Disclosure Re	eport Cover meral report and committee	information, must be	cionad and cub	mitted along with o	Yes No
	n to update information	mormation, must be	signed and sub	milited along with or	mer detailed forms.
1. Committee Info	mation				
a. Full Name					c. ID Number
Committee to Elect	Lyn Andrews for School B	oard			TGH156
	lude City, State and Zip Code)				d. Date Filed
8 Afton Lane Smithfield, NC					12/6/2019
27577					e. Phone Number
	,				919-609-9413
2. Report Year	3. Period Start Date (mm/	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	
2020	1/1/2020		15/2020	LaVerne Moore I	
6. Type of Commit		9. Type of Repor			t from one category)
Candidate Camp	aign Party Referendum	Municipal	State/C		Referendum
Independent		Organizationa		Organizational	Organizational
Expenditure	Joint Fundraiser	Thirty-five da	y	Quarterly	Pre-referendum
Legal Expense F 7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final
"Booster Fund"	(i) approach, choose one)	Pre-election	l 🖺	Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
_		Semi-annual		Fourth	Special
_		Mid Yes	ur	Semi-annual	
Other:		Year En	4 □	Mid Year	10. Special Report Name
O Number of Florid	Laciaca Abia Damas	Final Special		Year End	
8. Number of Fund	raisers this Report	Special Special		Final Special	
11. Account Inform	0 nation		11. Account		
a. Financial Institution					
BB&T/Truist		0.0000000000000000000000000000000000000	(X)	And the Color of t	
b. Purpose	c. Account Code		b. Purpose	E	c. Account Code
Campaign Contribution	LA	SB		FEB 2 1 2020	
and Expenses	d. Period Begin Balanc	e	16		d. Period Begin Balance
	\$ 256.45		To the second se	or Elegions	\$
CERTIFICATION					
					3, & 22D-22M of Chapter 163 of
					s. I further certify that this report
_	d correct and that I have bee M. Edwards	-	.1	(-P- 0-1	2/20/200
Laveille	Printed Name of Signer		Nexxe MPD'r Signature of Appoin	ted Treasurer	Date
FOR OFFICE USE			1		
Date Received:	2-21-20	Employee:	<u> Wa</u>	ρ	Delivery Method Normal Mail
Date Postmarke	ed:	Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			☐ Electronically Filed ☐ Signer has not received
Date Data Ente	red:	Employee:			mandatory training
Please Note: Th	nis form cannot be used to an	mend committee info	rmation such as	the committee add	ress, treasurer, assistant treasurer,

Amendment

custodian of books information, or account information.

CRO 1000

 \boxtimes

Detailed SummaryUse 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
Committee to Elect Lyn Andrews for School Board	Quarterly First		TGH156
Start of Election Cycle: January 1,	2020	Total this	Total this
		Reporting Period	Election Cycle
4) Cash on Hand at Start		\$ 256.45	\$ 256.45
RECEIPTS 5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1203)	\$ 2975.00	\$ 2975.00
7) Contributions from Political Party Committees		\$ 2373.00	
8) Contributions from Other Political Committees	(CRO-1220) (CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1230) (CRO-1410)	\$	
,			\$
10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources	(CRO-1240)	\$	\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizat		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 1		\$ 2975.00	\$ 2975.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1160.35	\$ 1160.35
13b) Contributions to Candidates/Political Commi	ittees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 150.00	\$ 150.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14,	15, 16 and 17)	\$ 1,310.35	\$ 1,310.35
19) Cash on Hand at End (Add lines 4 and 12 together, then su	ıbtract line 18)	\$ 1921.10	\$ 1921.10
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	gns) (CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 1000.00	\$ 1000.00
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		m Individuals ividual contributions of	over \$5	0 or contrib	utions		<u>1</u> of 0 if form CR	<u>5</u> O 1205 is no	Amendment Yes Ot used	No.
1. Comm	ittee Full Name	(and Fund if applica	ble)					2. ID Nur	nber	
Committe	ee to Elect Lyn A	ndrews for School Boa	ard						TGH156	
3. Contri	butor Informatio	on		Add		Remove				
	ne, Mailing Address	& Phone		b. Job Titl	e/Profe	ssion		d. Commen	ts	
	city, state, & zip)			Attorney	У					
Ashley St 1810 Cra	-			c Employe	ar'e Nor	ne/Specific	Field	-		
Raleigh,	•			Troutma		-	Picia	1		
								e. Election	Sum to Date	
								\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Descript	tion	I i F) Date (mm/dd/yy		k. Amount	
		Check	1. 111-1	Killa Descript	IUI	3. 13				1 000 00
	1	Check					12/27/2		\$	1,000.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Remove				
	ne, Mailing Address	& Phone		b. Job Titl	-			d. Commen	ts	
	city, state, & zip) H. Wakefield			Dean of	Camp	bell Semi	nary			
21 Fairfil				c. Employe	er's Nar	ne/Specific	Field			
Lillington				Campbe						
27546								e. Election	Sum to Date	
								\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	ion	j. D	Date (mm/dd/yy	уу)	k. Amount	
	1	Check					01/06/2	020	\$	75.00
									\$	
									\$	
3. Contri	butor Informatio	D ri i		Add		Remove				
	ne, Mailing Address	& Phone		b. Job Titl				d. Commen	ts	
(include Vivian H	city, state, & zip)			Retired						
1977	yette Street					stant Educ ne/Specific		-		
Wilming				Retired		nerspecific.	rieid			
28411	.52., 2.10			Part-tim	-	ts Hill		e. Election S	Sum to Date	
				Christia	n Acad	lemy		\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descript	tion	j. D	Date (mm/dd/yy	уу)	k. Amount	
	1	Cash					01/18/2		\$	100.00
									\$	
									\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2,975.00

1,175.00

\$

\$

		m Individuals	over \$50	Pg O or contributions un			Amendment Yes not used	No No
	The second of th	(and Fund if applica				2. ID Nu		
Committe	ee to Elect Lyn Ar	ndrews for School Bo	ard				TGH156	
The state of the s	butor Informatio			Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Comme	nts	
Darla Pee	city, state, & zip)			Retired				
154 Peed				c. Employer's Name/S	Specific Field			
Selma, N	IC							
						e. Election	Sum to Date	
_						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check			1/12/2	020	\$	50.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 Re	emove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	n	d. Comme	ents	
				c. Employer's Name/S	Specific Field	e. Election	Sum to Date	
f. Prior	a Assumt Code	h Farm of Darmant	1 . T. T	Z-1 December	1 D.A. C (11/			
I. Prior	g. Account Code	h. Form of Payment	F III-1	Kind Description	j. Date (mm/dd/y	(YYY)	k. Amount	
	1		+				\$	
							\$	Acceptance of the control of the con
				🗆 -			\$	
	butor Informatione, Mailing Address			Add Re	emove	110		
	city, state, & zip)	x rnone		b. Job True/Profession		d. Comme	nts	
	•			c. Employer's Name/S	Specific Field			
						e. Election	Sum to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	1	k. Amount	
	1				J (J.	7337	\$	
							\$	
							\$	
4. Total	only this Pag	e				\$		50.00

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

2,975.00

\$

CA	ntribu	tions	from	Individual	6
Lυ	HUIDU	LUUIS	пош	muiviuuai	5

				Allici	Intlicut		
Pg	_3	of	5_		Yes	\boxtimes	No

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

1. Comm	ittee Full Name (and Fund if applical	ble)					2. ID Number		
Committe	e to Elect Lyn An	drews for School Boa	ard						TGH156	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Profe	ession		d. Comments	5	
(include	city, state, & zip)			Retire	d					
Keith Bea	mon			1						- 1
245 Batte	n Farm Road			c. Emplo	yer's Na	me/Spe	cific Field			
Selma, No	C						-			
								e. Election S	um to Date	
								•	500.00	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					01/21/20)20	\$	500.00
									\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Profe	ession		d. Comments	S	
(include	city, state, & zip)			Retire	d					
M. Durwo	ood Stephenson			1						
PO Box 1	187			c. Emple	yer's Na	me/Spe	cific Field			- 1
Smithfield	d, NC									
								e. Election S	um to Date	

								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description j. Date (m		j. Date (mm/dd/yyy	yy)	k. Amount		
	1	Check					01/22/20)20	\$	500.00
	100 0000								\$	
									\$	
3. Contri	butor Informatio	n		Add		Rem	ove			
a. Full Nam	e, Mailing Address &	Phone		b. Job T	itle/Profe	ession		d. Comment	s	
(include	city, state, & zip)			Retire	d educa	tors				
Patrick ar	d Angela Jacobs			Part ti	me					
2674 Gral	btown Road			c. Emple	yer's Na	me/Spe	cific Field			
Smtifheld	, NC									
				Center	rgistic			e. Election S	um to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Descr	iption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					01/23/20)20	\$	100.00
				34 8					\$	
		F 1					,		\$	- /
4. Total	only this Pag	e						\$		1,100.00
	of ALL CRO							\$		2,975.00
(This line	must be on line 6 of.	Detailed Summary Page (CRO-1100))				•		_,,,,,,,,,,

Contri	butions from	n Individuals			Pg	4 of	5	Amendment Yes	No.
		vidual contributions of	ver \$50	or contril					23
	The second distance of the second	and Fund if applica					2. ID Num	THE RESERVE OF THE PERSON NAMED IN	
Committe	e to Elect Lyn An	drews for School Boa	ırd					TGH156	
3. Contri	butor Informatio	n		Add	Rem	iove			
	ne, Mailing Address &	Phone		b. Job Tit	de/Profession		d. Comment	8	
	city, state, & zip)			Owner					
700000000000000000000000000000000000000	Sarai Daniels								
	ermont Street ld, NC 27577			Sleep I	yer's Name/Spe	ecific Field			
Sinume	iu, 14C 27377				eld, NC		e. Election S	um to Date	
					,				
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	check				01/23/20	020	\$	100.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	nove			
a. Full Nan	ne, Mailing Address é	k Phone		b. Job Tit	tle/Profession		d. Comment	s	
	city, state, & zip)			Retired					
Jimmy N						10 70 11			
	Vilson Street d, NC 27577			c. Employ	yer's Name/Spe	ecilic Field			
Simulici	u, 14C 27577						e. Election S	um to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Descrip	otion	j. Date (mm/dd/yy	уу)	k. Amount	
	1	check				01/24/20	020	\$	50.00
								\$	
								\$	
3. Contri	butor Informatio	n		Add	Rem	nove			

Sema, 1			Johnston Smiles, In	Johnston Smiles, Inc			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	1	check		01/29/2	020	\$	100.00
						\$	
						\$	
4. Tota	l only this Pag	ge			\$		250.00
5. Tota	d of ALL CRO)-1210 Pages			· c		2 075 00

b. Job Title/Profession

c. Employer's Name/Specific Field

Dentist

Part time

d. Comments

\$

a. Full Name, Mailing Address & Phone

(This line must be on line 6 of Detailed Summary Page CRO-1100)

(include city, state, & zip)

2533 Little Divine Road

Dr. Dicky Parrish

Selma NC

2,975.00

Cont	ribution	s from	Individuals	
COLL	HUUUUU	S II UIII	Individuals	

					Amen	ament		
	Pg	_5	of	5_		Yes	\boxtimes	No
tributions	under	\$50 if for	m CRO 1	205 is no	nt niced			

		ividual contributions of		or contributions unc	ter \$50 if form CR			
1. Comm	ittee Full Name (2. ID Nui	nber					
Committe	e to Elect Lyn Ar	ndrews for School Boa			TGH156	· 		
3. Contri	butor Informatio	on .		Add Re	emove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)			Retired Attorney				
George M								
P.O. Box				c. Employer's Name/S	pecific Field			
Smithfiel	id, NC					FD 44-11	~	
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check			02/07/2	2020	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	on		Add 🗌 Re	move			
a. Full Nam	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	ts	
	city, state, & zip)			Retired				
Janet Lee								
	s Pond Drive			c. Employer's Name/S	pecific Field			
Four Oak	s, NC					T32 .4		
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check			02/09/2	2020	\$	200.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	emove			
a. Full Nam	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	its	
	city, state, & zip)			Retired				
Vicki Nev				Part time				
	Vellons Street			c. Employer's Name/S	Specific Field			
Smithfield	a, NC			Educator				
						e. Election	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	check			02/09/2	2020	\$	100.00
							\$	
							\$	
4. Total	l only this Pag	Ç e				\$		400.00
5. Total	of ALL CRO)-1210 Pages				\$		2,975.00
(This line	e must be on line 6 of	Detailed Summary Page (CRO-110	0)		•		4,973.00

Disbursem	ients		Pg	<u>1</u> of	Amendment Yes No	
Use this form to			ee for; operating expenses		= <u>-</u>	
1. Committee !	Full Name (and Fun	d if applicable)			2. ID Number	
Committee to I	Elect Lyn Andrews fo	TGH156				
3. Type of Dist			RO-1310 forms for each	type of Disburser	ment.)	
Operating 1		Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures	
4. Payee Inform	The state of the s		Add	Remove		
a. Full Name, Mai (include city, state	lling Address & Phone c, & zip)		b. Coordinated Committee	Name	d. Comments	
			c. Level Registered (Specify))		
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
4. Payee Inform			Add	\$		
	CONTRACTOR OF THE PARTY OF THE		b. Coordinated Committee N	Remove	d. Comments	
a. Full Name, Mailing Address & Phone (include city, state, & zip) Harland Clarke Checks - BB&T Elect Lyn Andrews for School B			c. Level Registered (Specify) Federal State		e. Election Sum to Date \$ 4.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	service fee	Н	12/26/19	\$4.60	Campaign checks BB&T	
	-			\$		
4. Payee Inform	mation		Add	Remove		
	iling Address & Phone		b. Coordinated Committee		d. Comments	
(include city, state, & zip) Benton Card Co. 105 S. Wall St Benson, NC 27504			c. Level Registered (Specify Federal State		e. Election Sum to Date \$ 654.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	В		\$654.00	Signs and frame	
				\$		
5. Total only th	hie Page				\$ 658.60	
	L CRO-1310 Pages				\$ 036.00	

\$

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D - To Another Candidate

1,160.35

A* - Media

E - Salaries

I - Postage

O* - Other

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

C* - Fundraising

G - Political Party

K* - Office Expenses

			Pg tee for; operating expenses	2 of s, contributions to	
	Full Name (and Fun	Charles and the second second			2. ID Number
	Elect Lyn Andrews fo				TGH156
3. Type of Dish			CRO-1310 forms for each	time of Dishurses	
Operating I			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
A PROPERTY OF THE PARTY OF THE	ling Address & Phone		b. Coordinated Committee N		d. Comments
Country Super 104 Airport Ind Suite 102 Clayton, NC	Stars 102.3 FM		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date
		2			\$ 395.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	A	1/22/2020	\$395.00	Radio/Media fee 1-23-20- 3-3-20
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail (include city, state,	ling Address & Phone , & zip)		b. Coordinated Committee N	Name	d. Comments
Hinson Printing 1294 West Market Street			c. Level Registered (Specify)) County:	
Smithfield, NC			State	Municipality:	e. Election Sum to Date
					\$ 106.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	check	В	2/6/2020	\$106.75	400 flyers
				\$	
4. Payee Inform	nation		Add	Remove	
			10 11 110 111 1		

(include city, state	mation ling Address & Phone		Add	Remove		
(include city, state	ing Address & Phone					
			b. Coordinated Committee N	ame	d. Comments	
Country Super						
	Stars 102.3 FM					
104 Airport Industrical Drive			c. Level Registered (Specify)			
Suite 102 Clayton, NC			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
					\$ 395.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	_	1/22/2020	\$395.00	Radio/Media fee	
1	CHECK	A	1/22/2020	\$393.00	1-23-20- 3-3-20	
				\$		
				D		
4. Payee Inform	nation		Add	Remove		
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments	
(include city, state	, & zip)					
Hinson Printin			c. Level Registered (Specify)			
1294 West Ma			Federal	County:		
Smithfield, NC			State	Municipality:	e. Election Sum to Date	
					\$ 106.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	check	В	2/6/2020	\$106.75	400 flyers	
				\$		
4. Payee Inform	nation	2 6	Add	Remove		
	ling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state			Di Good Manager Good Manager 1		w Comments	
(menuae eny, state	, u 219)		1			
			c. Level Registered (Specify)		7	
			Federal	County:		
			State	Municipality:	e. Election Sum to Date	
			The state of the s		\$	
f. Account Code	g. Form of Payment h. Purpose Code		i. Date (mm/dd/yyyy)	i. Amount	k Required Remarks	
	B		2 2 2 2 2 2 2 2 3 3 3 3 3	J Linouit	a requires remarks	
				\$		
				\$		
5. Total only tl	is Page				\$ 501.75	
6. Total of AL	L CRO-1310 Pages					
	n line 13a of Detailed Sun				\$ 1.160.35	
	-		0 if Contrib to Candidates/Politic	•	Φ 1,100.33	
(This line goes in	ı line 13c of Detailed Sun	mary Page CRO-110	0 if Coordinated Party Expendite	ures)		
	des (List detailed ex		minutes of the second s			
A* - Media	B* - Printing	C* - Fun			ther Candidate	
	F* - Equipment			ng Public Office Expenses		
I - Postage J - Penalties K*-Offic O*-Other			ce Expenses	ion to Legal Expense Fund		
5. Total only the first line goes in (This line goes in (This line goes in This line goes in 7. Purpose Coes in This line goes in This lin	L CRO-1310 Pages In line 13a of Detailed Sun In line 13b of Detailed Sun In line 13c of Detailed Sun Illes (List detailed ex B* - Printing	nmary Page CRO-110 nmary Page CRO-110 penditure code in C* - Fun	0 if Contrib to Candidates/Politic 0 if Coordinated Party Expendita (h.) above) draising	\$ cal Comm) ures) D - To Anot	\$ 501.75 \$ 1,160.35	

Use CRO-1215 if In-Kind Contribu 1. Committee Full Name (and Fur							2 11	Number	
Committee to Elect Lyn Andrews f							2. 11	TGH156	
						777			
3. Contributor Information		Add		Remov			1 -		
n. Full Name, Mailing Address & Phone				b. Type of Contributor			mments		
(include city, state, & zip)	N. Tollers					vidual			
Smithfield Sign Design, Inc. 331 Peedin Road						didate			
PO Box 2371					Party PAC	•			
Smithfield, NC						rendum	3 T21.	4 C 4 . D 4	
Siliulield, NC							d. Election Sum to Date		
						er Receipt Source	\$	150.00	
. Description						f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
Magnetic Signs 12"x 24" Elect Lyr	n Andrew	ws for SB				2/10/202	0	\$ 150.00	
full color						2/10/202		Ψ 150.00	
								\$	
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3. Contributor Information		Add		Remov	e				
a. Full Name, Mailing Address & Phone				b. Ty	e of C	Contributor	c. Co	mments	
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								\$	
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								\$	

4. Total only this Page 5. Total of ALL CRO-1510 Pages

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

150.00

150.00

\$

Amendment