

# 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.

Amendment  
☐ Yes ☒ No

|                                                                                         |  |                                 |
|-----------------------------------------------------------------------------------------|--|---------------------------------|
| <b>1. Committee Information</b>                                                         |  | <b>c. ID Number</b>             |
| a. Full Name<br>Committee To Elect Wayne Sasser House Seat 67                           |  | 82-2481911                      |
| b. Mailing Address (Include City, State and Zip Code)<br>PO Box 326<br>OAKBORO NC 28129 |  | d. Date Filed<br>4-27-2018      |
|                                                                                         |  | e. Phone Number<br>704-485-4664 |

|                               |                                                    |                                                    |                                                      |
|-------------------------------|----------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <b>2. Report Year</b><br>2018 | <b>3. Period Start Date (mm/dd/yy)</b><br>01/01/18 | <b>4. Period End Date (mm/dd/yy)</b><br>04/21/2018 | <b>5. Treasurer Full Name</b><br>James Ellen Cameron |
|-------------------------------|----------------------------------------------------|----------------------------------------------------|------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|
| <b>6. Type of Committee (Check One)</b>                                                                                                                                                                                                                                                                         |  | <b>9. Type of Report (check only one type of report from one category)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>10. VERIFIED</b><br>MAY 21 2018 |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser |  | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>State/County</b><br><input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br><b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |  |                                    |

|                                                                                                                                                    |  |                                             |  |                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|--|--------------------------------|--|
| <b>7. Type of Fund (if applicable, check one)</b>                                                                                                  |  | <b>8. Number of Fundraisers this Report</b> |  | <b>11. Account Information</b> |  |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input checked="" type="checkbox"/> Other: Election Campaign NC |  | 2                                           |  | MEW                            |  |
| <b>a. Financial Institution Full Name</b><br>UWARRIE BANK                                                                                          |  | <b>a. Financial Institution Full Name</b>   |  | <b>b. Purpose</b>              |  |
| <b>b. Purpose</b><br>FOR CAMPAIGN DONATIONS + EXPENSES                                                                                             |  | <b>c. Account Code</b><br>1                 |  | <b>c. Account Code</b>         |  |
| <b>d. Period Begin Balance</b><br>\$ 6909.70                                                                                                       |  | <b>d. Period Begin Balance</b>              |  | <b>d. Period Begin Balance</b> |  |

## 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 of Elections.

James E Cameron  
Printed Name of Signer

*[Signature]*  
Signature of Appointed Treasurer

04/27/2018  
Date

## FOR OFFICE USE ONLY

|                    |         |           |     |                                                                                                                                                                                                                                                                                          |
|--------------------|---------|-----------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date Received:     | 4-30-18 | Employee: | Jes | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input checked="" type="checkbox"/> Registered Mail<br><input type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training |
| Date Postmarked:   | 4-27-18 | Employee: | Jes |                                                                                                                                                                                                                                                                                          |
| Date Scanned:      | 5/2/18  | Employee: | DP  |                                                                                                                                                                                                                                                                                          |
| Date Data Entered: |         | Employee: |     |                                                                                                                                                                                                                                                                                          |

**Please Note:** This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.  
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

# Detailed Summary

Amendment  
☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

|                                                                                                         |                   |                                   |
|---------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><i>Committee to Elect Wayne SASSON House Seat 67</i> | 2. Type of Report | 3. ID Number<br><i>82-2481911</i> |
|---------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------|

|                                                 |                                                  |                                 |
|-------------------------------------------------|--------------------------------------------------|---------------------------------|
| Start of Election Cycle: January 1, <i>2018</i> | Total this Reporting Period<br>\$ <i>6909.70</i> | Total this Election Cycle<br>\$ |
|-------------------------------------------------|--------------------------------------------------|---------------------------------|

4) Cash on Hand at Start

## RECEIPTS

|                                                                              |            |                     |    |
|------------------------------------------------------------------------------|------------|---------------------|----|
| 5) Aggregated Contributions from Individuals                                 | (CRO-1205) | \$ <i>1960.40</i>   | \$ |
| 6) Contributions from Individuals                                            | (CRO-1210) | \$ <i>46,267.81</i> | \$ |
| 7) Contributions from Political Party Committees                             | (CRO-1220) | \$                  | \$ |
| 8) Contributions from Other Political Committees                             | (CRO-1230) | \$                  | \$ |
| 9) Loan Proceeds                                                             | (CRO-1410) | \$ <i>20,000.00</i> | \$ |
| 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) |            | \$ <i>75,137.91</i> | \$ |

## EXPENDITURES

|                                                                              |            |                     |    |
|------------------------------------------------------------------------------|------------|---------------------|----|
| 13) Disbursements                                                            |            |                     |    |
| 13a) Operating Expenditures                                                  | (CRO-1310) | \$ <i>52,180.39</i> | \$ |
| 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) | \$ <i>1994.01</i>   | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |            | \$ <i>54,171.40</i> | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |            | \$ <i>20,966.51</i> | \$ |

## 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) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum                          | (CRO-2220) | \$ | \$ |
| 28) Contributions to be Refunded                        | (CRO-1215) | \$ | \$ |

# Aggregated Contributions from Individuals

Page 1 of 3

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect WAYNE SASSER House seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

## 3. Contributor Information

| a. Amend                                | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount       |
|-----------------------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>03/29/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 5.00</u>  |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 30.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 40.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 30.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 20.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>04/02/2018</u>    | <u>\$ 40.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>04/02/2018</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>check</u>       |                        | <u>04/02/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>Cash</u>        |                        | <u>04/02/2018</u>    | <u>\$ 50.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |

4. Total only this Page \$ 890.00

5. Total of ALL CRO-1205 Pages

\$

(This line must be on line 5 of Detailed Summary Page CRO-1100)

# Aggregated Contributions from Individuals

Page 2 of 3

Amendment

☐ Yes

☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

| 1. Committee Full Name (and Fund if applicable)                 |                 |                    |                        | 2. ID Number         |                           |
|-----------------------------------------------------------------|-----------------|--------------------|------------------------|----------------------|---------------------------|
| Committee To Elect WAYN SASSER House Seat 67                    |                 |                    |                        | 82-2481911           |                           |
| 3. Contributor Information                                      |                 |                    |                        |                      |                           |
| a. Amend                                                        | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount                 |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 10.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/02/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/02/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 25.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 25.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/02/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/02/2018           | \$ 25.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/17/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | Cash               |                        | 04/16/2018           | \$ 40.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 50.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 25.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ 25.00                  |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| <input checked="" type="checkbox"/> Add                         | 1               | check              |                        | 04/16/2018           | \$ <del>25.00</del> 25.00 |
| <input type="checkbox"/> Remove                                 |                 |                    |                        |                      |                           |
| 4. Total only this Page                                         |                 |                    |                        |                      | \$ 950.00                 |
| 5. Total of ALL CRO-1205 Pages                                  |                 |                    |                        |                      | \$                        |
| (This line must be on line 5 of Detailed Summary Page CRO-1100) |                 |                    |                        |                      |                           |

# Aggregated Contributions from Individuals

Page 3 of 3 Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

| 3. Contributor Information              |                 |                    |                        |                      |                 |
|-----------------------------------------|-----------------|--------------------|------------------------|----------------------|-----------------|
| a. Amend                                | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount       |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>CASH</u>        |                        | <u>04/16/2018</u>    | <u>\$ 25.00</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>ACH</u>         |                        | <u>04/17/2018</u>    | <u>\$ 47.70</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input checked="" type="checkbox"/> Add | <u>1</u>        | <u>ACH</u>         |                        | <u>04/17/2018</u>    | <u>\$ 47.70</u> |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      |                 |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Add            |                 |                    |                        |                      | \$              |
| <input type="checkbox"/> Remove         |                 |                    |                        |                      | \$              |

|                                                                                |                   |
|--------------------------------------------------------------------------------|-------------------|
| 4. Total only this Page                                                        | <u>\$ 120.40</u>  |
| 5. Total of ALL CRO-1205 Pages                                                 | <u>\$ 1960.40</u> |
| <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small> |                   |

# Contributions from Individuals

Pg 1 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                        |                                   |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Waynesasser House Seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|--------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                       |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                    |                                                                                                           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>David E. Scarboro</u><br><u>PO Box 1875</u><br><u>Albemarle, NC 28001</u> | b. Job Title/Profession<br><u>R/E Agent</u><br>c. Employer's Name/Specific Field<br><u>STANES Jewelry</u> |
| d. Comments                                                                                                                                           | e. Election Sum to Date<br><u>\$ 500.00</u>                                                               |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount        |
|--------------------------|-----------------|--------------------|------------------------|----------------------|------------------|
| <input type="checkbox"/> | <u>1</u>        | <u>check</u>       |                        | <u>1-29-2018</u>     | <u>\$ 500.00</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$               |
| <input type="checkbox"/> |                 |                    |                        |                      | \$               |

|                                                                                                                                                     |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                  |                                                                                                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>C. L. Beam Lett</u><br><u>PO Box 1175</u><br><u>Albemarle, NC 28001</u> | b. Job Title/Profession<br><u>Sales</u><br>c. Employer's Name/Specific Field<br><u>STANES Jewelry</u> |
| d. Comments                                                                                                                                         | e. Election Sum to Date<br><u>\$ 500</u>                                                              |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount     |
|--------------------------|-----------------|--------------------|------------------------|----------------------|---------------|
| <input type="checkbox"/> | <u>1</u>        | <u>check</u>       |                        | <u>01/29/2018</u>    | <u>\$ 400</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$            |
| <input type="checkbox"/> |                 |                    |                        |                      | \$            |

|                                                                                                                                                                   |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                |                                                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Sheila E. Albrighton</u><br><u>20683A Running Creek Rd</u><br><u>Locust, NC 28097</u> | b. Job Title/Profession<br><u>NKSP</u><br>c. Employer's Name/Specific Field |
| d. Comments                                                                                                                                                       | e. Election Sum to Date<br><u>\$ 150</u>                                    |

| f. Prior                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount     |
|--------------------------|-----------------|--------------------|------------------------|----------------------|---------------|
| <input type="checkbox"/> | <u>1</u>        | <u>check</u>       |                        | <u>02/03/2018</u>    | <u>\$ 150</u> |
| <input type="checkbox"/> |                 |                    |                        |                      | \$            |
| <input type="checkbox"/> |                 |                    |                        |                      | \$            |

4. Total only this Page \$ 1,050.00

5. Total of ALL CRO-1210 Pages \$

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

# Contributions from Individuals

Amendment  
Pg 2 of 32 ☐ Yes ☒ No

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

|                                                                                                                                                                |                             |                                    |                        |                                           |                                   |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|-------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House seat 67</u>                                                        |                             |                                    |                        |                                           | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                             |                             |                                    |                        |                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Deborah J. Bennett</u><br><u>34313 Springdale Dr</u><br><u>New London NC 28127</u> |                             |                                    |                        | b. Job Title/Profession<br><u>Nurse</u>   |                                   | d. Comments |
|                                                                                                                                                                |                             |                                    |                        | c. Employer's Name/Specific Field         |                                   |             |
|                                                                                                                                                                |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 200</u>  |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                           | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>02/06/2018</u> | k. Amount<br><u>\$ 200</u>        |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                             |                             |                                    |                        |                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Thomas K. Taylor</u><br><u>1717 Arbor Way</u><br><u>Albemarle, NC 28001</u>        |                             |                                    |                        | b. Job Title/Profession<br><u>Retiree</u> |                                   | d. Comments |
|                                                                                                                                                                |                             |                                    |                        | c. Employer's Name/Specific Field         |                                   |             |
|                                                                                                                                                                |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 200</u>  |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                           | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>02/22/2018</u> | k. Amount<br><u>\$ 200</u>        |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                             |                             |                                    |                        |                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>GARY S. Lowder</u><br><u>20130 NC Hwy 138</u><br><u>Albemarle, NC 28001</u>        |                             |                                    |                        | b. Job Title/Profession<br><u>NASCAR</u>  |                                   | d. Comments |
|                                                                                                                                                                |                             |                                    |                        | c. Employer's Name/Specific Field         |                                   |             |
|                                                                                                                                                                |                             |                                    |                        | e. Election Sum to Date<br><u>\$</u>      |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                           | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>02/22/2018</u> | k. Amount<br><u>\$ 1000.00</u>    |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                       |                             |                                    |                        |                                           | \$                                |             |
| 4. Total only this Page                                                                                                                                        |                             |                                    |                        |                                           | <u>\$ 1,400.00</u>                |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                                 |                             |                                    |                        |                                           | <u>\$</u>                         |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                                |                             |                                    |                        |                                           |                                   |             |

# Contributions from Individuals

Pg 3 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                             |                             |                                    |                        |                                                          |                                   |             |
|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|----------------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><i>Committee To Elect WAYNE SASSER House SEAT 67</i>                                     |                             |                                    |                        |                                                          | 2. ID Number<br><i>84-2481911</i> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                          |                             |                                    |                        |                                                          |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Rudy CRANFORD<br/>208 Eagle Pointe Dr<br/>Norwood, NC 28128</i> |                             |                                    |                        | b. Job Title/Profession<br><i>Sales</i>                  |                                   | d. Comments |
|                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field<br><i>CROOK MOTORS</i> |                                   |             |
|                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br>\$                            |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                        | g. Account Code<br><i>1</i> | h. Form of Payment<br><i>check</i> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><i>03/13/2018</i>                | k. Amount<br>\$ <i>#200</i>       |             |
| <input type="checkbox"/>                                                                                                                    |                             |                                    |                        |                                                          | \$                                |             |
| <input type="checkbox"/>                                                                                                                    |                             |                                    |                        |                                                          | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                          |                             |                                    |                        |                                                          |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Windell Talley<br/>6043 Talley Rd<br/>STANFIELD, NC 28163</i>   |                             |                                    |                        | b. Job Title/Profession<br><i>Farmer</i>                 |                                   | d. Comments |
|                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field<br><i>SELF</i>         |                                   |             |
|                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br>\$                            |                                   |             |
| <input type="checkbox"/>                                                                                                                    | <i>1</i>                    | <i>check</i>                       |                        | <i>03/13/2018</i>                                        | \$ <i>500</i>                     |             |
| <input type="checkbox"/>                                                                                                                    | <i>1</i>                    | <i>check</i>                       |                        | <i>04/02/2018</i>                                        | \$ <i>2,500</i>                   |             |
| <input type="checkbox"/>                                                                                                                    |                             |                                    |                        |                                                          | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                          |                             |                                    |                        |                                                          |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>SCOTT BOOTH<br/>PO Box 795<br/>Norwood, NC 28128</i>            |                             |                                    |                        | b. Job Title/Profession                                  |                                   | d. Comments |
|                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field<br><i>Retired</i>      |                                   |             |
|                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br>\$                            |                                   |             |
| <input type="checkbox"/>                                                                                                                    | <i>1</i>                    | <i>check</i>                       |                        | <i>03/13/2018</i>                                        | \$ <i>5,000.00</i>                |             |
| <input type="checkbox"/>                                                                                                                    |                             |                                    |                        |                                                          | \$                                |             |
| <input type="checkbox"/>                                                                                                                    |                             |                                    |                        |                                                          | \$                                |             |
| 4. Total only this Page                                                                                                                     |                             |                                    |                        |                                                          | \$ <i>8,200.00</i>                |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                              |                             |                                    |                        |                                                          | \$                                |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                             |                             |                                    |                        |                                                          |                                   |             |



# Contributions from Individuals

Pg 4 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                             |                             |                                    |                                                                                |                                           |                                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sassen House Seat 67</u>                                                     |                             |                                    |                                                                                |                                           | 2. ID Number<br><u>82-2481911</u>             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                                                                                |                                           |                                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Darlene Hudson</u><br><u>28338 Hatley Farm Rd</u><br><u>Albemarle, NC 28001</u> |                             |                                    | b. Job Title/Profession<br><u>Retired</u>                                      |                                           | d. Comments                                   |  |
|                                                                                                                                                             |                             |                                    | c. Employer's Name/Specific Field                                              |                                           | e. Election Sum to Date<br><u>\$ 2,500.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description                                                         | j. Date (mm/dd/yyyy)<br><u>03/13/2018</u> | k. Amount<br><u>\$ 2,500.00</u>               |  |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                                                                                |                                           | \$                                            |  |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                                                                                |                                           | \$                                            |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                                                                                |                                           |                                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Roger Hudson</u><br><u>28338 Hatley Farm Rd</u><br><u>Albemarle, NC 28001</u>   |                             |                                    | b. Job Title/Profession<br><u>Retired</u>                                      |                                           | d. Comments                                   |  |
|                                                                                                                                                             |                             |                                    | c. Employer's Name/Specific Field<br><u>Hudson POC</u><br><u>Distributions</u> |                                           | e. Election Sum to Date<br><u>\$ 2,900.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description                                                         | j. Date (mm/dd/yyyy)<br><u>03/13/2018</u> | k. Amount<br><u>\$ 2,500.00</u>               |  |
| <input checked="" type="checkbox"/>                                                                                                                         | <u>1</u>                    | <u>check</u>                       |                                                                                | <u>10/26/2017</u>                         | <u>\$ 400.00</u>                              |  |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                                                                                |                                           | \$                                            |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                                                                                |                                           |                                               |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Evon Jordan</u><br><u>PO Box 546</u><br><u>Oakboro NC 28129</u>                 |                             |                                    | b. Job Title/Profession<br><u>Sales</u>                                        |                                           | d. Comments                                   |  |
|                                                                                                                                                             |                             |                                    | c. Employer's Name/Specific Field<br><u>Jordan Trucking</u>                    |                                           | e. Election Sum to Date<br><u>\$ 5,200.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description                                                         | j. Date (mm/dd/yyyy)<br><u>03/01/2018</u> | k. Amount<br><u>\$ 5,200.00</u>               |  |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                                                                                |                                           | \$                                            |  |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                                                                                |                                           | \$                                            |  |
| 4. Total only this Page                                                                                                                                     |                             |                                    |                                                                                |                                           | <u>\$ 10,200.00</u>                           |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                                              |                             |                                    |                                                                                |                                           | \$                                            |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                             |                             |                                    |                                                                                |                                           |                                               |  |

# Contributions from Individuals

Pg 5 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                 |                 |                    |                        |                                                      |             |                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|------------------------------------------------------|-------------|----------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Committee to Elect Wayne Sasson House Seat 67                                |                 |                    |                        |                                                      |             | 2. ID Number<br>82-2481911             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                 |                    |                        |                                                      |             |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Jerry Jordan<br>PO Box 546<br>Oakburn NC 28129         |                 |                    |                        | b. Job Title/Profession<br>Pres / Sales              |             | d. Comments                            |  |
|                                                                                                                                 |                 |                    |                        | c. Employer's Name/Specific Field<br>Jordan Trucking |             | e. Election Sum to Date<br>\$ 5,200.00 |  |
| f. Prior                                                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                 | k. Amount   |                                        |  |
| <input type="checkbox"/>                                                                                                        | 1               | check              |                        | 03/01/2018                                           | \$ 5,200.00 |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                 |                    |                        |                                                      |             |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>David Grigg<br>1500 Leelynn Dr<br>A/Be male NC 28001   |                 |                    |                        | b. Job Title/Profession<br>Retire Attorney           |             | d. Comments                            |  |
|                                                                                                                                 |                 |                    |                        | c. Employer's Name/Specific Field                    |             | e. Election Sum to Date<br>\$          |  |
| f. Prior                                                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                 | k. Amount   |                                        |  |
| <input type="checkbox"/>                                                                                                        | 1               | check              |                        | 03/01/2018                                           | \$ 250.00   |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                 |                    |                        |                                                      |             |                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Ricky Almond<br>801 Laura's Ln.<br>A/Be male, NC 28001 |                 |                    |                        | b. Job Title/Profession                              |             | d. Comments                            |  |
|                                                                                                                                 |                 |                    |                        | c. Employer's Name/Specific Field<br>STANLY COUNTY   |             | e. Election Sum to Date<br>\$ 50.00    |  |
| f. Prior                                                                                                                        | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                 | k. Amount   |                                        |  |
| <input type="checkbox"/>                                                                                                        | 1               | CASH               |                        | 03/01/2018                                           | \$ 50.00    |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| <input type="checkbox"/>                                                                                                        |                 |                    |                        |                                                      | \$          |                                        |  |
| 4. Total only this Page                                                                                                         |                 |                    |                        |                                                      | \$ 5,500.00 |                                        |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                  |                 |                    |                        |                                                      | \$          |                                        |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                 |                 |                    |                        |                                                      |             |                                        |  |

# Contributions from Individuals

Pg 6 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                               |                             |                                                               |                        |                                           |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|------------------------|-------------------------------------------|-----------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                            |                             |                                                               |                        |                                           |                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Leon Huneycutt</u><br><u>PO Box 130</u><br><u>Locust NC 28097</u> |                             | b. Job Title/Profession<br><u>Pres.</u>                       |                        | d. Comments                               |                             |
|                                                                                                                                               |                             | c. Employer's Name/Specific Field<br><u>Locust Lumber Co.</u> |                        |                                           |                             |
|                                                                                                                                               |                             |                                                               |                        | e. Election Sum to Date<br>\$             |                             |
| f. Prior<br><input type="checkbox"/>                                                                                                          | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u>                            | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/01/2018</u> | k. Amount<br>\$ <u>500.</u> |
| <input type="checkbox"/>                                                                                                                      |                             |                                                               |                        |                                           | \$                          |
| <input type="checkbox"/>                                                                                                                      |                             |                                                               |                        |                                           | \$                          |

|                                                                                                                                                       |                             |                                                  |                        |                                             |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------|------------------------|---------------------------------------------|----------------------------|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                               |                             |                                                  |                        |                                             |                            |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>B. A. Smith</u><br><u>12099 Big Lick Rd</u><br><u>Stanfield, NC 28163</u> |                             | b. Job Title/Profession<br><u>Retired</u>        |                        | d. Comments                                 |                            |
|                                                                                                                                                       |                             | c. Employer's Name/Specific Field<br><u>USAF</u> |                        |                                             |                            |
|                                                                                                                                                       |                             |                                                  |                        | e. Election Sum to Date<br>\$ <u>150.00</u> |                            |
| f. Prior<br><input type="checkbox"/>                                                                                                                  | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u>               | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>   | k. Amount<br>\$ <u>50.</u> |
| <input type="checkbox"/>                                                                                                                              | <u>1</u>                    | <u>check</u>                                     |                        | <u>03/01/2018</u>                           | \$ <u>100</u>              |
| <input type="checkbox"/>                                                                                                                              |                             |                                                  |                        |                                             | \$                         |

|                                                                                                                                                        |                             |                                           |                        |                                           |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------|-------------------------------------------|---------------------------|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                |                             |                                           |                        |                                           |                           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Phyllis Smith</u><br><u>12099 Big Lick Rd</u><br><u>Stanfield NC 28163</u> |                             | b. Job Title/Profession<br><u>Retired</u> |                        | d. Comments                               |                           |
|                                                                                                                                                        |                             | c. Employer's Name/Specific Field         |                        |                                           |                           |
|                                                                                                                                                        |                             |                                           |                        | e. Election Sum to Date<br>\$ <u>50</u>   |                           |
| f. Prior<br><input type="checkbox"/>                                                                                                                   | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u>        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u> | k. Amount<br>\$ <u>50</u> |
| <input type="checkbox"/>                                                                                                                               |                             |                                           |                        |                                           | \$                        |
| <input type="checkbox"/>                                                                                                                               |                             |                                           |                        |                                           | \$                        |

4. Total only this Page \$ 700.00

5. Total of ALL CRO-1210 Pages \$

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

# Contributions from Individuals

Pg 7 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                                    |                             |                                    |                        |                                                             |                                 |                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|-------------------------------------------------------------|---------------------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><b>Committee To Elect Wayne Sasser House seat 67</b>                                                            |                             |                                    |                        |                                                             |                                 | 2. ID Number<br><b>82-2481911</b> |  |
| 3. Contributor Information <span style="float:right"><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</span>                                |                             |                                    |                        |                                                             |                                 |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Francis Eugene STARNES, Jr</b><br><b>PO Box 398</b><br><b>Albemarle NC 28001</b>       |                             |                                    |                        | b. Job Title/Profession<br><b>Jeweler</b>                   |                                 | d. Comments                       |  |
|                                                                                                                                                                    |                             |                                    |                        | c. Employer's Name/Specific Field<br><b>STARNES Jewelry</b> |                                 |                                   |  |
|                                                                                                                                                                    |                             |                                    |                        | e. Election Sum to Date<br>\$                               |                                 |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                               | g. Account Code<br><b>1</b> | h. Form of Payment<br><b>check</b> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><b>03/21/2018</b>                   | k. Amount<br><b>\$ 500.00</b>   |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| 3. Contributor Information <span style="float:right"><input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove</span>                                |                             |                                    |                        |                                                             |                                 |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>Michael E. Snyder</b><br><b>41362 Mt. View Church Rd</b><br><b>Albemarle, NC 28001</b> |                             |                                    |                        | b. Job Title/Profession<br><b>Retired</b>                   |                                 | d. Comments                       |  |
|                                                                                                                                                                    |                             |                                    |                        | c. Employer's Name/Specific Field                           |                                 |                                   |  |
|                                                                                                                                                                    |                             |                                    |                        | e. Election Sum to Date<br>\$                               |                                 |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                               | g. Account Code<br><b>1</b> | h. Form of Payment<br><b>check</b> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><b>03/21/2018</b>                   | k. Amount<br><b>\$ 2,500.00</b> |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| 3. Contributor Information <span style="float:right"><input type="checkbox"/> Add <input type="checkbox"/> Remove</span>                                           |                             |                                    |                        |                                                             |                                 |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><b>M. W. Mullinix, Sr</b><br><b>PO Box 354</b><br><b>Rick Field, NC 28137</b>             |                             |                                    |                        | b. Job Title/Profession<br><b>Retired</b>                   |                                 | d. Comments                       |  |
|                                                                                                                                                                    |                             |                                    |                        | c. Employer's Name/Specific Field                           |                                 |                                   |  |
|                                                                                                                                                                    |                             |                                    |                        | e. Election Sum to Date<br>\$                               |                                 |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                               | g. Account Code<br><b>1</b> | h. Form of Payment<br><b>check</b> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><b>03/21/2018</b>                   | k. Amount<br><b>\$ 200.00</b>   |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| <input type="checkbox"/>                                                                                                                                           |                             |                                    |                        |                                                             | \$                              |                                   |  |
| 4. Total only this Page                                                                                                                                            |                             |                                    |                        |                                                             | \$ <b>3,200.00</b>              |                                   |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                                                     |                             |                                    |                        |                                                             | \$                              |                                   |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                                    |                             |                                    |                        |                                                             |                                 |                                   |  |

# Contributions from Individuals

Pg 8 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                             |                 |                    |                        |                                                    |                  |                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|----------------------------------------------------|------------------|---------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                     |                 |                    |                        |                                                    |                  | 2. ID Number<br><u>82-2481911</u>           |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                 |                    |                        |                                                    |                  |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Leigh Brown</u><br><u>4711 Myers Ln</u><br><u>Harrisburg, NC 28075</u>          |                 |                    |                        | b. Job Title/Profession<br><u>REALTOR</u>          |                  | d. Comments                                 |  |
|                                                                                                                                                             |                 |                    |                        | c. Employer's Name/Specific Field<br><u>RE/MAX</u> |                  | e. Election Sum to Date<br>\$               |  |
| f. Prior                                                                                                                                                    | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                               | k. Amount        |                                             |  |
| <input type="checkbox"/>                                                                                                                                    | <u>1</u>        | <u>check</u>       |                        | <u>03/24/2018</u>                                  | \$ <u>250.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                    |                 |                    |                        |                                                    | \$               |                                             |  |
| <input type="checkbox"/>                                                                                                                                    |                 |                    |                        |                                                    | \$               |                                             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                 |                    |                        |                                                    |                  |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Sammy E. Estridge, Jr</u><br><u>PO Box 926</u><br><u>Badin, NC 28009</u>        |                 |                    |                        | b. Job Title/Profession<br><u>Retired</u>          |                  | d. Comments                                 |  |
|                                                                                                                                                             |                 |                    |                        | c. Employer's Name/Specific Field                  |                  | e. Election Sum to Date<br>\$ <u>200.00</u> |  |
| f. Prior                                                                                                                                                    | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                               | k. Amount        |                                             |  |
| <input type="checkbox"/>                                                                                                                                    | <u>1</u>        | <u>check</u>       |                        | <u>03/24/2018</u>                                  | \$ <u>100.00</u> |                                             |  |
| <input checked="" type="checkbox"/>                                                                                                                         | <u>1</u>        | <u>check</u>       |                        | <u>12/06/2017</u>                                  | \$ <u>100.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                    |                 |                    |                        |                                                    | \$               |                                             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                 |                    |                        |                                                    |                  |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Marshall Rogers</u><br><u>1520 Holbrook Court</u><br><u>Albemarle, NC 28001</u> |                 |                    |                        | b. Job Title/Profession<br><u>Retired</u>          |                  | d. Comments                                 |  |
|                                                                                                                                                             |                 |                    |                        | c. Employer's Name/Specific Field                  |                  | e. Election Sum to Date<br>\$ <u>250.00</u> |  |
| f. Prior                                                                                                                                                    | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                               | k. Amount        |                                             |  |
| <input type="checkbox"/>                                                                                                                                    | <u>1</u>        | <u>check</u>       |                        | <u>03/24/2018</u>                                  | \$ <u>250.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                    |                 |                    |                        |                                                    | \$               |                                             |  |
| <input type="checkbox"/>                                                                                                                                    |                 |                    |                        |                                                    | \$               |                                             |  |
| 4. Total only this Page                                                                                                                                     |                 |                    |                        |                                                    | \$ <u>600.00</u> |                                             |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                                              |                 |                    |                        |                                                    | \$               |                                             |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                             |                 |                    |                        |                                                    |                  |                                             |  |

# Contributions from Individuals

Pg 9 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                             |                             |                                    |                        |                                                     |                                   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|-----------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sassan House Seat 67</u>                                                     |                             |                                    |                        |                                                     | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                        |                                                     |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>DR. ROBERT H. GAITHER</u><br><u>602 EAST ST.</u><br><u>ALBEMARLE, NC 28001</u>  |                             |                                    |                        | b. Job Title/Profession<br><u>MD</u>                |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field<br><u>Retired</u> |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 250.00</u>         |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/23/2018</u>           | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                        |                                                     |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>ANNE F GAWAGHAN</u><br><u>2530 Glenwood Ave</u><br><u>Raleigh, NC 27608</u>     |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u>           |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field                   |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 1,000.00</u>       |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/26/2018</u>           | k. Amount<br><u>\$ 1,000.00</u>   |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                        |                                                     |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Lindsey R. DUNEVAULT</u><br><u>1716 Arbor Way</u><br><u>Albemarle, NC 28001</u> |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u>           |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field                   |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 250.00</u>         |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/29/2018</u>           | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                     | \$                                |             |
| 4. Total only this Page                                                                                                                                     |                             |                                    |                        |                                                     | <u>\$ 1,500.00</u>                |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                              |                             |                                    |                        |                                                     | \$                                |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                             |                             |                                    |                        |                                                     |                                   |             |

# Contributions from Individuals

Amendment  
Pg 10 of 32 ☐ Yes ☒ No

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

|                                                                                                                                                           |                             |                                      |                                                          |                                                           |                                   |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                   |                             |                                      |                                                          |                                                           | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                             |                                      |                                                          |                                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Philip Carter</u><br><u>3975 Highway 24-27E</u><br><u>Midland, NC 28107</u>   |                             |                                      |                                                          | b. Job Title/Profession<br><u>owner</u>                   |                                   | d. Comments |
|                                                                                                                                                           |                             |                                      |                                                          | c. Employer's Name/Specific Field<br><u>Midland Mulch</u> |                                   |             |
|                                                                                                                                                           |                             |                                      |                                                          | e. Election Sum to Date<br><u>\$ 250.00</u>               |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                      | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u>   | i. In-Kind Description                                   | j. Date (mm/dd/yyyy)<br><u>03/29/2018</u>                 | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                             |                                      |                                                          |                                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Pamela Carter</u><br><u>3975 Highway 24-27E</u><br><u>Midland, NC 28107</u>   |                             |                                      |                                                          | b. Job Title/Profession                                   |                                   | d. Comments |
|                                                                                                                                                           |                             |                                      |                                                          | c. Employer's Name/Specific Field<br><u>Midland Mulch</u> |                                   |             |
|                                                                                                                                                           |                             |                                      |                                                          | e. Election Sum to Date<br><u>\$ 250.00</u>               |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                      | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u>   | i. In-Kind Description                                   | j. Date (mm/dd/yyyy)<br><u>03/29/2018</u>                 | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |                             |                                      |                                                          |                                                           |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Wayne Sasser</u><br><u>29013 Jordan Ford Dr</u><br><u>Albemarle, NC 28001</u> |                             |                                      |                                                          | b. Job Title/Profession<br><u>Pharmist</u>                |                                   | d. Comments |
|                                                                                                                                                           |                             |                                      |                                                          | c. Employer's Name/Specific Field<br><u>Retired</u>       |                                   |             |
|                                                                                                                                                           |                             |                                      |                                                          | e. Election Sum to Date<br><u>\$</u>                      |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                      | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>In Kind</u> | i. In-Kind Description<br><u>Paid sales tax on signs</u> | j. Date (mm/dd/yyyy)<br><u>03/12/2018</u>                 | k. Amount<br><u>\$ 101.25</u>     |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| <input type="checkbox"/>                                                                                                                                  |                             |                                      |                                                          |                                                           | \$                                |             |
| 4. Total only this Page                                                                                                                                   |                             |                                      |                                                          |                                                           | <u>\$ 601.25</u>                  |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                            |                             |                                      |                                                          |                                                           | <u>\$</u>                         |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                           |                             |                                      |                                                          |                                                           |                                   |             |

# Contributions from Individuals

Pg 11 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                             |                             |                                    |                        |                                                                                                         |                                   |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect WAYNE SASSER House seat 67</u>                                                     |                             |                                    |                        |                                                                                                         | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                        |                                                                                                         |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Beth A. Swanner</u><br><u>500 Muirfield Dr</u><br><u>Albemarle, NC 28001</u>    |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u>                                                               |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field                                                                       |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 500.00</u>                                                             |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/26/2018</u>                                                               | k. Amount<br><u>\$ 500.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                          |                             |                                    |                        |                                                                                                         |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Tandy L. Carpenter</u><br><u>1137 Poe Doe Ave</u><br><u>Albemarle, NC 28001</u> |                             |                                    |                        | b. Job Title/Profession<br><u>operations Manager</u>                                                    |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field<br><u>WASP ATLANTIC</u><br><u>TRANSPORTATION</u><br><u>CONCORD NC</u> |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 50.00</u>                                                              |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/26/2018</u>                                                               | k. Amount<br><u>\$ 50.00</u>      |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                     |                             |                                    |                        |                                                                                                         |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Arthur H. Rogers</u><br><u>505 Muirfield Dr</u><br><u>Albemarle NC 28001</u>    |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u>                                                               |                                   | d. Comments |
|                                                                                                                                                             |                             |                                    |                        | c. Employer's Name/Specific Field                                                                       |                                   |             |
|                                                                                                                                                             |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 250.00</u>                                                             |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                        | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>03/29/2018</u>                                                               | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| <input type="checkbox"/>                                                                                                                                    |                             |                                    |                        |                                                                                                         | \$                                |             |
| 4. Total only this Page                                                                                                                                     |                             |                                    |                        |                                                                                                         | <u>\$ 800.00</u>                  |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                              |                             |                                    |                        |                                                                                                         | \$                                |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                             |                             |                                    |                        |                                                                                                         |                                   |             |



# Contributions from Individuals

Amendment  
Pg 12 of 32 ☐ Yes ☒ No

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

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><i>Committee To Elect Wayne Sasson House Seat 67</i> | 2. ID Number<br><i>82-2481911</i> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                      |                             |                                    |                                           |                                           |                                             |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                   |                             |                                    |                                           |                                           |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Kay L. Dennis<br/>PO Box 358<br/>Albemarle, NC 28001</i> |                             |                                    | b. Job Title/Profession<br><i>Retired</i> |                                           | d. Comments                                 |
|                                                                                                                                      |                             |                                    | c. Employer's Name/Specific Field         |                                           |                                             |
|                                                                                                                                      |                             |                                    |                                           |                                           | e. Election Sum to Date<br>\$ <i>250.00</i> |
| f. Prior<br><input type="checkbox"/>                                                                                                 | g. Account Code<br><i>1</i> | h. Form of Payment<br><i>check</i> | i. In-Kind Description                    | j. Date (mm/dd/yyyy)<br><i>03/29/2018</i> | k. Amount<br>\$ <i>250.00</i>               |
| <input type="checkbox"/>                                                                                                             |                             |                                    |                                           |                                           | \$                                          |
| <input type="checkbox"/>                                                                                                             |                             |                                    |                                           |                                           | \$                                          |

|                                                                                                                                       |                             |                                    |                                                               |                                           |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|---------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                    |                             |                                    |                                                               |                                           |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Cindy BEANE<br/>1522 Hyman Dr<br/>Albemarle, NC 28001</i> |                             |                                    | b. Job Title/Profession<br><i>CPA</i>                         |                                           | d. Comments                                 |
|                                                                                                                                       |                             |                                    | c. Employer's Name/Specific Field<br><i>BEANE + SWARINGER</i> |                                           |                                             |
|                                                                                                                                       |                             |                                    |                                                               |                                           | e. Election Sum to Date<br>\$ <i>250.00</i> |
| f. Prior<br><input type="checkbox"/>                                                                                                  | g. Account Code<br><i>1</i> | h. Form of Payment<br><i>check</i> | i. In-Kind Description                                        | j. Date (mm/dd/yyyy)<br><i>04/02/2018</i> | k. Amount<br>\$ <i>250.00</i>               |
| <input type="checkbox"/>                                                                                                              |                             |                                    |                                                               |                                           | \$                                          |
| <input type="checkbox"/>                                                                                                              |                             |                                    |                                                               |                                           | \$                                          |

|                                                                                                                                                    |                             |                                    |                                                    |                                           |                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|----------------------------------------------------|-------------------------------------------|---------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                 |                             |                                    |                                                    |                                           |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><i>Thomas M. Hearn, Jr<br/>402 Woodcrest Lane<br/>Albemarle, NC 28001</i> |                             |                                    | b. Job Title/Profession<br><i>Retired</i>          |                                           | d. Comments                                 |
|                                                                                                                                                    |                             |                                    | c. Employer's Name/Specific Field<br><i>NC DOT</i> |                                           |                                             |
|                                                                                                                                                    |                             |                                    |                                                    |                                           | e. Election Sum to Date<br>\$ <i>100.00</i> |
| f. Prior<br><input type="checkbox"/>                                                                                                               | g. Account Code<br><i>1</i> | h. Form of Payment<br><i>check</i> | i. In-Kind Description                             | j. Date (mm/dd/yyyy)<br><i>04/02/2018</i> | k. Amount<br>\$ <i>100.00</i>               |
| <input type="checkbox"/>                                                                                                                           |                             |                                    |                                                    |                                           | \$                                          |
| <input type="checkbox"/>                                                                                                                           |                             |                                    |                                                    |                                           | \$                                          |

4. Total only this Page \$ *600.00*

5. Total of ALL CRO-1210 Pages \$

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

# Contributions from Individuals

Page 13 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee to Elect Wayne Sasser House Seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                       |                             |                                           |                        |                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------|---------------------------------------------|-------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                    |                             |                                           |                        |                                             |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>HARRY M. Becklen</u><br><u>165 CRAWLEY AVE</u><br><u>NORWOOD NC 28128</u> |                             | b. Job Title/Profession<br><u>Retired</u> |                        | d. Comments                                 |                               |
|                                                                                                                                                       |                             | c. Employer's Name/Specific Field         |                        | e. Election Sum to Date<br>\$ <u>100.00</u> |                               |
| f. Prior<br><input type="checkbox"/>                                                                                                                  | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u>        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>   | k. Amount<br>\$ <u>100.00</u> |
| <input type="checkbox"/>                                                                                                                              |                             |                                           |                        |                                             | \$                            |
| <input type="checkbox"/>                                                                                                                              |                             |                                           |                        |                                             | \$                            |

|                                                                                                                                                       |                             |                                           |                        |                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------|---------------------------------------------|-------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                    |                             |                                           |                        |                                             |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Rogge Medlin</u><br><u>36804 Mauldin Rd</u><br><u>Albemarle, NC 28001</u> |                             | b. Job Title/Profession<br><u>Retired</u> |                        | d. Comments                                 |                               |
|                                                                                                                                                       |                             | c. Employer's Name/Specific Field         |                        | e. Election Sum to Date<br>\$ <u>500.00</u> |                               |
| f. Prior<br><input type="checkbox"/>                                                                                                                  | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u>        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>   | k. Amount<br>\$ <u>250.00</u> |
| <input checked="" type="checkbox"/>                                                                                                                   | <u>1</u>                    | <u>check</u>                              |                        | <u>10/26/2017</u>                           | \$ <u>250.00</u>              |
| <input type="checkbox"/>                                                                                                                              |                             |                                           |                        |                                             | \$                            |

|                                                                                                                                                       |                             |                                           |                        |                                             |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------|------------------------|---------------------------------------------|-------------------------------|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                               |                             |                                           |                        |                                             |                               |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Darrell Almond</u><br><u>186 Allenton St.</u><br><u>Norwood, NC 28128</u> |                             | b. Job Title/Profession<br><u>Retired</u> |                        | d. Comments                                 |                               |
|                                                                                                                                                       |                             | c. Employer's Name/Specific Field         |                        | e. Election Sum to Date<br>\$ <u>100.00</u> |                               |
| f. Prior<br><input type="checkbox"/>                                                                                                                  | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u>        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>   | k. Amount<br>\$ <u>100.00</u> |
| <input type="checkbox"/>                                                                                                                              |                             |                                           |                        |                                             | \$                            |
| <input type="checkbox"/>                                                                                                                              |                             |                                           |                        |                                             | \$                            |

4. Total only this Page \$ 450.00

5. Total of ALL CRO-1210 Pages \$

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

# Contributions from Individuals

Page 14 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                          |                 |                    |                        |                                                                             |                                   |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|-----------------------------------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sassen House Seat 67</u>                                                  |                 |                    |                        |                                                                             | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                 |                    |                        |                                                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>John D. Gaiffin</u><br><u>12942 Big Lick Rd</u><br><u>OAKBORO, NC 28129</u>  |                 |                    |                        | b. Job Title/Profession<br><u>Retired</u>                                   |                                   | d. Comments |
|                                                                                                                                                          |                 |                    |                        | c. Employer's Name/Specific Field                                           |                                   |             |
|                                                                                                                                                          |                 |                    |                        | e. Election Sum to Date<br><u>\$ 250.00</u>                                 |                                   |             |
| f. Prior                                                                                                                                                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                        | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                 | <u>1</u>        | <u>Check</u>       |                        | <u>04/02/2018</u>                                                           | <u>\$ 250.00</u>                  |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                 |                    |                        |                                                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>MAX T. Fesperman</u><br><u>105 WALNUTCREEK RD</u><br><u>LOCUST, NC 28097</u> |                 |                    |                        | b. Job Title/Profession<br><u>Retired</u>                                   |                                   | d. Comments |
|                                                                                                                                                          |                 |                    |                        | c. Employer's Name/Specific Field                                           |                                   |             |
|                                                                                                                                                          |                 |                    |                        | e. Election Sum to Date<br><u>\$ 500.00</u>                                 |                                   |             |
| f. Prior                                                                                                                                                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                        | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                 | <u>1</u>        | <u>Check</u>       |                        | <u>04/02/2018</u>                                                           | <u>\$ 500.00</u>                  |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                 |                    |                        |                                                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>LARRY HATLEY</u><br><u>2353 STONY RUN DR</u><br><u>OAKBORO, NC 28129</u>     |                 |                    |                        | b. Job Title/Profession<br><u>BANKER</u>                                    |                                   | d. Comments |
|                                                                                                                                                          |                 |                    |                        | c. Employer's Name/Specific Field<br><u>FIRST BANK</u><br><u>LOCUST, NC</u> |                                   |             |
|                                                                                                                                                          |                 |                    |                        | e. Election Sum to Date<br><u>\$ 100.00</u>                                 |                                   |             |
| f. Prior                                                                                                                                                 | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                        | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                 | <u>1</u>        | <u>Check</u>       |                        | <u>04/02/2018</u>                                                           | <u>\$ 100.00</u>                  |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| <input type="checkbox"/>                                                                                                                                 |                 |                    |                        |                                                                             | \$                                |             |
| 4. Total only this Page                                                                                                                                  |                 |                    |                        |                                                                             | <u>\$ 850.00</u>                  |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                           |                 |                    |                        |                                                                             | \$                                |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                          |                 |                    |                        |                                                                             |                                   |             |

# Contributions from Individuals

Page 15 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                                 |                             |                                    |                        |                                           |                               |                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|-------------------------------------------|-------------------------------|---------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee to Elect Wayne Sasser House seat 67</u>                                                         |                             |                                    |                        |                                           |                               | 2. ID Number<br><u>82-2481911</u>           |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                              |                             |                                    |                        |                                           |                               |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Gail Lawton</u><br><u>49295 Swift Water Rd</u><br><u>Albemarle, NC 28001</u>        |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u> |                               | d. Comments                                 |  |
|                                                                                                                                                                 |                             |                                    |                        | c. Employer's Name/Specific Field         |                               | e. Election Sum to Date<br><u>\$ 100.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                            | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u> | k. Amount<br><u>\$ 100.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                              |                             |                                    |                        |                                           |                               |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Ronnie Michael</u><br><u>1007 Elaine Dr</u><br><u>Albemarle NC 28001</u>            |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u> |                               | d. Comments                                 |  |
|                                                                                                                                                                 |                             |                                    |                        | c. Employer's Name/Specific Field         |                               | e. Election Sum to Date<br><u>\$ 100.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                            | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u> | k. Amount<br><u>\$ 100.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                              |                             |                                    |                        |                                           |                               |                                             |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Rebecca Goss</u><br><u>9063 B Griffin Greene Blvd</u><br><u>Stanfield, NC 28163</u> |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u> |                               | d. Comments                                 |  |
|                                                                                                                                                                 |                             |                                    |                        | c. Employer's Name/Specific Field         |                               | e. Election Sum to Date<br><u>\$ 100.00</u> |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                            | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u> | k. Amount<br><u>\$ 100.00</u> |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| <input type="checkbox"/>                                                                                                                                        |                             |                                    |                        |                                           | \$                            |                                             |  |
| 4. Total only this Page                                                                                                                                         |                             |                                    |                        |                                           | <u>\$ 300.00</u>              |                                             |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                                                  |                             |                                    |                        |                                           | \$                            |                                             |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                                 |                             |                                    |                        |                                           |                               |                                             |  |

# Contributions from Individuals

Page 16 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                               |                             |                                    |                        |                                                                                |                               |                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|--------------------------------------------------------------------------------|-------------------------------|-----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                       |                             |                                    |                        |                                                                                |                               | 2. ID Number<br><u>82-2481911</u> |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                            |                             |                                    |                        |                                                                                |                               |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Raggie Simpson</u><br><u>9169 Richard Sandy Rd</u><br><u>OAKBORO, NC 2812</u>     |                             |                                    |                        | b. Job Title/Profession<br><u>Welder</u><br>c. Employer's Name/Specific Field  |                               | d. Comments                       |  |
|                                                                                                                                                               |                             |                                    |                        | e. Election Sum to Date<br>\$ <u>100.00</u>                                    |                               |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                          | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                      | k. Amount<br>\$ <u>100.00</u> |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                            |                             |                                    |                        |                                                                                |                               |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Paul E. Carpenter</u><br><u>1000 North Brook St</u><br><u>Albemarle, NC 28001</u> |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u><br>c. Employer's Name/Specific Field |                               | d. Comments                       |  |
|                                                                                                                                                               |                             |                                    |                        | e. Election Sum to Date<br>\$                                                  |                               |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                          | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                      | k. Amount<br>\$ <u>100.00</u> |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                            |                             |                                    |                        |                                                                                |                               |                                   |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Johnny L. Tucker</u><br><u>12574 Oak Grove Rd</u><br><u>Stanfield, NC 28163</u>   |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u><br>c. Employer's Name/Specific Field |                               | d. Comments                       |  |
|                                                                                                                                                               |                             |                                    |                        | e. Election Sum to Date<br>\$ <u>100.00</u>                                    |                               |                                   |  |
| f. Prior<br><input type="checkbox"/>                                                                                                                          | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                      | k. Amount<br>\$ <u>100.00</u> |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| <input type="checkbox"/>                                                                                                                                      |                             |                                    |                        |                                                                                | \$                            |                                   |  |
| 4. Total only this Page                                                                                                                                       |                             |                                    |                        |                                                                                |                               | \$ <u>300.00</u>                  |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                                                |                             |                                    |                        |                                                                                |                               | \$                                |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                               |                             |                                    |                        |                                                                                |                               |                                   |  |

# Contributions from Individuals

Page 17 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                    |                 |                    |                                   |                      |                         |  |
|----------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                                    |                 |                    |                                   |                      | 2. ID Number            |  |
| Committee To Elect Wayne Sasson House Seat 64                                                      |                 |                    |                                   |                      | 82-2481911              |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| JACOB V. NANCE<br>8368 B Love Mill Rd<br>STANFIELD, NC 28163                                       |                 |                    | Retired                           |                      |                         |  |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|                                                                                                    |                 |                    |                                   |                      | \$ 100.00               |  |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                           | 1               | check              |                                   | 04/02/2018           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| DONALD W. BEAM<br>6539 SPYGLASS CIRCLE<br>FERNANDINA BEACH, FL.<br>32034                           |                 |                    | Pharmacist                        |                      |                         |  |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|                                                                                                    |                 |                    |                                   |                      | \$ 200.00               |  |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                           | 1               | check              |                                   | 04/02/2018           | \$ 200.00               |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |  |
| J. G. Blount, Sr<br>201 Blount St<br>Edenton, NC 27932                                             |                 |                    | Pharmacist                        |                      |                         |  |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |  |
|                                                                                                    |                 |                    | Blount's mutual Pharmacy          |                      | \$ 100.00               |  |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |  |
| <input type="checkbox"/>                                                                           | 1               | check              |                                   | 04/17/2018           | \$ 100.00               |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |  |
| 4. Total only this Page                                                                            |                 |                    |                                   |                      | \$ 400.00               |  |
| 5. Total of ALL CRO-1210 Pages                                                                     |                 |                    |                                   |                      | \$                      |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                    |                 |                    |                                   |                      |                         |  |

# Contributions from Individuals

Amendment  
Pg 18 of 32 ☐ Yes ☒ No

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

|                                                                                                  |                            |
|--------------------------------------------------------------------------------------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sasser House Seat 67 | 2. ID Number<br>82-2481911 |
|--------------------------------------------------------------------------------------------------|----------------------------|

|                                                                                                                                    |                      |                                                    |                        |                                      |                        |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|------------------------|--------------------------------------|------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                 |                      |                                                    |                        |                                      |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Roland V. Wood<br>1197 Wood Lee Rd<br>Four Oaks, NC 27524 |                      | b. Job Title/Profession<br>Pharmist                |                        | d. Comments                          |                        |
|                                                                                                                                    |                      | c. Employer's Name/Specific Field<br>Wood Pharmacy |                        | e. Election Sum to Date<br>\$ 250.00 |                        |
| f. Prior<br><input type="checkbox"/>                                                                                               | g. Account Code<br>1 | h. Form of Payment<br>check                        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/17/2018   | k. Amount<br>\$ 250.00 |
| <input type="checkbox"/>                                                                                                           |                      |                                                    |                        |                                      | \$                     |
| <input type="checkbox"/>                                                                                                           |                      |                                                    |                        |                                      | \$                     |

|                                                                                                                                       |                      |                                    |                        |                                      |                        |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------|------------------------|--------------------------------------|------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                    |                      |                                    |                        |                                      |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Sherrill Aldridge<br>1010 N. 11th St.<br>Albemarle, NC 28001 |                      | b. Job Title/Profession<br>Retired |                        | d. Comments                          |                        |
|                                                                                                                                       |                      | c. Employer's Name/Specific Field  |                        | e. Election Sum to Date<br>\$ 100.00 |                        |
| f. Prior<br><input type="checkbox"/>                                                                                                  | g. Account Code<br>1 | h. Form of Payment<br>check        | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/16/2018   | k. Amount<br>\$ 100.00 |
| <input type="checkbox"/>                                                                                                              |                      |                                    |                        |                                      | \$                     |
| <input type="checkbox"/>                                                                                                              |                      |                                    |                        |                                      | \$                     |

|                                                                                                                                   |                      |                                                                     |                        |                                      |                        |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------|------------------------|--------------------------------------|------------------------|
| 3. Contributor Information <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove                                |                      |                                                                     |                        |                                      |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>David W. Norton<br>1617 Arbor Way<br>Albemarle, NC 28001 |                      | b. Job Title/Profession<br>SA/OS                                    |                        | d. Comments                          |                        |
|                                                                                                                                   |                      | c. Employer's Name/Specific Field<br>CROOK Motor Co<br>Albemarle NC |                        | e. Election Sum to Date<br>\$ 250.00 |                        |
| f. Prior<br><input type="checkbox"/>                                                                                              | g. Account Code<br>1 | h. Form of Payment<br>check                                         | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/16/2018   | k. Amount<br>\$ 250.00 |
| <input type="checkbox"/>                                                                                                          |                      |                                                                     |                        |                                      | \$                     |
| <input type="checkbox"/>                                                                                                          |                      |                                                                     |                        |                                      | \$                     |

4. Total only this Page

\$ 600.00

5. Total of ALL CRO-1210 Pages

\$

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

CRO-1210

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 19 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                         |                                  |
|---------------------------------------------------------------------------------------------------------|----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House SEAT 67</u> | 2. ID Number<br><u>82-248911</u> |
|---------------------------------------------------------------------------------------------------------|----------------------------------|

|                                                                                                                                                            |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                                                                                                                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>William Stephen Aldridge</u><br><u>PO Box 207</u><br><u>Albemarle NC 28001</u> | b. Job Title/Profession<br><u>Funeral Director</u><br>c. Employer's Name/Specific Field<br><u>Stanly Funeral Home</u> |
| d. Comments                                                                                                                                                | e. Election Sum to Date<br><u>\$ 100.00</u>                                                                           |
| f. Prior <input type="checkbox"/>                                                                                                                          | g. Account Code <u>1</u>                                                                                              |
| h. Form of Payment <u>check</u>                                                                                                                            | i. In-Kind Description                                                                                                |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                     | k. Amount <u>\$ 100.00</u>                                                                                            |

|                                                                                                                                                  |                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                               |                                                                                                                     |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Jacqueline Barbee</u><br><u>PO Box 700</u><br><u>Locust NC 28097</u> | b. Job Title/Profession<br><u>Ins. Agent</u><br>c. Employer's Name/Specific Field<br><u>Barbee Insurance Agency</u> |
| d. Comments                                                                                                                                      | e. Election Sum to Date<br><u>\$ 100.00</u>                                                                         |
| f. Prior <input type="checkbox"/>                                                                                                                | g. Account Code <u>1</u>                                                                                            |
| h. Form of Payment <u>check</u>                                                                                                                  | i. In-Kind Description                                                                                              |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                           | k. Amount <u>\$ 100.00</u>                                                                                          |

|                                                                                                                                                    |                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                 |                                                                                 |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Richard Rains</u><br><u>6309 Pointe Lane</u><br><u>Rocky Mount, NC</u> | b. Job Title/Profession<br><u>Pharmist</u><br>c. Employer's Name/Specific Field |
| d. Comments                                                                                                                                        | e. Election Sum to Date<br><u>\$ 100.00</u>                                     |
| f. Prior <input type="checkbox"/>                                                                                                                  | g. Account Code <u>1</u>                                                        |
| h. Form of Payment <u>check</u>                                                                                                                    | i. In-Kind Description                                                          |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                             | k. Amount <u>\$ 100.00</u>                                                      |

4. Total only this Page

\$ 300.00

5. Total of ALL CRO-1210 Pages

\$

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



# Contributions from Individuals

Page 20 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                                |                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                             |                                                                                                                                                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>WALTER P. ONEAL III</u><br><u>116 DOWRY CREEK EAST</u><br><u>BEHAVEN, NC 27810</u> | b. Job Title/Profession<br><u>Pharmist</u><br>c. Employer's Name/Specific Field<br><br>d. Comments<br><br>e. Election Sum to Date<br><u>\$ 100.00</u> |
| f. Prior <input type="checkbox"/>                                                                                                                              | g. Account Code <u>1</u>                                                                                                                              |
| h. Form of Payment <u>check</u>                                                                                                                                | i. In-Kind Description                                                                                                                                |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                         | k. Amount <u>\$ 100.00</u>                                                                                                                            |
| <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                       | <input type="checkbox"/>                                                                                                                              |

|                                                                                                                                                               |                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                            |                                                                                                                                                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>HENRY H. HERRING, JR</u><br><u>1919 KNOXWOOD RD</u><br><u>WILINGTON, NC 28403</u> | b. Job Title/Profession<br><u>Pharmist</u><br>c. Employer's Name/Specific Field<br><br>d. Comments<br><br>e. Election Sum to Date<br><u>\$ 100.00</u> |
| f. Prior <input type="checkbox"/>                                                                                                                             | g. Account Code <u>1</u>                                                                                                                              |
| h. Form of Payment <u>check</u>                                                                                                                               | i. In-Kind Description                                                                                                                                |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                        | k. Amount <u>\$ 100.00</u>                                                                                                                            |
| <input type="checkbox"/>                                                                                                                                      | <input type="checkbox"/>                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                      | <input type="checkbox"/>                                                                                                                              |

|                                                                                                                                                      |                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                   |                                                                                                                                                       |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>RALPH H. ASHWORTH</u><br><u>110 GREENOCK ST</u><br><u>CARY, NC 27511</u> | b. Job Title/Profession<br><u>Pharmist</u><br>c. Employer's Name/Specific Field<br><br>d. Comments<br><br>e. Election Sum to Date<br><u>\$ 100.00</u> |
| f. Prior <input type="checkbox"/>                                                                                                                    | g. Account Code <u>1</u>                                                                                                                              |
| h. Form of Payment <u>check</u>                                                                                                                      | i. In-Kind Description                                                                                                                                |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                               | k. Amount <u>\$ 100.00</u>                                                                                                                            |
| <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                              |
| <input type="checkbox"/>                                                                                                                             | <input type="checkbox"/>                                                                                                                              |

4. Total only this Page \$ 300.00

5. Total of ALL CRO-1210 Pages \$

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

# Contributions from Individuals

Amendment  
Pg 21 of 32 ☐ Yes ☒ No

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

|                                                                                                  |                            |
|--------------------------------------------------------------------------------------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sasser House Seat 67 | 2. ID Number<br>82-2481911 |
|--------------------------------------------------------------------------------------------------|----------------------------|

|                                                                                                                              |                                     |                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|------------------------|
| 3. Contributor Information                                                                                                   |                                     | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Gregory L. Southern<br>PO Box 300<br>King, NC 27021 | b. Job Title/Profession<br>Pharmist | c. Employer's Name/Specific Field                                       | d. Comments            |
|                                                                                                                              |                                     | e. Election Sum to Date<br>\$ 100.00                                    |                        |
| f. Prior<br><input type="checkbox"/>                                                                                         | g. Account Code<br>1                | h. Form of Payment<br>check                                             | i. In-Kind Description |
|                                                                                                                              |                                     | j. Date (mm/dd/yyyy)<br>04/16/2018                                      | k. Amount<br>\$ 100.00 |
|                                                                                                                              |                                     |                                                                         | \$                     |
|                                                                                                                              |                                     |                                                                         | \$                     |

|                                                                                                                                 |                                     |                                                                         |                        |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|------------------------|
| 3. Contributor Information                                                                                                      |                                     | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Russell E. Mitchell<br>812 Morgan Rd<br>Eden, NC 27288 | b. Job Title/Profession<br>Pharmist | c. Employer's Name/Specific Field                                       | d. Comments            |
|                                                                                                                                 |                                     | e. Election Sum to Date<br>\$ 100.00                                    |                        |
| f. Prior<br><input type="checkbox"/>                                                                                            | g. Account Code<br>1                | h. Form of Payment<br>check                                             | i. In-Kind Description |
|                                                                                                                                 |                                     | j. Date (mm/dd/yyyy)<br>04/16/2018                                      | k. Amount<br>\$ 100.00 |
|                                                                                                                                 |                                     |                                                                         | \$                     |
|                                                                                                                                 |                                     |                                                                         | \$                     |

|                                                                                                                                    |                                     |                                                                         |                        |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------|------------------------|
| 3. Contributor Information                                                                                                         |                                     | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>William R. Futrell, Jr<br>PO Box 768<br>Jackson, NC 27845 | b. Job Title/Profession<br>Pharmist | c. Employer's Name/Specific Field                                       | d. Comments            |
|                                                                                                                                    |                                     | e. Election Sum to Date<br>\$ 250.00                                    |                        |
| f. Prior<br><input type="checkbox"/>                                                                                               | g. Account Code<br>1                | h. Form of Payment<br>check                                             | i. In-Kind Description |
|                                                                                                                                    |                                     | j. Date (mm/dd/yyyy)<br>04/16/2018                                      | k. Amount<br>\$ 250.00 |
|                                                                                                                                    |                                     |                                                                         | \$                     |
|                                                                                                                                    |                                     |                                                                         | \$                     |

4. Total only this Page

\$ 450.00

5. Total of ALL CRO-1210 Pages

\$

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

CRO-1210

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 22 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                         |                                   |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House SEAT 67</u> | 2. ID Number<br><u>82-2481911</u> |
|---------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                            |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>MYRA C. BRICKELL</u><br><u>6221 BRAMBLEWOOD DR</u><br><u>RALEIGH, NC 27612</u> | <table border="1"> <tr> <td>b. Job Title/Profession<br/><u>PHARMIST</u></td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date<br/><u>\$ 100.<sup>00</sup></u></td> </tr> </table> | b. Job Title/Profession<br><u>PHARMIST</u> | d. Comments | c. Employer's Name/Specific Field | e. Election Sum to Date<br><u>\$ 100.<sup>00</sup></u> |
| b. Job Title/Profession<br><u>PHARMIST</u>                                                                                                                 | d. Comments                                                                                                                                                                                                                             |                                            |             |                                   |                                                        |
| c. Employer's Name/Specific Field                                                                                                                          | e. Election Sum to Date<br><u>\$ 100.<sup>00</sup></u>                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| f. Prior <input type="checkbox"/>                                                                                                                          | g. Account Code <u>1</u>                                                                                                                                                                                                                |                                            |             |                                   |                                                        |
| h. Form of Payment <u>check</u>                                                                                                                            | i. In-Kind Description                                                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                     | k. Amount <u>\$ 100.<sup>00</sup></u>                                                                                                                                                                                                   |                                            |             |                                   |                                                        |

|                                                                                                                                                              |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                           |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>LARRY O. SPORNS</u><br><u>107 LIVE OAK PK.</u><br><u>ROANOKE RAPIDS NC 27870</u> | <table border="1"> <tr> <td>b. Job Title/Profession<br/><u>PHARMIST</u></td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date<br/><u>\$ 200.<sup>00</sup></u></td> </tr> </table> | b. Job Title/Profession<br><u>PHARMIST</u> | d. Comments | c. Employer's Name/Specific Field | e. Election Sum to Date<br><u>\$ 200.<sup>00</sup></u> |
| b. Job Title/Profession<br><u>PHARMIST</u>                                                                                                                   | d. Comments                                                                                                                                                                                                                             |                                            |             |                                   |                                                        |
| c. Employer's Name/Specific Field                                                                                                                            | e. Election Sum to Date<br><u>\$ 200.<sup>00</sup></u>                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| f. Prior <input type="checkbox"/>                                                                                                                            | g. Account Code <u>1</u>                                                                                                                                                                                                                |                                            |             |                                   |                                                        |
| h. Form of Payment <u>check</u>                                                                                                                              | i. In-Kind Description                                                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                       | k. Amount <u>\$ 200.<sup>00</sup></u>                                                                                                                                                                                                   |                                            |             |                                   |                                                        |

|                                                                                                                                                          |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|-----------------------------------|--------------------------------------------------------|
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                  |                                                                                                                                                                                                                                         |                                            |             |                                   |                                                        |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>RICHARD G. DAMON</u><br><u>201 McARTHUR ST</u><br><u>TABOR CITY NC 28463</u> | <table border="1"> <tr> <td>b. Job Title/Profession<br/><u>PHARMIST</u></td> <td>d. Comments</td> </tr> <tr> <td>c. Employer's Name/Specific Field</td> <td>e. Election Sum to Date<br/><u>\$ 100.<sup>00</sup></u></td> </tr> </table> | b. Job Title/Profession<br><u>PHARMIST</u> | d. Comments | c. Employer's Name/Specific Field | e. Election Sum to Date<br><u>\$ 100.<sup>00</sup></u> |
| b. Job Title/Profession<br><u>PHARMIST</u>                                                                                                               | d. Comments                                                                                                                                                                                                                             |                                            |             |                                   |                                                        |
| c. Employer's Name/Specific Field                                                                                                                        | e. Election Sum to Date<br><u>\$ 100.<sup>00</sup></u>                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| f. Prior <input type="checkbox"/>                                                                                                                        | g. Account Code <u>1</u>                                                                                                                                                                                                                |                                            |             |                                   |                                                        |
| h. Form of Payment <u>check</u>                                                                                                                          | i. In-Kind Description                                                                                                                                                                                                                  |                                            |             |                                   |                                                        |
| j. Date (mm/dd/yyyy) <u>04/16/2018</u>                                                                                                                   | k. Amount <u>\$ 100.<sup>00</sup></u>                                                                                                                                                                                                   |                                            |             |                                   |                                                        |

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)

CRO-1210

NC State Board of Elections

April 2007

# Contributions from Individuals

Amendment  
Pg 23 of 32 ☐ Yes ☒ No

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

|                                                                                                                                                            |                             |                                    |                        |                                                           |                                   |                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|-----------------------------------------------------------|-----------------------------------|---------------------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                    |                             |                                    |                        |                                                           | 2. ID Number<br><u>82-2481911</u> |                                             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                             |                                    |                        |                                                           |                                   |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>MARK F. HARTSHILL</u><br><u>8419 Talley Rd</u><br><u>Stanfield NC 27163</u>    |                             |                                    |                        | b. Job Title/Profession<br><u>UWHARRIS</u><br><u>BANK</u> |                                   | d. Comments                                 |
|                                                                                                                                                            |                             |                                    |                        | c. Employer's Name/Specific Field                         |                                   | e. Election Sum to Date<br><u>\$ 500.00</u> |
| f. Prior<br><input type="checkbox"/>                                                                                                                       | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/16/2018</u>                 | k. Amount<br><u>\$ 500.00</u>     |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                             |                                    |                        |                                                           |                                   |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>ARNOLD WALKER</u><br><u>1636 Lakefield Circle</u><br><u>GASTONIA, NC 28056</u> |                             |                                    |                        | b. Job Title/Profession<br><u>PHARMIST</u>                |                                   | d. Comments                                 |
|                                                                                                                                                            |                             |                                    |                        | c. Employer's Name/Specific Field                         |                                   | e. Election Sum to Date<br><u>\$ 100.00</u> |
| f. Prior<br><input type="checkbox"/>                                                                                                                       | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/16/2018</u>                 | k. Amount<br><u>\$ 100.00</u>     |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                         |                             |                                    |                        |                                                           |                                   |                                             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>MARY WALL L. FISCHER</u><br><u>PO Box 2886</u><br><u>SHALLOTTE, NC 28459</u>   |                             |                                    |                        | b. Job Title/Profession<br><u>PHARMIST</u>                |                                   | d. Comments                                 |
|                                                                                                                                                            |                             |                                    |                        | c. Employer's Name/Specific Field                         |                                   | e. Election Sum to Date<br><u>\$ 100.00</u> |
| f. Prior<br><input type="checkbox"/>                                                                                                                       | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>Check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/16/2018</u>                 | k. Amount<br><u>\$ 100.00</u>     |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| <input type="checkbox"/>                                                                                                                                   |                             |                                    |                        |                                                           | \$                                |                                             |
| 4. Total only this Page                                                                                                                                    |                             |                                    |                        |                                                           | <u>\$ 700.00</u>                  |                                             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                             |                             |                                    |                        |                                                           | \$                                |                                             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                            |                             |                                    |                        |                                                           |                                   |                                             |

# Contributions from Individuals

Amendment  
Pg 24 of 32 ☐ Yes ☒ No

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

|                                                                                                                                     |                      |                             |                        |                                                  |                            |             |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|------------------------|--------------------------------------------------|----------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sasser House Seat 67                                    |                      |                             |                        |                                                  | 2. ID Number<br>82-2481911 |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                  |                      |                             |                        |                                                  |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Kathy A. Eudy<br>348 Sunset Lake Rd<br>Stanfield, NC 28163 |                      |                             |                        | b. Job Title/Profession<br>MPG -                 |                            | d. Comments |
|                                                                                                                                     |                      |                             |                        | c. Employer's Name/Specific Field<br>Eudy/Robert |                            |             |
|                                                                                                                                     |                      |                             |                        | e. Election Sum to Date<br>\$ 1,000.00           |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                                | g. Account Code<br>1 | h. Form of Payment<br>check | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/16/2018               | k. Amount<br>\$ 1,000.00   |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                  |                      |                             |                        |                                                  |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Kay Baucom<br>PO Box 310<br>Locust NC 28097                |                      |                             |                        | b. Job Title/Profession<br>Retired               |                            | d. Comments |
|                                                                                                                                     |                      |                             |                        | c. Employer's Name/Specific Field                |                            |             |
|                                                                                                                                     |                      |                             |                        | e. Election Sum to Date<br>\$ 100.00             |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                                | g. Account Code<br>1 | h. Form of Payment<br>check | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/16/2018               | k. Amount<br>\$ 100.00     |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                  |                      |                             |                        |                                                  |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>David Odom<br>2504 W. MAIN ST.<br>A1bemanly, NC 28001      |                      |                             |                        | b. Job Title/Profession<br>CPA                   |                            | d. Comments |
|                                                                                                                                     |                      |                             |                        | c. Employer's Name/Specific Field                |                            |             |
|                                                                                                                                     |                      |                             |                        | e. Election Sum to Date<br>\$ 500.00             |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                                | g. Account Code<br>1 | h. Form of Payment<br>check | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/16/2018               | k. Amount<br>\$ 500.00     |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| <input type="checkbox"/>                                                                                                            |                      |                             |                        |                                                  | \$                         |             |
| 4. Total only this Page                                                                                                             |                      |                             |                        |                                                  | \$ 1,600.00                |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                      |                      |                             |                        |                                                  | \$                         |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                     |                      |                             |                        |                                                  |                            |             |

# Contributions from Individuals

Amendment  
Pg 25 of 32 ☐ Yes ☒ No

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

|                                                                                                                                                          |                             |                                    |                        |                                             |                                   |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|------------------------|---------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                  |                             |                                    |                        |                                             | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                             |                                    |                        |                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Louise P. Hunter</u><br><u>20413 Austin Rd</u><br><u>OAKLAND, NC 28129</u>   |                             |                                    |                        | b. Job Title/Profession<br><u>Retired</u>   |                                   | d. Comments |
|                                                                                                                                                          |                             |                                    |                        | c. Employer's Name/Specific Field           |                                   |             |
|                                                                                                                                                          |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 500.00</u> |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                     | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/16/2018</u>   | k. Amount<br><u>\$ 300.00</u>     |             |
| <input checked="" type="checkbox"/>                                                                                                                      | <u>1</u>                    | <u>check</u>                       |                        | <u>09/12/2017</u>                           | <u>\$ 200.01</u>                  |             |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                             |                                    |                        |                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Thomas R. Thutt</u><br><u>1603 Crawford St</u><br><u>Kinston, NC 28504</u>   |                             |                                    |                        | b. Job Title/Profession<br><u>Pharmist</u>  |                                   | d. Comments |
|                                                                                                                                                          |                             |                                    |                        | c. Employer's Name/Specific Field           |                                   |             |
|                                                                                                                                                          |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 250.00</u> |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                     | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/17/2018</u>   | k. Amount<br><u>\$ 250.00</u>     |             |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                             |                                    |                        |                                             |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Manilex E. Reed</u><br><u>3608 Wixifred Lane</u><br><u>Raleigh, NC 27609</u> |                             |                                    |                        | b. Job Title/Profession<br><u>Pharmist</u>  |                                   | d. Comments |
|                                                                                                                                                          |                             |                                    |                        | c. Employer's Name/Specific Field           |                                   |             |
|                                                                                                                                                          |                             |                                    |                        | e. Election Sum to Date<br><u>\$ 100.00</u> |                                   |             |
| f. Prior<br><input type="checkbox"/>                                                                                                                     | g. Account Code<br><u>1</u> | h. Form of Payment<br><u>check</u> | i. In-Kind Description | j. Date (mm/dd/yyyy)<br><u>04/17/2018</u>   | k. Amount<br><u>\$ 100.01</u>     |             |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| <input type="checkbox"/>                                                                                                                                 |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| 4. Total only this Page                                                                                                                                  |                             |                                    |                        |                                             | <u>\$ 650.00</u>                  |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                           |                             |                                    |                        |                                             | <u>\$</u>                         |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                          |                             |                                    |                        |                                             |                                   |             |

# Contributions from Individuals

Page 26 of 32 Amendment ☐ Yes ☒ No

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

|                                                                                                                                                         |                 |                    |                                         |                                                                                    |                                   |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------------|------------------------------------------------------------------------------------|-----------------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                 |                 |                    |                                         |                                                                                    | 2. ID Number<br><u>82-2481911</u> |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                      |                 |                    |                                         |                                                                                    |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Don M Russell</u><br><u>PO Box 153</u><br><u>Oakboro, NC 28129</u>          |                 |                    |                                         | b. Job Title/Profession<br><u>Pres.</u>                                            |                                   | d. Comments |
|                                                                                                                                                         |                 |                    |                                         | c. Employer's Name/Specific Field<br><u>Rusco Fixture Co.</u><br><u>Oakboro NC</u> |                                   |             |
|                                                                                                                                                         |                 |                    |                                         | e. Election Sum to Date<br><u>\$ 1,000.00</u>                                      |                                   |             |
| f. Prior                                                                                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description                  | j. Date (mm/dd/yyyy)                                                               | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                | <u>1</u>        | <u>check</u>       |                                         | <u>04/16/2018</u>                                                                  | <u>\$1,000.00</u>                 |             |
| <input type="checkbox"/>                                                                                                                                |                 |                    |                                         |                                                                                    | \$                                |             |
| <input type="checkbox"/>                                                                                                                                |                 |                    |                                         |                                                                                    | \$                                |             |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                 |                 |                    |                                         |                                                                                    |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>NANCY SASSER</u><br><u>29013 JORDAN RD Rd</u><br><u>Albemarle, NC 28001</u> |                 |                    |                                         | b. Job Title/Profession<br><u>Retired</u>                                          |                                   | d. Comments |
|                                                                                                                                                         |                 |                    |                                         | c. Employer's Name/Specific Field                                                  |                                   |             |
|                                                                                                                                                         |                 |                    |                                         | e. Election Sum to Date<br><u>\$ 545.67</u>                                        |                                   |             |
| f. Prior                                                                                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description                  | j. Date (mm/dd/yyyy)                                                               | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                | <u>1</u>        | <u>In Kind</u>     | <u>Table Donations for Fund Raiser</u>  | <u>03/26/2018</u>                                                                  | <u>\$280.73</u>                   |             |
| <input checked="" type="checkbox"/>                                                                                                                     | <u>1</u>        | <u>In Kind</u>     | <u>Thank you notes</u>                  | <u>10/29/2017</u>                                                                  | <u>\$ 17.94</u>                   |             |
| <input checked="" type="checkbox"/>                                                                                                                     | <u>1</u>        | <u>In Kind</u>     | <u>candy for parade</u>                 | <u>12/01/2017</u>                                                                  | <u>\$ 186.30</u>                  |             |
| <input checked="" type="checkbox"/>                                                                                                                     | <u>1</u>        | <u>In Kind</u>     | <u>candy for parade</u>                 | <u>11/22/2017</u>                                                                  | <u>\$ 60.70</u>                   |             |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                 |                 |                    |                                         |                                                                                    |                                   |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Sonia Hurreyatt</u><br><u>226 Locust Ave</u><br><u>Locust NC 28097</u>      |                 |                    |                                         | b. Job Title/Profession<br><u>Retired</u>                                          |                                   | d. Comments |
|                                                                                                                                                         |                 |                    |                                         | c. Employer's Name/Specific Field                                                  |                                   |             |
|                                                                                                                                                         |                 |                    |                                         | e. Election Sum to Date<br><u>\$ <del>500.00</del> 500.00</u>                      |                                   |             |
| f. Prior                                                                                                                                                | g. Account Code | h. Form of Payment | i. In-Kind Description                  | j. Date (mm/dd/yyyy)                                                               | k. Amount                         |             |
| <input type="checkbox"/>                                                                                                                                | <u>1</u>        | <u>In Kind</u>     | <u>use of Bg. 1 day for Fund Raiser</u> | <u>04/02/2018</u>                                                                  | <u>\$ 500.00</u>                  |             |
| <input type="checkbox"/>                                                                                                                                |                 |                    |                                         |                                                                                    | \$                                |             |
| <input type="checkbox"/>                                                                                                                                |                 |                    |                                         |                                                                                    | \$                                |             |
| 4. Total only this Page                                                                                                                                 |                 |                    |                                         |                                                                                    | <u>\$ 1,780.73</u>                |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                                          |                 |                    |                                         |                                                                                    | \$                                |             |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                                         |                 |                    |                                         |                                                                                    |                                   |             |

# Contributions from Individuals

Amendment  
Pg 27 of 32 ☐ Yes ☒ No

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

|                                                                                                                                  |                 |                    |                            |                                              |             |                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|----------------------------|----------------------------------------------|-------------|---------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sasser House Seat 67                                 |                 |                    |                            |                                              |             | 2. ID Number<br>82-2481911            |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                               |                 |                    |                            |                                              |             |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>RONNIE LOWDEN<br>21118 Austin Rd<br>Albemarle, NC 28001 |                 |                    |                            | b. Job Title/Profession<br>Retired           |             | d. Comments                           |  |
|                                                                                                                                  |                 |                    |                            | c. Employer's Name/Specific Field            |             | e. Election Sum to Date<br>\$ 300.00  |  |
| f. Prior                                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description     | j. Date (mm/dd/yyyy)                         | k. Amount   |                                       |  |
| <input type="checkbox"/>                                                                                                         | 1               | In Kind            | BBQ For Fund Raiser        | 04/02/2018                                   | \$ 300.00   |                                       |  |
| <input type="checkbox"/>                                                                                                         |                 |                    |                            |                                              | \$          |                                       |  |
| <input type="checkbox"/>                                                                                                         |                 |                    |                            |                                              | \$          |                                       |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                               |                 |                    |                            |                                              |             |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>DEAN SCOTT<br>21343 CARRIKEN Rd<br>Albemarle NC 28001   |                 |                    |                            | b. Job Title/Profession<br>Retired           |             | d. Comments                           |  |
|                                                                                                                                  |                 |                    |                            | c. Employer's Name/Specific Field            |             | e. Election Sum to Date<br>\$ 300.00  |  |
| f. Prior                                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description     | j. Date (mm/dd/yyyy)                         | k. Amount   |                                       |  |
| <input type="checkbox"/>                                                                                                         | 1               | In Kind            | DJ service for Fund Raiser | 04/02/2018                                   | \$ 300.00   |                                       |  |
| <input type="checkbox"/>                                                                                                         |                 |                    |                            |                                              | \$          |                                       |  |
| <input type="checkbox"/>                                                                                                         |                 |                    |                            |                                              | \$          |                                       |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                          |                 |                    |                            |                                              |             |                                       |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>DAVID ALMOND<br>138 DANIELLE DR.<br>STANFIELD NC 28163  |                 |                    |                            | b. Job Title/Profession<br>Ins. Agent        |             | d. Comments                           |  |
|                                                                                                                                  |                 |                    |                            | c. Employer's Name/Specific Field<br>NY Life |             | e. Election Sum to Date<br>\$ 1000.00 |  |
| f. Prior                                                                                                                         | g. Account Code | h. Form of Payment | i. In-Kind Description     | j. Date (mm/dd/yyyy)                         | k. Amount   |                                       |  |
| <input type="checkbox"/>                                                                                                         | 1               | check              |                            | 03/19/2018                                   | \$ 500      |                                       |  |
| <input checked="" type="checkbox"/>                                                                                              | 1               | check              |                            | 10/16/2017                                   | \$ 500.00   |                                       |  |
| <input type="checkbox"/>                                                                                                         |                 |                    |                            |                                              | \$          |                                       |  |
| 4. Total only this Page                                                                                                          |                 |                    |                            |                                              | \$ 1,100.00 |                                       |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                   |                 |                    |                            |                                              | \$          |                                       |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                  |                 |                    |                            |                                              |             |                                       |  |



# Contributions from Individuals

Pg 28 of 32 ☐ Yes ☒ No

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

|                                                                                                                                     |                 |                    |                        |                                                                                       |                  |                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------|---------------------------------------------------------------------------------------|------------------|--------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sassen House Seat 67                                    |                 |                    |                        |                                                                                       |                  | 2. ID Number<br>82-2481911           |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                  |                 |                    |                        |                                                                                       |                  |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Wayne Sassen<br>#9013 Jordan Pond Rd<br>Albemarle NC 28001 |                 |                    |                        | b. Job Title/Profession<br>Retired<br>c. Employer's Name/Specific Field<br>Pharmacist |                  | d. Comments                          |  |
|                                                                                                                                     |                 |                    |                        |                                                                                       |                  | e. Election Sum to Date<br>\$ 549.52 |  |
| f. Prior                                                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                                  | k. Amount        |                                      |  |
| <input type="checkbox"/>                                                                                                            | 1               | In Kind            | List of NC Pharmacist  | 03/09/2018                                                                            | \$ 300.03        |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                  |                 |                    |                        |                                                                                       |                  |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Louis Mizelle<br>133 Ruffel Grove<br>Chapel Hill NC 27517  |                 |                    |                        | b. Job Title/Profession<br>Retired<br>c. Employer's Name/Specific Field               |                  | d. Comments                          |  |
|                                                                                                                                     |                 |                    |                        |                                                                                       |                  | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior                                                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                                  | k. Amount        |                                      |  |
| <input type="checkbox"/>                                                                                                            | 1               | Ach                |                        | 04/17/2018                                                                            | \$ 95.70         |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                             |                 |                    |                        |                                                                                       |                  |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Barry Westen<br>160 Teachers Cv<br>Bath, NC 27808          |                 |                    |                        | b. Job Title/Profession<br>Pharmacist<br>c. Employer's Name/Specific Field            |                  | d. Comments                          |  |
|                                                                                                                                     |                 |                    |                        |                                                                                       |                  | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior                                                                                                                            | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy)                                                                  | k. Amount        |                                      |  |
| <input type="checkbox"/>                                                                                                            | 1               | Ach                |                        | 04/17/2018                                                                            | \$ 95.70         |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| <input type="checkbox"/>                                                                                                            |                 |                    |                        |                                                                                       | \$               |                                      |  |
| 4. Total only this Page                                                                                                             |                 |                    |                        |                                                                                       | 491.43 \$ 491.43 |                                      |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                      |                 |                    |                        |                                                                                       | \$               |                                      |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                     |                 |                    |                        |                                                                                       |                  |                                      |  |

# Contributions from Individuals

Amendment  
Pg 29 of 32 ☐ Yes ☒ No

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

|                                                                                                                                 |                      |                           |                        |                                       |                            |             |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|------------------------|---------------------------------------|----------------------------|-------------|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sassen House Seat 67                                |                      |                           |                        |                                       | 2. ID Number<br>82-2481911 |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                      |                           |                        |                                       |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>JINA Chang<br>2104 BLUFF OAK Dr.<br>CARY NC 27519      |                      |                           |                        | b. Job Title/Profession<br>Pharmacist |                            | d. Comments |
|                                                                                                                                 |                      |                           |                        | c. Employer's Name/Specific Field     |                            |             |
|                                                                                                                                 |                      |                           |                        | e. Election Sum to Date<br>\$ 23.70   |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                            | g. Account Code<br>1 | h. Form of Payment<br>Ach | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/17/2018    | k. Amount<br>\$ 23.70      |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                      |                           |                        |                                       |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Drew Huggins<br>414 MARLOWE Rd<br>RALEIGH, NC 27609    |                      |                           |                        | b. Job Title/Profession<br>Pharmacist |                            | d. Comments |
|                                                                                                                                 |                      |                           |                        | c. Employer's Name/Specific Field     |                            |             |
|                                                                                                                                 |                      |                           |                        | e. Election Sum to Date<br>\$ 95.70   |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                            | g. Account Code<br>1 | h. Form of Payment<br>Ach | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/17/2018    | k. Amount<br>\$ 95.70      |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                              |                      |                           |                        |                                       |                            |             |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>GRAHAM Pigg<br>1601 OLD MILL Rd<br>LINCOLNTON NC 28092 |                      |                           |                        | b. Job Title/Profession<br>Pharmacist |                            | d. Comments |
|                                                                                                                                 |                      |                           |                        | c. Employer's Name/Specific Field     |                            |             |
|                                                                                                                                 |                      |                           |                        | e. Election Sum to Date<br>\$ 95.70   |                            |             |
| f. Prior<br><input type="checkbox"/>                                                                                            | g. Account Code<br>1 | h. Form of Payment<br>Ach | i. In-Kind Description | j. Date (mm/dd/yyyy)<br>04/17/2018    | k. Amount<br>\$ 95.70      |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| <input type="checkbox"/>                                                                                                        |                      |                           |                        |                                       | \$                         |             |
| 4. Total only this Page                                                                                                         |                      |                           |                        |                                       | \$ 215.10                  |             |
| 5. Total of ALL CRO-1210 Pages                                                                                                  |                      |                           |                        |                                       | \$                         |             |

# Contributions from Individuals

Amendment  
Pg 30 of 32 ☐ Yes ☒ No

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

|                                                                                                                                    |                      |                           |                                                                            |                                    |                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|----------------------------------------------------------------------------|------------------------------------|--------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sassen House Seat 67                                   |                      |                           |                                                                            |                                    | 2. ID Number<br>82-2481911           |  |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                 |                      |                           |                                                                            |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>James Bowman<br>1210 Merrigbrook Dr<br>Matthews, NC 28105 |                      |                           | b. Job Title/Profession<br>Pharmacist<br>c. Employer's Name/Specific Field |                                    | d. Comments                          |  |
|                                                                                                                                    |                      |                           |                                                                            |                                    | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior<br><input type="checkbox"/>                                                                                               | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                                     | j. Date (mm/dd/yyyy)<br>04/17/2018 | k. Amount<br>\$ 95.70                |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                            |                      |                           |                                                                            |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Robert Stanley<br>564 Wolfpen Rd<br>Purlear NC 28665      |                      |                           | b. Job Title/Profession<br>Pharmacist<br>c. Employer's Name/Specific Field |                                    | d. Comments                          |  |
|                                                                                                                                    |                      |                           |                                                                            |                                    | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior<br><input type="checkbox"/>                                                                                               | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                                     | j. Date (mm/dd/yyyy)<br>04/17/2018 | k. Amount<br>\$ 95.70                |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                            |                      |                           |                                                                            |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Gary Bowman<br>4102 Salem Farms Rd<br>Oxford, NC 27565    |                      |                           | b. Job Title/Profession<br>Pharmacist<br>c. Employer's Name/Specific Field |                                    | d. Comments                          |  |
|                                                                                                                                    |                      |                           |                                                                            |                                    | e. Election Sum to Date<br>\$ 191.70 |  |
| f. Prior<br><input type="checkbox"/>                                                                                               | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                                     | j. Date (mm/dd/yyyy)<br>04/17/2018 | k. Amount<br>\$ 191.70               |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                           |                      |                           |                                                                            |                                    | \$                                   |  |
| 4. Total only this Page                                                                                                            |                      |                           |                                                                            |                                    | 383.10 \$ 383.10                     |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                     |                      |                           |                                                                            |                                    | \$                                   |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                    |                      |                           |                                                                            |                                    |                                      |  |

# Contributions from Individuals

Amendment Pg 31 of 32 ☐ Yes ☒ No

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

|                                                                                                    |                 |                    |                                   |                      |                         |
|----------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable)                                                    |                 |                    |                                   | 2. ID Number         |                         |
| Committee To Elect Wayne Sasser House seat 67                                                      |                 |                    |                                   | 82-2481911           |                         |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |
| P. David Smith<br>2384 Quail Dr<br>Graham, NC 27253                                                |                 |                    | Retired                           |                      |                         |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |
|                                                                                                    |                 |                    |                                   |                      | \$ 95.70                |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |
| <input type="checkbox"/>                                                                           | 1               | ACH                |                                   | 04/17/2018           | \$ 95.70                |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |
| Anna Ferguson<br>24 Commerce Dr<br>Taylorsville NC 28681                                           |                 |                    | Pharmacist                        |                      |                         |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |
|                                                                                                    |                 |                    |                                   |                      | \$ 95.70                |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |
| <input type="checkbox"/>                                                                           | 1               | ACH                |                                   | 04/17/2018           | \$ 95.70                |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |                 |                    |                                   |                      |                         |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                              |                 |                    | b. Job Title/Profession           |                      | d. Comments             |
| Jacqueline Gorman<br>8700 Twin Trail Rd<br>Huntersville NC 28078                                   |                 |                    | Pharmacist                        |                      |                         |
|                                                                                                    |                 |                    | c. Employer's Name/Specific Field |                      | e. Election Sum to Date |
|                                                                                                    |                 |                    |                                   |                      | \$ 71.70                |
| f. Prior                                                                                           | g. Account Code | h. Form of Payment | i. In-Kind Description            | j. Date (mm/dd/yyyy) | k. Amount               |
| <input type="checkbox"/>                                                                           | 1               | ACH                |                                   | 04/17/2018           | \$ 71.70                |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| <input type="checkbox"/>                                                                           |                 |                    |                                   |                      | \$                      |
| 4. Total only this Page                                                                            |                 |                    |                                   |                      | \$ 263.10               |
| 5. Total of ALL CRO-1210 Pages                                                                     |                 |                    |                                   |                      | \$                      |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                    |                 |                    |                                   |                      |                         |

# Contributions from Individuals

Amendment  
Pg 32 of 32 ☐ Yes ☒ No

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

|                                                                                                                                          |                      |                           |                                                             |                                    |                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------------------------------------------------------|------------------------------------|--------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br>Committee To Elect Wayne Sassen House 504P 67                                         |                      |                           |                                                             |                                    | 2. ID Number<br>82-2481911           |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                  |                      |                           |                                                             |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Bill Browning<br>1259 Andover Rd<br>Charlotte, NC 28201         |                      |                           | b. Job Title/Profession<br>Sales                            |                                    | d. Comments                          |  |
|                                                                                                                                          |                      |                           | c. Employer's Name/Specific Field<br>Summitt<br>Diagnostics |                                    | e. Election Sum to Date<br>\$ 191.70 |  |
| f. Prior<br><input type="checkbox"/>                                                                                                     | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                      | j. Date (mm/dd/yyyy)<br>04/17/2018 | k. Amount<br>\$ 191.70               |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                  |                      |                           |                                                             |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Angelia Coggins<br>907 Stonybrook Dr<br>Roanoke Rapids NC 28762 |                      |                           | b. Job Title/Profession<br>Pharmacist                       |                                    | d. Comments                          |  |
|                                                                                                                                          |                      |                           | c. Employer's Name/Specific Field                           |                                    | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior<br><input type="checkbox"/>                                                                                                     | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                      | j. Date (mm/dd/yyyy)<br>04/17/2018 | k. Amount<br>\$ 95.70                |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                  |                      |                           |                                                             |                                    |                                      |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br>Jesse Pike<br>2133 Shamrock Dr.<br>Charlotte, NC 28205          |                      |                           | b. Job Title/Profession<br>Pharmacist                       |                                    | d. Comments                          |  |
|                                                                                                                                          |                      |                           | c. Employer's Name/Specific Field                           |                                    | e. Election Sum to Date<br>\$ 95.70  |  |
| f. Prior<br><input type="checkbox"/>                                                                                                     | g. Account Code<br>1 | h. Form of Payment<br>ACH | i. In-Kind Description                                      | j. Date (mm/dd/yyyy)<br>04/10/2018 | k. Amount<br>\$ 95.70                |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| <input type="checkbox"/>                                                                                                                 |                      |                           |                                                             |                                    | \$                                   |  |
| 4. Total only this Page                                                                                                                  |                      |                           |                                                             |                                    | \$ 383.10                            |  |
| 5. Total of ALL CRO-1210 Pages                                                                                                           |                      |                           |                                                             |                                    | \$                                   |  |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                                                                          |                      |                           |                                                             |                                    |                                      |  |

# Loan Proceeds

Amendment Pg 1 of 1 ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

|                                                                                                                                                  |                                        |                                                          |                                        |                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------|-----------------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)<br><i>Committee To Elect Wayne Sasser House Seat 67</i>                                          |                                        |                                                          |                                        | 2. ID Number<br><i>82-2481911</i>                   |  |
| 3. Lender Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                    |                                        |                                                          |                                        |                                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><br><i>Wayne Sasser<br/>29013 Jordan Pond Rd<br/>Albemarle NC 28001</i> |                                        | b. Job Title/Profession<br><br><i>Retired</i>            |                                        | d. Comments                                         |  |
|                                                                                                                                                  |                                        | c. Employer's Name/Specific Field<br><br><i>Pharmist</i> |                                        | e. Start Date (mm/dd/yyyy)<br><br><i>02/07/2018</i> |  |
|                                                                                                                                                  |                                        |                                                          |                                        | f. End Date (mm/dd/yyyy)                            |  |
| g. Rate<br><br><i>0 %</i>                                                                                                                        | h. Security Pledged<br><br><i>NONE</i> | i. Account Code<br><br><i>1</i>                          | j. Form of Payment<br><br><i>check</i> | k. Amount<br><br><i>\$20,000.00</i>                 |  |
| l. Full Name of Lending Institution<br><br><i>CLAYTON WAYNE SASSER</i>                                                                           |                                        |                                                          |                                        | m. Loan Number                                      |  |
| 4. Endorsers/Makers (The people who guarantee the loan.)                                                                                         |                                        |                                                          |                                        |                                                     |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                            |                                        | b. Job Title/Profession                                  |                                        | c. Employer's Name/Specific Field                   |  |
|                                                                                                                                                  |                                        | d. Percentage<br><br>%                                   |                                        | e. Amount<br><br>\$                                 |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                            |                                        | b. Job Title/Profession                                  |                                        | c. Employer's Name/Specific Field                   |  |
|                                                                                                                                                  |                                        | d. Percentage<br><br>%                                   |                                        | e. Amount<br><br>\$                                 |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                            |                                        | b. Job Title/Profession                                  |                                        | c. Employer's Name/Specific Field                   |  |
|                                                                                                                                                  |                                        | d. Percentage<br><br>%                                   |                                        | e. Amount<br><br>\$                                 |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                            |                                        | b. Job Title/Profession                                  |                                        | c. Employer's Name/Specific Field                   |  |
|                                                                                                                                                  |                                        | d. Percentage<br><br>%                                   |                                        | e. Amount<br><br>\$                                 |  |
| 5. Total of ALL CRO-1410 Pages<br>(This line must be on line 9 of Detailed Summary Page CRO-1100)<br><br><i>\$20,000.00</i>                      |                                        |                                                          |                                        |                                                     |  |

# Disbursements

Amendment  
Pg 1 of      ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                                                                                                                                       |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                  | <b>2. ID Number</b>        |                                                                                                                    |
| COMM TO Elect Wayne Sassar House seat 67                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                                                  | 82-2481911                 |                                                                                                                    |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                                                                                                                             |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                              |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>VAC + DASH<br>154 S. FIRST ST<br>Albemarle, NC 28001                                                                                                                                                          |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                     |                            | <b>d. Comments</b><br>Printed Campaign T-shirts For Advertising<br><br><b>e. Election Sum to Date</b><br>\$ 741.91 |
|                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                                                                                                    |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                                                                                                    |
| 1                                                                                                                                                                                                                                                                                                     | check                     | A                      | 01/29/2018                  | \$ 741.91                                                                                                                                                                        | T-Shirts                   |                                                                                                                    |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Community Concerts<br>PO Box 1142<br>Albemarle, NC 28001                                                                                                                                                      |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                     |                            | <b>d. Comments</b><br>SPONSORSHIP OF A CONCERT Advertising<br><br><b>e. Election Sum to Date</b><br>\$ 150.00      |
|                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                                                                                                    |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                                                                                                    |
| 1                                                                                                                                                                                                                                                                                                     | check                     | A                      | 02/02/2018                  | \$ 150.00                                                                                                                                                                        | CONCERT SPONSORSHIP        |                                                                                                                    |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Sign Masters<br>314 B Depot ST<br>Monroe, NC 28112                                                                                                                                                            |                           |                        |                             | <b>b. Coordinated Committee Name</b><br><br>                                                                                                                                     |                            | <b>d. Comments</b><br>PRINTING 750 YARD SIGNS<br><br><b>e. Election Sum to Date</b><br>\$ 2562.00                  |
|                                                                                                                                                                                                                                                                                                       |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                                                                                                    |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                                                                                                    |
| 1                                                                                                                                                                                                                                                                                                     | check                     | B                      | 02/07/2018                  | \$ 1,300.00                                                                                                                                                                      | PRINTING 750 YARD SIGNS    |                                                                                                                    |
| 1                                                                                                                                                                                                                                                                                                     | check                     | B                      | 02/12/2018                  | \$ 1262.00                                                                                                                                                                       | PRINTING 750 YARD SIGN     |                                                                                                                    |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                        |                           |                        |                             |                                                                                                                                                                                  | 3453.91                    |                                                                                                                    |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| <b>7. Purpose Codes</b> (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 Expenses                                                                                |
| I - Postage                                                                                                                                                                                                                                                                                           |                           | J - Penalties          |                             | K* - Office Expenses                                                                                                                                                             |                            | Q* - Donation to Legal Expense Fund                                                                                |
| O* Other                                                                                                                                                                                                                                                                                              |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                    |                           |                        |                             |                                                                                                                                                                                  |                            |                                                                                                                    |

# Disbursements

Amendment Pg 2 of      ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                        |                                                                                                                                                                                  | <b>2. ID Number</b> |                                                                                                                         |
| Committee To Elect WAYNE SASSER House seat 67                                                                                                                                            |                           |                        |                                                                                                                                                                                  | 82-2481911          |                                                                                                                         |
| <b>3. Type of Disbursement</b> (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                       |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Dyce Communications LLC<br>15105D JOHN J Delaney Dr #166<br>Charlotte, NC 28277                  |                           |                        | <b>b. Coordinated Committee Name</b><br><br>Retainer For Campaign Manager                                                                                                        |                     | <b>d. Comments</b><br><br>Retainer For Campaign Manager<br><br>Election Sum to Date<br>\$2,000.00                       |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                         |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                              |
| 1                                                                                                                                                                                        | Check                     | 0                      | 02/26/2018                                                                                                                                                                       | \$2,000.00          | Retainer Campaign Manager                                                                                               |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                      |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Walter Painting<br>PO Box 10<br>Albemarle NC 28001                                               |                           |                        | <b>b. Coordinated Committee Name</b><br><br>Campaign Adverts - Placemats for Rosabrian Restaurant                                                                                |                     | <b>d. Comments</b><br><br>Campaign Adverts - Placemats for Rosabrian Restaurant<br><br>Election Sum to Date<br>\$573.78 |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                         |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                              |
| 1                                                                                                                                                                                        | Check                     | B                      | 03/01/2018                                                                                                                                                                       | \$573.78            | Painting - Advertis                                                                                                     |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                      |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Sign Masters<br>314 B Depot St.<br>Monroeville, NC 28112                                         |                           |                        | <b>b. Coordinated Committee Name</b><br><br>Print Campaign yard signs                                                                                                            |                     | <b>d. Comments</b><br><br>Print Campaign yard signs<br><br>Election Sum to Date<br>\$4,062.00                           |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                         |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                              |
| 1                                                                                                                                                                                        | Check                     | B                      | 03/13/2018                                                                                                                                                                       | \$1,500.00          | Campaign signs                                                                                                          |
| <b>5. Total only this Page</b>                                                                                                                                                           |                           |                        |                                                                                                                                                                                  |                     | \$4073.78                                                                                                               |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| (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)                                                                                         |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| <b>7. Purpose Codes</b> (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 Expenses                                                                                                                                              |                     |                                                                                                                         |
| I - Postage                                                                                                                                                                              | J - Penalties             | K* - Office Expenses   | Q* - Donation to Legal Expense Fund                                                                                                                                              |                     |                                                                                                                         |
| O* Other                                                                                                                                                                                 |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                       |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                         |



# Disbursements

Amendment  
Pg 3 of      ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                                                                                                                                                                             |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|-------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                                                                                                                                                                                              |                                    |                             |                                           |                                                               |                                                                              | <b>2. ID Number</b><br><u>82-2481911</u>                                                               |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i><br><input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                       |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                         |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Dyce Communications LLC</u><br><u>15105D John J Delaney Dr #166</u><br><u>Charlotte, NC 28277</u>                                                                                                                                                               |                                    |                             |                                           | b. Coordinated Committee Name<br><br>                         |                                                                              | d. Comments<br><u>DIRECT MAIL</u><br><u>CAMPAIGN MATERIAL</u>                                          |  |
| c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality                                                                                                                                                                   |                                    |                             |                                           | e. Election Sum to Date<br><u>\$27,000.00</u>                 |                                                                              |                                                                                                        |  |
| f. Account Code<br><u>1</u>                                                                                                                                                                                                                                                                                                                 | g. Form of Payment<br><u>Check</u> | h. Purpose Code<br><u>A</u> | i. Date (mm/dd/yyyy)<br><u>03/13/2018</u> | j. Amount<br><u>\$25,000.00</u>                               | k. Required Remarks<br><u>DIRECT MAILING</u>                                 |                                                                                                        |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                         |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Troy Thomas Photography</u><br><u>207 Camden St.</u><br><u>Raleigh, NC 27601</u>                                                                                                                                                                                |                                    |                             |                                           | b. Coordinated Committee Name<br><br>                         |                                                                              | d. Comments<br><u>PHOTO SHOOT FOR</u><br><u>CAMPAIGN ADS</u><br><u>+ FUND RAISING</u><br><u>EVENTS</u> |  |
| c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality                                                                                                                                                                   |                                    |                             |                                           | e. Election Sum to Date<br><u>\$800.00</u>                    |                                                                              |                                                                                                        |  |
| f. Account Code<br><u>1</u>                                                                                                                                                                                                                                                                                                                 | g. Form of Payment<br><u>check</u> | h. Purpose Code<br><u>C</u> | i. Date (mm/dd/yyyy)<br><u>03/19/2018</u> | j. Amount<br><u>\$800.00</u>                                  | k. Required Remarks<br><u>PHOTO SHOOT FOR ADS</u><br><u>FOR FUND RAISING</u> |                                                                                                        |  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                         |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>Impact Mailing Services Inc</u><br><u>100 Forsyth Hall Dr. Ste A1</u><br><u>Charlotte, NC 28273</u>                                                                                                                                                             |                                    |                             |                                           | b. Coordinated Committee Name<br><br>                         |                                                                              | d. Comments<br><u>MAILING FOR</u><br><u>FUND RAISING</u>                                               |  |
| c. Level Registered (Specify)<br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality                                                                                                                                                                   |                                    |                             |                                           | e. Election Sum to Date<br><u>\$354.66</u><br><u>4,279.78</u> |                                                                              |                                                                                                        |  |
| f. Account Code<br><u>1</u>                                                                                                                                                                                                                                                                                                                 | g. Form of Payment<br><u>check</u> | h. Purpose Code<br><u>C</u> | i. Date (mm/dd/yyyy)<br><u>03/19/2018</u> | j. Amount<br><u>\$354.66</u>                                  | k. Required Remarks<br><u>MAILING FOR FUNDRAISING</u>                        |                                                                                                        |  |
| f. Account Code<br><u>1</u>                                                                                                                                                                                                                                                                                                                 | g. Form of Payment<br><u>check</u> | h. Purpose Code<br><u>C</u> | i. Date (mm/dd/yyyy)<br><u>03/28/2018</u> | j. Amount<br><u>\$3925.12</u>                                 | k. Required Remarks<br><u>MAILING FOR FUNDRAISING</u>                        |                                                                                                        |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                                              |                                    |                             |                                           |                                                               |                                                                              | <u>\$30,679.78</u>                                                                                     |  |
| <b>6. Total of ALL CRO-1310 Pages</b><br>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)<br>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)<br>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| <b>7. Purpose Codes</b> (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 Expenses                                                                    |  |
| I - Postage                                                                                                                                                                                                                                                                                                                                 |                                    | J - Penalties               |                                           | K* - Office Expenses                                          |                                                                              | Q* - Donation to Legal Expense Fund                                                                    |  |
| O* Other                                                                                                                                                                                                                                                                                                                                    |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                                          |                                    |                             |                                           |                                                               |                                                                              |                                                                                                        |  |

# Disbursements

Amendment  
Pg 4 of 4 ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                                                                                                                                          |                    |                 |                      |                                                                                                                                          |                                     | 2. ID Number                                           |  |
| Committee To Elect Wayne SASSEN House Seat 67                                                                                                                                            |                    |                 |                      |                                                                                                                                          |                                     | 82-2481911                                             |  |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)                                                                                              |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                             |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                            |                                     | d. Comments                                            |  |
| Molly Halfacre<br>7109 Moores Creek<br>Rock Hill, S.C. 29732                                                                                                                             |                    |                 |                      |                                                                                                                                          |                                     | Design Layout<br>For Invite & Reply<br>Card Fundraiser |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                            |                                     | e. Election Sum to Date                                |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 227.50                                              |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                | k. Required Remarks                 |                                                        |  |
| 1                                                                                                                                                                                        | Check              | C               | 03/14/2018           | \$ 227.50                                                                                                                                | Design Layout For Fund Raising, MAY |                                                        |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                       |                                     |                                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                            |                                     | d. Comments                                            |  |
| Dyce Communications, LLC<br>15105 D John J Delaney Dr #166<br>Charlotte NC 28277                                                                                                         |                    |                 |                      |                                                                                                                                          |                                     | Direct Mail<br>Campaign                                |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                            |                                     | e. Election Sum to Date                                |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 34.750.                                             |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                | k. Required Remarks                 |                                                        |  |
| 1                                                                                                                                                                                        | Check              | A               | 03/21/2018           | \$ 7.750.00                                                                                                                              | Direct Mail Campaign                |                                                        |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                       |                                     |                                                        |  |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                        |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)                                                                                                                    |                    |                 |                      | b. Coordinated Committee Name                                                                                                            |                                     | d. Comments                                            |  |
| Bouley Printing Co. Inc<br>PO Box 7284<br>Charlotte, NC 28241                                                                                                                            |                    |                 |                      |                                                                                                                                          |                                     | Printing Material<br>For Fund<br>RAISER                |  |
|                                                                                                                                                                                          |                    |                 |                      | c. Level Registered (Specify)                                                                                                            |                                     | e. Election Sum to Date                                |  |
|                                                                                                                                                                                          |                    |                 |                      | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                                     | \$ 516.95                                              |  |
| f. Account Code                                                                                                                                                                          | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount                                                                                                                                | k. Required Remarks                 |                                                        |  |
| 1                                                                                                                                                                                        | Check              | C               | 03/21/2018           | \$ 516.95                                                                                                                                | Printing - Fundraiser               |                                                        |  |
|                                                                                                                                                                                          |                    |                 |                      | \$                                                                                                                                       |                                     |                                                        |  |
| 5. Total only this Page                                                                                                                                                                  |                    |                 |                      |                                                                                                                                          |                                     | \$ 8,494.45                                            |  |
| 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 Expenses                    |  |
| I - Postage                                                                                                                                                                              |                    | J - Penalties   |                      | K* - Office Expenses                                                                                                                     |                                     | Q* - Donation to Legal Expense Fund                    |  |
| O* Other                                                                                                                                                                                 |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                       |                    |                 |                      |                                                                                                                                          |                                     |                                                        |  |

# Disbursements

Amendment  
Pg 5 of      ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                        |                                                                                                                                                                                  | <b>2. ID Number</b> |                                                                                                                  |
| Committee To Elect WAYNE SASSER House seat 67                                                                                                                                            |                           |                        |                                                                                                                                                                                  | 82-2481911          |                                                                                                                  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                      |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Boulevard Printing Co Inc<br>PO Box 7284<br>Charlotte NC 28241                                   |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                     | <b>d. Comments</b><br><br>PRINT LETTER FOR<br>FUND RAISING                                                       |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                  |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                                                                  |                     | <b>e. Election Sum to Date</b><br>\$2,150.37                                                                     |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                       |
| 1                                                                                                                                                                                        | check                     | C                      | 03/28/2018                                                                                                                                                                       | \$1,633.42          | PRINT LETTER FOR FUND RAISING                                                                                    |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>Dyce Communications LLC<br>15105D John S Delaney Dr. #166<br>Charlotte, NC 28277                 |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                     | <b>d. Comments</b><br><br>Reimburse for Postage<br>for Fund Raising<br>mailing for<br>Rotary for<br>Camp Manager |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                  |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                                                                  |                     | <b>e. Election Sum to Date</b><br>\$36,950.00                                                                    |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                       |
| 1                                                                                                                                                                                        | check                     | C                      | 04/01/2018                                                                                                                                                                       | \$200.00            | Reimburse for Postage                                                                                            |
| 1                                                                                                                                                                                        | check                     | D                      | 04/01/2018                                                                                                                                                                       | \$2000.00           | Return - Camp Manager                                                                                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>SIGN MASTERS<br>314B Depot ST<br>Monroe NC 28112                                                 |                           |                        | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                     | <b>d. Comments</b><br><br>PRINTING LARGE<br>CAMPAIGN<br>SIGNS                                                    |
|                                                                                                                                                                                          |                           |                        | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                     |                                                                                                                  |
|                                                                                                                                                                                          |                           |                        |                                                                                                                                                                                  |                     | <b>e. Election Sum to Date</b><br>\$5,407.05                                                                     |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>                                                                                                                                                      | <b>j. Amount</b>    | <b>k. Required Remarks</b>                                                                                       |
| 1                                                                                                                                                                                        | check                     | B                      | 04/13/2018                                                                                                                                                                       | \$1345.05           | PRINTING SIGNS                                                                                                   |
| <b>5. Total only this Page</b>                                                                                                                                                           |                           |                        |                                                                                                                                                                                  |                     | \$ 5178.42                                                                                                       |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| (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)                                                                                         |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| <b>7. Purpose Codes</b> (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 Expenses                                                                                                                                              |                     |                                                                                                                  |
| I - Postage                                                                                                                                                                              | J - Penalties             | K* - Office Expenses   | Q* - Donation to Legal Expense Fund                                                                                                                                              |                     |                                                                                                                  |
| O* Other                                                                                                                                                                                 |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                       |                           |                        |                                                                                                                                                                                  |                     |                                                                                                                  |

# Disbursements

Pg 6 of      Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

|                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                   |                           |                        |                             |                                                                                                                                                                                  | <b>2. ID Number</b>        |                                              |
| Committee To Elect Wayne Sassan House Seat 67                                                                                                                                            |                           |                        |                             |                                                                                                                                                                                  | 82-248/911                 |                                              |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| <b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                      |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>WSPC Radio<br>1234 Magnolia St<br>Albemarle, NC 28001                                            |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                            | <b>d. Comments</b><br><br>Campaign Radio Ads |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                              |
|                                                                                                                                                                                          |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                                                                   |                            | \$ 900.00                                    |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                              |
| 1                                                                                                                                                                                        | check                     | A                      | 04/18/2018                  | \$ 900.00                                                                                                                                                                        | Campaign Radio Ads         |                                              |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
|                                                                                                                                                                                          |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                            | <b>d. Comments</b>                           |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                              |
|                                                                                                                                                                                          |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                                                                   |                            | \$                                           |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                              |
|                                                                                                                                                                                          |                           |                        |                             | \$                                                                                                                                                                               |                            |                                              |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                 |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
|                                                                                                                                                                                          |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                                                             |                            | <b>d. Comments</b>                           |
|                                                                                                                                                                                          |                           |                        |                             | <b>c. Level Registered (Specify)</b><br><input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                            |                                              |
|                                                                                                                                                                                          |                           |                        |                             | <b>e. Election Sum to Date</b>                                                                                                                                                   |                            | \$                                           |
| <b>f. Account Code</b>                                                                                                                                                                   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                                                                 | <b>k. Required Remarks</b> |                                              |
|                                                                                                                                                                                          |                           |                        |                             | \$                                                                                                                                                                               |                            |                                              |
| <b>5. Total only this Page</b>                                                                                                                                                           |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| \$ 900.00                                                                                                                                                                                |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                    |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| (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)                                                                                         |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| <b>7. Purpose Codes</b> (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 Expenses          |
| I - Postage                                                                                                                                                                              |                           | J - Penalties          |                             | K* - Office Expenses                                                                                                                                                             |                            | Q* - Donation to Legal Expense Fund          |
| O* Other                                                                                                                                                                                 |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                       |                           |                        |                             |                                                                                                                                                                                  |                            |                                              |

# In-Kind Contributions

Amendment  
Pg 1 of      ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                                                                          |                                                                                                                                                                                                                                                                          |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>Committee To Elect Wayne Sasser House Seat 67</u>                                                  |                                                                                                                                                                                                                                                                          | 2. ID Number<br><u>82-2481911</u>                              |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                                                                                                                                                                                                                                                                          |                                                                |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>WAYNE SASSER</u><br><u>29013 Jordan Pond Dr</u><br><u>Albemarle NC 28001</u> | b. Type of Contributor<br><input type="checkbox"/> Individual<br><input checked="" type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | c. Comments<br><br>d. Election Sum to Date<br>\$               |
| e. Description<br><u>PAID SALE TAX ON SIGNS @ SIGN MASTERS</u>                                                                                           | f. Date (mm/dd/yyyy)<br><u>03/12/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br>\$ <u>101.25</u>                      |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                          | \$                                                             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                          | \$                                                             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                                                                                                                                                                                                                                                                          |                                                                |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>SONIA HUNYECUTT</u><br><u>226 Locust Ave</u><br><u>STANTON NC 28097</u>      | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | c. Comments<br><br>d. Election Sum to Date<br>\$ <u>500.00</u> |
| e. Description<br><u>USE OF BUILDING FOR FUND</u>                                                                                                        | f. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br>\$ <u>500.00</u>                      |
| <u>RAISE</u>                                                                                                                                             |                                                                                                                                                                                                                                                                          | \$                                                             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                          | \$                                                             |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                       |                                                                                                                                                                                                                                                                          |                                                                |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>RONNIE LOWDER</u><br><u>21118 Austin Rd</u><br><u>Albemarle NC 28001</u>     | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source | c. Comments<br><br>d. Election Sum to Date<br>\$ <u>300.00</u> |
| e. Description<br><u>Dinner For Fund Raise</u>                                                                                                           | f. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br>\$ <u>300.00</u>                      |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                          | \$                                                             |
|                                                                                                                                                          |                                                                                                                                                                                                                                                                          | \$                                                             |
| 4. Total only this Page                                                                                                                                  |                                                                                                                                                                                                                                                                          | \$ <u>901.25</u>                                               |
| 5. Total of ALL CRO-1510 Pages<br>(This line must be on line 17 of Detailed Summary Page CRO-1100)                                                       |                                                                                                                                                                                                                                                                          | \$                                                             |

# In-Kind Contributions

Pg 2 of      Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          |                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| 1. Committee Full Name (and Fund if applicable)<br><u>COMMITTEE TO ELECT WAYNE SASSER House SEAT 67</u>                                                   |  | 2. ID Number<br><u>82-2481911</u>                                                                                                                                                                                                                                        |                                           |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |  |                                                                                                                                                                                                                                                                          |                                           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>H D. EFIRD, JR</u><br><u>4599 Renee Ford Rd</u><br><u>STANFIELD, NC 28163</u> |  | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                           |
|                                                                                                                                                           |  | c. Comments                                                                                                                                                                                                                                                              |                                           |
|                                                                                                                                                           |  | d. Election Sum to Date<br><u>\$ 212.00</u>                                                                                                                                                                                                                              |                                           |
| e. Description<br><u>CAKES For Fund RAISE</u>                                                                                                             |  | f. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br><u>\$ 212.00</u> |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove                                                        |  |                                                                                                                                                                                                                                                                          |                                           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>DEAN SCOTT</u><br><u>21343 CARRIKER Rd</u><br><u>ALBEMARLE, NC 28001</u>      |  | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                           |
|                                                                                                                                                           |  | c. Comments                                                                                                                                                                                                                                                              |                                           |
|                                                                                                                                                           |  | d. Election Sum to Date<br><u>\$ 300.00</u>                                                                                                                                                                                                                              |                                           |
| e. Description<br><u>DJ Service For Fund RAISE</u>                                                                                                        |  | f. Date (mm/dd/yyyy)<br><u>04/02/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br><u>\$ 300.00</u> |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                   |  |                                                                                                                                                                                                                                                                          |                                           |
| a. Full Name, Mailing Address & Phone<br>(include city, state, & zip)<br><u>NANCY SASSER</u><br><u>29013 Jordan Pond Rd</u><br><u>ALBEMARLE NC 28001</u>  |  | b. Type of Contributor<br><input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Candidate<br><input type="checkbox"/> Party<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Other Receipt Source |                                           |
|                                                                                                                                                           |  | c. Comments                                                                                                                                                                                                                                                              |                                           |
|                                                                                                                                                           |  | d. Election Sum to Date<br><u>\$ 545.67</u>                                                                                                                                                                                                                              |                                           |
| e. Description<br><u>Table Decorations, Badges, etc For Fund RAISE</u>                                                                                    |  | f. Date (mm/dd/yyyy)<br><u>07/26/2018</u>                                                                                                                                                                                                                                | g. Fair Market Amount<br><u>\$ 280.73</u> |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
|                                                                                                                                                           |  |                                                                                                                                                                                                                                                                          | \$                                        |
| 4. Total only this Page                                                                                                                                   |  | <u>\$ 792.73</u>                                                                                                                                                                                                                                                         |                                           |
| 5. Total of ALL CRO-1510 Pages<br>(This line must be on line 17 of Detailed Summary Page CRO-1100)                                                        |  | <u>\$</u>                                                                                                                                                                                                                                                                |                                           |

# In-Kind Contributions

Amendment  
Pg 3 of      ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|--|------------------------------------------------------------|------------------------------------------------|--|-----------------------------------------------|--|--------------------------------|--|------------------------------|--|-------------------------------------|--|-----------------------------------------------|--|--------------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>Committee to Elect Wayne Sassen House seat 67                                     |  | <b>2. ID Number</b><br>82-2481911                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br>Wayne Sassen<br>29013 Jordan Pond Rd<br>Aiken, SC 29801 |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>b. Type of Contributor</b></td> <td rowspan="6"><b>c. Comments</b><br/>List of Pharmacists for Fund Raising</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Individual</td> </tr> <tr> <td colspan="2"><input checked="" type="checkbox"/> Candidate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Party</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PAC</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referendum</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Receipt Source</td> <td><b>d. Election Sum to Date</b><br/>\$</td> </tr> </table> |                                           | <b>b. Type of Contributor</b> |  | <b>c. Comments</b><br>List of Pharmacists for Fund Raising | <input checked="" type="checkbox"/> Individual |  | <input checked="" type="checkbox"/> Candidate |  | <input type="checkbox"/> Party |  | <input type="checkbox"/> PAC |  | <input type="checkbox"/> Referendum |  | <input type="checkbox"/> Other Receipt Source |  | <b>d. Election Sum to Date</b><br>\$ |
| <b>b. Type of Contributor</b>                                                                                                               |  | <b>c. Comments</b><br>List of Pharmacists for Fund Raising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input checked="" type="checkbox"/> Individual                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input checked="" type="checkbox"/> Candidate                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Party                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> PAC                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Referendum                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Other Receipt Source                                                                                               |  | <b>d. Election Sum to Date</b><br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>e. Description</b><br>Paid for a List of N.C. Pharmacists                                                                                |  | <b>f. Date (mm/dd/yyyy)</b><br>03/09/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>g. Fair Market Amount</b><br>\$ 300.03 |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                            |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>b. Type of Contributor</b></td> <td rowspan="6"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Individual</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Candidate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Party</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PAC</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referendum</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Receipt Source</td> <td><b>d. Election Sum to Date</b><br/>\$</td> </tr> </table>                                                                |                                           | <b>b. Type of Contributor</b> |  | <b>c. Comments</b>                                         | <input type="checkbox"/> Individual            |  | <input type="checkbox"/> Candidate            |  | <input type="checkbox"/> Party |  | <input type="checkbox"/> PAC |  | <input type="checkbox"/> Referendum |  | <input type="checkbox"/> Other Receipt Source |  | <b>d. Election Sum to Date</b><br>\$ |
| <b>b. Type of Contributor</b>                                                                                                               |  | <b>c. Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Individual                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Candidate                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Party                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> PAC                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Referendum                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Other Receipt Source                                                                                               |  | <b>d. Election Sum to Date</b><br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>e. Description</b>                                                                                                                       |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>g. Fair Market Amount</b>              |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                            |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>b. Type of Contributor</b></td> <td rowspan="6"><b>c. Comments</b></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Individual</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Candidate</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Party</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> PAC</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Referendum</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other Receipt Source</td> <td><b>d. Election Sum to Date</b><br/>\$</td> </tr> </table>                                                                |                                           | <b>b. Type of Contributor</b> |  | <b>c. Comments</b>                                         | <input type="checkbox"/> Individual            |  | <input type="checkbox"/> Candidate            |  | <input type="checkbox"/> Party |  | <input type="checkbox"/> PAC |  | <input type="checkbox"/> Referendum |  | <input type="checkbox"/> Other Receipt Source |  | <b>d. Election Sum to Date</b><br>\$ |
| <b>b. Type of Contributor</b>                                                                                                               |  | <b>c. Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Individual                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Candidate                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Party                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> PAC                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Referendum                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <input type="checkbox"/> Other Receipt Source                                                                                               |  | <b>d. Election Sum to Date</b><br>\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>e. Description</b>                                                                                                                       |  | <b>f. Date (mm/dd/yyyy)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>g. Fair Market Amount</b>              |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
|                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$                                        |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>4. Total only this Page</b> \$                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <b>5. Total of ALL CRO-1510 Pages</b> \$                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |
| <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                               |  |                                                            |                                                |  |                                               |  |                                |  |                              |  |                                     |  |                                               |  |                                      |

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD FLAP DOTTED LINE

**CERTIFIED MAIL**



7017 0660 0000 5574 9911



1000



27811

U.S. POSTAGE  
PAID  
OAKBORO, NC  
26129  
APR 27 '18  
AMOUNT  
**\$9.30**  
R2305K139089-04