<b>Disclosure</b>	Report Cov	ver				Amendment  Yes	□ No		
Use this form for	general report a	ınd committe	e information, n	nust be signed and su	bmitted alon				
Do not use this fo		formation.							
1. Committee In	formation								
a. Full Name			c. ID Number						
Michelle	Pau D		2GHXA	10					
b. Mailing Address				mmissioner		d. Date Filed			
12453 Buffalu Rd 12-5-10									
Clayton, NC 27527  e. Phone Number									
						919-398-1	2698		
2. Report Year	3. Period Start	Date (mm/dd	/yy) 4. Period E	and Date (mm/dd/yy)	5. Treasure	r Full Name			
				The second secon		Ann Byrd			
6. Type of Com				ort (check only one	type of repo		gory)		
Candidate Cam		,	Municipal	State/County		Referendum			
PAC	=	rendum	Organizationa	( <b>–</b>	ional	Organizational			
☐ Independent Ex☐ Legal Expense I		Fundraiser	Thirty-five day Pre-primary	y Quarterly First		Pre-referendum			
Legal Expense	runa		Pre-election	Seco	nd	Final Supplemental Final			
7. Type of Fund (if applicable, check one)			Pre-runoff	Third		Annual			
Booster Fund			Semi-annual	Four		Special			
Building Fund			Mid Yea	r Semi-annı	ıal				
			Year End	l  Mid	Year	10. Special Rep	ort Name		
Other:			Final	Year					
8. Number of Fu	undraisers this	Report	Special	☐ Final			TON		
				Special			HISTON CO.		
11. Account Info				111. Account Inform			0		
a. Financial Institut	ion Full Name			a. Financial Institution Full Name					
KS Bar	n/L						DEC 1 3 2019		
b. Purpose		c. Account Co	ode	b. Purpose		c. Account Code			
							Bro of Flech		
		d. Period Beg	jin Balance			d. Period Begin Ba	lance		
\$ 100.			00			\$			
CERTIFICATI	ON								
	Committee or Fur	nd is in compl	iance with all anni	icable provisions of Ar	ticle 22A, 22I	B & 22D-22M of C	Chapter 163		
of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.									
mamamila aamuulu	al Statutes and tha	it no funds are	commingled with	prohibited or other no	n-disclosed fu	inds. I further cert			
report is comple	al Statutes and tha	it no funds are	commingled with	prohibited or other no	n-disclosed fu	inds. I further cert			
report is comple	al Statutes and tha	it no funds are	commingled with	prohibited or other no	n-disclosed fu	0	ify that this		
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Leolier	al Statutes and that te, true and correct crinted Name of Sign	at no funds are	e commingled with ve been trained by	prohibited or other no the NC State Board of	n-disclosed fu	0	ify that this		
Leoney	al Statutes and that te, true and correct the true and correct the true and correct the true and that the true and that the true and the true and the true and true a	at no funds are	e commingled with ve been trained by Sig	prohibited or other no the NC State Board of nature of Appointed Treas	n-disclosed fulfillerions.	12-13- Date	ify that this		
FOR OFFICE I	al Statutes and that te, true and correct the true	at no funds are t and that I ha er	e commingled with ve been trained by Sig	prohibited or other no the NC State Goard of UMM nature of Appointed Trea-	n-disclosed fulfille for the following surer Del	ivery Method Normal Mail Registered Mail	ify that this		
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FOR OFFICE I Date Receive	al Statutes and that te, true and correct the true	at no funds are t and that I ha er	Ecommingled with ve been trained by Sig	prohibited or other no the NC State Goard of Manature of Appointed Treasure:  yee:  yee:  yee:	n-disclosed fulfille for the following surer Del	ivery Method Normal Mail Registered Mail Hand Delivered	ify that this		

assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

August 2008

## **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 MAXIMILLE Pau Dans, Wanty Commissioner Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 100.00 100.00 RECEIPTS \$ 122.14 5) Aggregated Contributions from Individuals (CRO-1205) 122.14 6) Contributions from Individuals (CRO-1210) \$ 7) Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) 11e) Exempt Purchase Price Sales (CRO-1265) \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 272.14 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 122.14 122.14 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures \$ (CRO-1310) 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 17) In-Kind Contributions (CRO-1510) \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 100.00 100.00 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) S 27) 48-Hour Notice Reports Sum (CRO-2220) S 28) Contributions to be Refunded (CRO-1215)

		'OM INGIVICUA ndividual contributio	<del>-</del>		g of		Yes No		
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MIN	Michelle Pau bans, county Commissioner						2GHX AD		
The Person of th	ributor Informa	And the second s		1	emove				
	ame, Mailing Addre	ess & Phone		b. Job Title/Pro	fession	d. C	omments		
	le city, state, & zip)	d Dave		-					
MID	nelle vu	in phy?		c. Employer's N	ame/Specific Field	1			
124	helle Pa 53 Buffa	lo Rd		e.			e. Election Sum to Date		
CLO	lyton, NC	23527				\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	yy)	k. Amount		
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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)									

Amendment

Disbursem	ents					D-	-6		Amendment  Yes No
		ditures f	rom the committ	ee for o	perating exp	Pg enses co	of ontributio	ons to	
Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures									
1. Committee F				2	2. ID Number				
Michale	lighelle PAU DAVIS, County Com				vsNo i 22im				264 x AO
3. Type of Disb	ursement	Please	use separate CR	0-1310	forms for e	ach type	of Disb	ursem	ient.)
Operating Expe		Cont	ributions to Candida		The second second second		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	dinated	d Party Expenditures
4. Payee Inform						Remove	A STATE OF THE PARTY OF	11300	
a. Full Name, Mailing Address & Phone					b. Coordinated Committee Name				. Comments
(include city, state,									filing fee
JUNNITUM COUNTY BOARD OF Elections					c. Level Registered (Specify)			E 1505	
	Country points out to				Federal County:				
							ity: e.	. Election Sum to Date	
									\$
f. Account Code	g. Form of Pay	ment	h. Purpose Code	t —		j. Amoun		k. Req	juired Remarks
	cheul			120	15-19	\$ 122	. 14		
						\$			
4. Payee Inform	nation				Add	Remove	9		
a. Full Name, Mail	ing Address &	Phone		STATE OF	b. Coordinate	d Commi	ittee Name	d	l. Comments
(include city, sta	te, & zip)								
					100000000000000000000000000000000000000				
					c. Level Registered (Specify)  Federal County:  State Municipality:			20,2%	
1								lity: e	. Election Sum to Date
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f. Account Code	g. Form of Pay	yment	h. Purpose Code	i. Date (ı	nm/dd/yyyy)	j. Amour	nt	k. Rec	quired Remarks
						\$			
						\$			
4. Payee Inform	nation				Add	Remove	9		
a. Full Name, Mail		Phone			b. Coordinate	Section of the Sectio		la	l. Comments
(include city, sta	THE PROPERTY OF STREET	Hone			D. Coordinate	cu Commu	ittee ivallie	- 10	. Comments
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ļ					State		Municipa	lity: e	. Election Sum to Date
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						\$			***
5. Total only th	is Page								\$
6. Total of ALL CRO-1310 Pages									
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)									
(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)									
7. Purpose Codes (List detailed expenditure code in (h.) above)									
A* - Media B* - Printing C* - Fundraising D - To Another Candidate  E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expen									
E - Salaries I - Postage		- Equipa Penalti			litical Party <b>Iffice Expen</b>	CAC			g Public Office Expenses on to Legal Expense Fund
O* Other	J -	renaiti	Co	K C	ruce Expen	1969	Q - D	ondill	on to negat expense runu
* Codes require detailed explanation in required remarks field (k)									