
	's _	<u> </u>	·

Amendment

5 of 5 Yes X No

1. Committee Fi	ull Name (and Fund i	f applicable)					2. ID Nur	nber	
	CHAD STEWART							6H7AY-C-001	
3. Type of Disbu	reament (Please	use separate CRO	1310	forms for each	h twne of Dish	ursoma	eret)		
Operating Exp	nenses Conti	ributions to Candidat					ted Party Ex	nenditures	
4. Payee Inform		Tourions to Current		Add	Remove	ortainat	icul alty Ex	penditures	
	ailing Address & Pho	one ·		b. Coordinate		Jam e	d. Commo	nte	
(include city, sta		Sile		Di Goordinate			u. Comm.		
100-0	OUNTRY SUPERST	TADS 102 2EM							
70	INDUSTRIAL DRI			c. Level Regist	tered (Specify)		1		
SUITE 102	indestrant bia	• •		☐ Federal	☐ Count	y:	1		
CLAYTON, NO	27520			☐ State	☐ Munic	ipality:	e. Election	Sum to Date	
							s	576.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i Date	(mm/dd/vyvy)	i Amount	k. Re	quired Re		
CS1	Check	A		1/26/2018	\$ 576.98		DIO ADS		
	Check		0-	1/20/2010	\$	1011	JIO ADS		
4. Payee Inform	ation ailing Address & Pho	222		Add D. Coordinate	Remove	Jama	d. Comm	n to	
(include city, sta		one		b. Coordinate	d Committee	vaine	u. Comm	: 11 15	
	AMM MEDIA GRO	NID LLC							
PO BOX 90	AMINI MEDIA GKC	OP, LLC		c. Level Regis	tered (Specify)	1		
SMITHFIELD,	NC 27577			Federal	Count	1			
,				☐ State	☐ Munic	ipality:	e. Dection	n Sum to Date	
							\$	150.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	equired Re	marks	
CS1 Check A 0				5/08/2018	\$ 150.00	POL	LITICAL I	NTERVIEW	
					\$				
4. Payee Inform	ation			Add 🔲	Remove				
	ailing Address & Ph	one		b. Coordinate	d Committee	Vame	d. Comm	ents	
(include city, sta	ite, & zip)								
WTSB 1090, L	AMM MEDIA GRO	OUP, LLC							
PO BOX 90		-		c. Level Regis			_		
SMITHFIELD,	NC 27577			Federal	Count		-		
				☐ State	Munic	ipality:	e. Dection Sum to Date		
							\$	310.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	equired Re	marks	
CS1	Check	A	0:	5/22/2018	\$ 160.00	RAI	DIO ADS		
CS1	Check	A	0	6/06/2018	\$ 150.00	POL	ITICAL I	NTERVIEW	
5. Total only thi	is Page						\$	1,036.98	
6. Total of ALL	CRO-1310 Pages								
	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operating Expe	nses)		6	16.049.60	
(This line goes	in line 13b of Detailed S	Summary Page CRO	-1100 ij	Contrib to Cand	lidates/Political	Comm)	\$	16,948.62	
(This line goes	in line 13c of Detailed S	Summary Page CRO	-1100 if	Coordinated Pa	rty Expenditure	5)			
The second secon	odes (List detailed	•							
A* - Media	B* - Printir	_		undraising			ther Candi		
E - Salaries	F* - Equipm			litical Party				ffice Expenses	
I - Postage	J - Penaltie	es	K* - (Office Expense	s Q*-	Donati	on to Lega	l Expense Fund	
O* Other	o detailed avalences	n in pagripad	noulto 4	iold (le)			Turk your		
Codes requir	e detailed explanation	n in required ren	UAFKS I	ieiū(K)				D 1 0000	

Aggreg	ated Non-M	Iedia Expendi	itures		Page _	_ 1 _ of	f1_	Amendm ☐ Yes	ent X	No	
Optional fo	orm used to repo	ort NC Non-Media	Expenditures o	f \$50 or less.							
1. Committe	ee Full Name (an	d Fund if applicable)				2. ID	Number		14 8	NO.	
FRIENDS	OF CHAD STEV	VART				JOH-06H7AY-C-001					
3. Payee Inf	formation			ant-ea .							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd	l/yyyy)	f. Am	ount	g. Required	Rema	rks	
☐ Add ☐ Remove	CS1	Draft	0	06/26/20	18	\$ 30.00 BANK FE		2			
4. Total o	nly this Page					\$				30.00	
The Automotive State of Contract of the Contra	of ALL CRO-1 must be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			\$				30.00	
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)							
	B*	- Printing	C* - Fundr	aising	D - '	To And	other Car	ndidate		- 40	
E - Salar	ries F*	- Equipment	G - Political	Party	H* -	- Hold	ing Pub	lic Office F	xper	ises	
I - Posta	ige J-	Penalties	K* - Office	Expenses	and the same of th			Legal Ex		CONTRACTOR OF THE PROPERTY.	
O* - Ot	her				_						
* Codes	require detai	iled explanation i	n required ren	narks field (g	g)	10000					
CRO-1315		NC St	ate Board of Electio	ns					Decemi	ber 2009	

D C 1/D	. ,	4	E 41 C	• 4.4	•		Amendi		
			From the Co				☐ Yes	X No	
	_		ements, including co	ontributions retu	med to the contr	ibuto	r		
1. Committee Ful	l Name	(and Fund if ap	olicable)			2. I	D Numb	er	
FRIENDS OF C	HAD ST	EWART				JOH-06H7AY-C-001			
3. Payee Informati	tion			Add Re	move				
a. Full Name, Mai	ling Add	ress & Phone		d. Type of Comn	nittee	g. (g. Comments		
(include city, st	ate, & zi	p)		☐ Candidate	PAC		·		
CHAD STEWAR	RT		·	Referendum	☐ Party		-		
PO BOX 340				e. Level Registe	tered (Specify) h. Original Receip			Receipt Date	
FOUR OAKS, NC 27524		Federal	County:		06/26/2018				
		☐ State	Municipality:						
			1			riginal l	Receipt Amount		
			•		\$		1,500.00		
b. Job Title/Profes	sion	c. Employer's !	Name/Specific Field	f. Purpose Code		j. E	lection S	um to Date	
OWNER		HOLIDAY TRA	VEL MART	P				0.00	
k. Account Code	l. Form	of Payment	m. Required Remai	·ks	n. Date (mm/dd/	n. Date (mm/dd/yyyy) o. A		Amount	
CS1	Check		POLL WORKERS		06/26/201	8	\$	1,500.00	
4. Total only this	Page					\$		1,500.00	
5. Total of ALL C (This line must be			mmary Page CRO-110	0)		\$		1,500.00	
6. Purpose Cod	les (List	detailed disbur	sement code in (f) a	bove)					
L - Returned to	Contrib	utor M -	Overpayment for Se	rvice	N - Excee	eded (Contibuti	on Limit	
P* - Reimburs	ement of	In-Kin O* (Other						
* Codes requir	e detaile	ed explanation i	n required remarks	s field (m)					
CPO 1320			NC State Boa	rd of Elections				July 2007	

In-Kind Contributions	_	1	_	1	Amend		
					☐ Yes		0
Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were or will be				the con	nmittee or	fund.	
1. Committee Full Name (and Fund if applicable)	reiunded within	1 / days	S.	2 10 1	Number		
FRIENDS OF CHAD STEWART						0.001	
FRIENDS OF CHAD STEWART		JOH-06H7AY-C-001					
3. Contributor Information	Add 🔲 Rer	nove					
a. Full Name, Mailing Address & Phone	b. Type of Con	b. Type of Contributor			c. Comments		
(include city, state, & zip)	☑ Individual						
CHAD STEWART	Candidate						
PO BOX 340	☐ Party						
FOUR OAKS, NC 27524	□ PAC			-			
2,52	☐ Referendum	Referendum Referendum			tion Sum	to Date	
	Other Receipt Source			\$			0.00
e. Description		f. Date	(mm/dd	/yyyy)	g. Fair N	Market A	mount
POLL WORKERS		0(06/26/2018		\$	1,5	00.00
					\$		
					\$	-	
4. Total only this Page				\$		1,5	00.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	(O-1100)			\$		1,5	00.00

NC State Board of Elections

December 2007

CRO-1510