| Disclosure Repor  | rt Cover  |  |                               |   |  |                                       | Amendment  Yes No   |
|---|---|--|-------------------------------|---|--|---------------------------------------|---|
| Use this form for general                               |   | nformat                                | ion, must be                  | signed  | and sub  | mitted along with ot                  | her detailed forms.   |
| Do not use this form to u                               | CONTRACTOR SERVINGS AND SERVINGS  |  | g caracterist                 | l Maria de la composición dela composición de la composición dela composición de la |  | ul le democraticul de la company      |   |
| a. Full Name  | AND CONTROL OF THE PARTY OF THE PROPERTY OF THE PARTY OF |  | <u> Jugatah ada persebaga</u> |   |  |                                       | c. ID Number  |
| ANGLIN COMMITTEE  | 3   |  | RE(                           | CE  | IVF  | D                                     | STA-Q76DER-C-001  |
| b. Mailing Address (include C                           | City, State and Zip Code)   |  | NIOÑ                          |   |  |                                       | d. Date Filed   |
| PO BOX 90761<br>RALEIGH, NC 27675                       |   | STATE BOARD OF ELECTIONS               |                               |   |  |                                       | 10/29/18  |
|   |   | S                                      | IATE BOAI                     | RD OF   | ELEC   | TIONS                                 | e. Phone Number   |
|   |   |  |                               |   |  |                                       | 919-803-1516  |
| 2. Report Mean 3. P                                     | eriod Start Date (mm/d  | d/yy)                                  | 4. Period 1 (mm/dd/yy)        | End Da  | and the second                                 | 5. Treasurer Full                     | Name Indianal III   |
| 2018  | 07/01/18  | 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |                               | 20/18   | 2  | MARK JUDSON                           |   |
| Griype o Comminee                                       | heck One)   | 9. Typ                                 | e of Report                   | (c  | heck on  | y one type of report                  | from one category)  |
| Candidate Campaign                                      | Party   | Municip                                |                               | · · · · · · · ·   | State/Co                                       | · · · · · · · · · · · · · · · · · · · | Referendum  |
| PAC Independent   | Referendum  |  | Organizational                |   | —  | Organizational                        | Organizational  |
| Expenditure Legal Expense Fund                          | Joint Fundraiser  |  | Thirty-five day               |   |  | Quarterly                             | Pre-referendum  |
| 7. Type of Fund ///                                     | pplicable, check one)   |  | Pre-primary                   |   | П  | First                                 | Final   |
| Booster Fund"   |   |  | Pre-election                  |   |  | Second                                | Supplemental Final  |
| Building Fund   |   |  | Pre-runoff                    |   |  | Third                                 | Annual Annual   |
|   |   | П                                      | Semi-annual<br>Mid Year       |   |  | Fourth<br>Semi-annual                 | Special   |
| Other:  |   | Ħ                                      | Year End                      |   |  | Mid Year                              | 10. Special Report Name   |
|   |   |  | Final                         |   |  | Year End                              | 27.14.13  |
| 8. Number of Fundraise                                  | rs this Report  |  | Special                       |   | F  | inal                                  |   |
| 0   |   |  |                               |   |  | pecial                                |   |
| 11. Account Information a. Financial Institution Full N |   |  |                               | 24.2.47   | 24 Care 10 10 10 10 10 10 10 10 10 10 10 10 10 | nformation<br>tution Full Name        |   |
| BB&T  | ant   | <u>:</u>                               |                               | PAYI  |  | truon run ivante                      |   |
| b. Purpose  | c. Account Code   |  |                               | b. Purp   | An Arthur Co.                                  | SCANNE                                | c. Account Code   |
| COMMITTEE   | 1   |  |                               |   | MITTE  |                                       |   |
| FUNDS<br>DEPOSITS                                       | d. Period Begin Balance   | )                                      |                               | FUNI  | OS<br>OSITS                                    | NUV 07 2018                           | d. Period Begin Balance   |
| EXPENDITURES  |   |  |                               | DEFC  | 73113  |                                       | at I thou begin balance   |
| ·   | \$ 0  |  |                               |   |  | MEW                                   | \$ 0  |
| CERTIFICATION   |   |  |                               |   |  |                                       |   |
| the NC General Statutes a is complete, true and corre   | nd that no funds are corect and that I have been  | nmingle                                | d with prohi                  | billed o  | r otller n                                     | on-disclosed funds.                   | & 22D-22M of Chapter 163 of<br>I further certify that this report |
| MARK JUDSON   | · · · · · · · · · · · · · · · · · · ·   |  |                               | X   |  |                                       | 10/29/18  |
| FOR OFFICE USE ONLY                                     | nted Name of Signer   |  | 318                           | gnaume o  | i Appointe                                     | ed Treasurer                          | Date  |
| Date Received:  | 11/6/1  | 8                                      | Employee:                     |   |  |                                       | Delivery Method Normal Mail                                       |
| Date Postmarked:  | 10/29/1   | 8                                      | Employee:                     |   |  | <u>u</u>                              | Registered Mail Hand Delivered                                    |
| Date Scanned:   |   |  | Employee:                     |   |  |                                       | Electronically Filed Signer has not received                      |
| Date Data Entered:                                      |   |  | Employee:                     | Treys)  |  |                                       | mandatory training  |
|   | custodia  | n of boo                               | ks information                | on, or a  | ccount i                                       | nformation.                           | ss, treasurer, assistant treasurer,                               |
| You   | must amend the Statem   | ent of C                               | )rganization                  | (CRO-   | 2100A-E  | <ul><li>E) to make committe</li></ul> | e changes.  |

Amendment

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

|   | . Type of Report     |                                | 3 ID Number                 |
|---|----------------------|--------------------------------|-----------------------------|
| ANGLIN COMMITTEE  | ORGANIZATION         | IAL                            | STA-Q76DER-C-001            |
| Start of Election Cycle: January 1,   | 2018                 | Total this<br>Reporting Period | Total this Election Cycle   |
| 4) Cash on Hand at Start  |                      | \$ 0                           | \$ 0                        |
| RECUPTS - 100 100 100 100 100 100 100 100 100 1   |                      | a of Contraction (Conservation |                             |
| 5) Aggregated Contributions from Individuals  | (CRO-1205)           | \$                             | \$                          |
| 6) Contributions from Individuals   | (CRO-1210)           | \$ 17,335.00                   | \$ 17,335.00                |
| 7) Contributions from Political Party Committees  | (CRO-1220)           | \$                             | \$                          |
| 8) Contributions from Other Political Committees  | (CRO-1230)           | \$                             | \$                          |
| 9) Loan Proceeds  | (CRO-1410)           | \$ 1,750.00                    | \$ 1,750.00                 |
| 10) Refunds/Reimbursements To the Committee   | (CRO-1240)           | S                              | \$                          |
| 11) Other Receipt Sources   |                      |                                |                             |
| 11a) Interest on Bank Accounts  | (CRO-1250)           | \$                             | \$                          |
| 11b) Contributions from Not-for-Profit Organization   | ns <i>(CRO-1250)</i> | \$                             | \$                          |
| 11c) Outside Sources of Income  | (CRO-1250)           | \$                             | \$                          |
| 11d) Legal Expense Fund – Other Sources   | (CRO-1270)           | \$                             | \$                          |
| 11 e) Exempt Purchase Price Sales   | (CRO-1265)           | \$                             | \$                          |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,   | 11d and 11e)         | \$ 19,085.00                   | \$ 19,085.00                |
| DECEMBER 1  | ine are the          |                                |                             |
| 13) Disbursements   | (CRO-1310)           | \$ 14,848.83                   | \$ 14,848.83                |
| 13a) Operating Expenditures  13b) Contributions to Candidates/Political Committee   |                      |                                | \$ 14,040.03                |
|   |                      | \$                             |                             |
| 13c) Coordinated Party Expenditures   | (CRO-1310)           | \$                             | \$                          |
| 14) Aggregated Non-Media Expenditures   | (CRO-1315)           | \$ 1.750.00                    | \$                          |
| 15) Loan Repayments   | (CRO-1420)           | \$ 1,750.00                    | \$ 1,750.00                 |
| 16) Refunds/Reimbursements From the Committee   | (CRO-1320)           | \$                             | \$                          |
| 17) In-Kind Contributions   | (CRO-1510)           | \$ 16.500.00                   | \$                          |
| <ul> <li>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,</li> <li>19) Cash on Hand at End (Add lines 4 and 12 together, then subtro</li> </ul> |                      | \$ 16,598.83<br>\$ 2,486.17    | \$ 16,598.83<br>\$ 2,486.17 |
| 19) Casti of Faild at Elid (Add thes 4 and 12 together, then suffice  | aci une 18)          | \$ 2,480.17                    | 3 2,460.17                  |
| 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)           | \$                             | \$                          |
| 20) Contributions to be Retunded  | (CNO-1213)           | Ψ                              | Ψ.                          |

| Use th           | is form to report i  | ndividual contribution   | s<br>s over t  | Pg   | <u> </u>           | of            | <u> </u>        | Yes 🖂                        |
|------------------|--|--------------------------|----------------|--|--------------------|---------------|-----------------|------------------------------|
| I. Cor           | omittee Full Nan   | ne (and Fund if appli    | enblei         | 50 or contributions und  | der \$50 if form C |               |                 |                              |
|                  | IN COMMITTEI   |                          |                | <u> </u>   |                    |               | Yumber          |                              |
| - 11.7 in an war | tributor Inform  | <u></u>                  |                |  |                    | S             | TA-Q76DE        | R-C-001                      |
|                  | Name, Mailing Addre  |                          |                |  | move               |               |                 |                              |
|                  | de city, state, & zip)   | of Party                 |                | b. Job Title/Profession ATTORNEY   |                    | d. Comn       | nents           |                              |
| Benjan           | nin H. Whitley   |                          |                | ATTORNEY   |                    |               |                 |                              |
| 435 Pla          | ainview Ave., Ral  | eigh, NC 27604           |                | c. Employer's Name/St  | ecific Field       |               |                 |                              |
|                  |  |                          |                | Whitley Law Firm   | <u> </u>           | -             |                 |                              |
|                  |  |                          |                |  |                    | e. Electio    | on Sum to Dat   | e                            |
| <del> </del>     |  |                          |                |  |                    | \$            | 2,000.          | 00                           |
| Prior            | g. Account Code  | h. Form of Payment       | i. In-         | Kind Description   | j. Date (mm/dd/y   | vyv)          | k. Amo          |                              |
|                  | 1  | CHECK                    |                |  | 7/5/20             |               | \$              | <u> </u>                     |
|                  |  |                          | _              |  | 775720             |               | · ·             | 2,000.00                     |
|                  |  |                          | <u> </u>       |  |                    |               | \$              |                              |
|                  |  |                          |                |  |                    |               | \$              |                              |
|                  | ributor Informat<br>ime, Mailing Address   |                          |                |  | 10 <b>Ve</b>       |               | a refresion ceu |                              |
|                  | one, waning Address<br>e city, state, & zip)   | 化乙基酚基酚 医多克克氏 医皮肤         |                | b. Job Title/Profession  |                    | d. Commo      | ents            |                              |
|                  | Helton   |                          | - AP-2         | UNEMPLOYED   |                    |               |                 |                              |
| O Box            | 1014, Hickory, N   | C 28603                  |                | c. Employer's Name/Spe   | cific Ciald        |               |                 |                              |
|                  |  |                          |                | UNEMPLOYED   | CINC P EM          | <u> </u>      |                 |                              |
|                  |  |                          |                |  |                    | e. Election   | Sum to Date     |                              |
|                  |  |                          |                |  |                    | \$            | 500.00          | <del> </del>                 |
| Prior            | g. Account Code  | h. Form of Payment       | i. In-K        | ind Description  | j. Date (mm/dd/yy  |               | k. Amour        |                              |
|                  | 2  | Online                   |                |  | 7/12/20            |               | \$              | 500.00                       |
|                  |  |                          |                |  |                    |               |                 |                              |
| $\Box$           |  |                          | <del> </del> - |  |                    |               | \$              |                              |
| Chair            | one de la comación d<br>La comación de la comación de |                          |                | OGKOOTPHONING:   | * empa             |               | \$              |                              |
|                  | ne, Mailing Address  |                          | LJ =           | Add Remo   | ve = = =           |               | de de de de de  | e lega silve se<br>Geografia |
| (include         | city, state, & zip)  |                          | - La Sic       | UNEMPLOYED   |                    | d. Commen     | its             |                              |
| avid An          | _  |                          |                |  |                    |               |                 |                              |
| 4 Main           | St., Augusta, IL   | 62311                    |                | c. Employer's Name/Spec  | ific Field         |               |                 |                              |
|                  |  |                          | 1              | UNEMPLOYED   |                    |               |                 |                              |
|                  |  |                          |                |  |                    | e. Election S | Sum to Date     |                              |
| rior             |  |                          |                |  |                    | \$            | 50.00           |                              |
| <u> </u>         | g. Account Code  | h. Form of Payment       | i. In-Kir      | nd Description   | j. Date (mm/dd/yyy | 7)            | k. Amount       |                              |
|                  | 2  | online                   |                |  | 7/24/201           | 8             | \$              | 50.00                        |
|                  |  |                          |                |  | <del></del>        |               | \$              |                              |
|                  |  |                          |                |  |                    |               | \$              |                              |
| Lotal            | only this Page   |                          |                |  |                    | \$            |                 | 2 550 00                     |
| l'otal           | of ALL CRO.  | 1210 Pages               |                | riken liberi i jali<br>Kan liberi i jali<br>Kan kan ji jali kan kan liberi kan kan kan kan kan |                    | φ             | <del></del>     | 2,550.00                     |
|                  |  | Detailed Summary Page CR | A.Hou          | <b>有一种基础的</b>  |                    | \$            |                 | ļ                            |

**Contributions from Individuals** 

| Cont      | tributions fr                            | om Individua                                    | ls                  | ,  | Pg 2  | of c           | Ameno                   | 🖼                       |
|-----------|--|---|---------------------|--|---|----------------|-------------------------|-------------------------|
| Use thi   | s form to report ir                      | idividual contributio                           | ns over             | \$50 or contributions as   | nder \$50 if form (                           | ORO 1205 is    | not used                | Yes 💹                   |
|           | IN COMMITTEE                             | erano cuna ir app                               | icable)             |  |   | ZUN            |                         | end from James 1953 Co. |
| ****      | W  |   |                     |  |   | ST             | A-Q76DE                 | R-C-001                 |
|           | ributor Informa                          |   |                     | ] Add 🔲 R  | emove   |                | die Steen ood in 2de ja | Jacob Confusion         |
| a. Full N | ame, Mailing Addres                      | s & Phone                                       |                     | b. Joh Title/Profession  |   | d. Comme       | ents                    |                         |
| James N   | le city, state, & zip)                   | <u> </u>  | <u> </u>            | Manager  | <u> </u>                                      |                | e-mail to t             | he                      |
| unknow    |  |   |                     |  |   |                | ddress pro              |                         |
| unknow    | ·-                                       |   |                     | c. Employer's Name/  | Specific Field                                | but rece       |                         |                         |
|           |  |   |                     | Access Office Bu   |   | response       |                         |                         |
| !         |  |   |                     | 8801 Fast Park D<br>NC 27617   | r #301  | e. Election    | Sum to Date             | e                       |
| f. Prior  | 1  |   |                     | 110 27017  |   | \$             | 500.00                  |                         |
| L P FIOR  | g. Account Code                          | h. Form of Payment                              | i. Iı               | i-Kind Description   | j. Date (mm/dd/                               | уууу)          | k. Amou                 | int                     |
|           | 2  | Online  |                     |  | 7/30/2  | 2018           | \$                      | 500.0                   |
|           |  |   |                     |  |   |                | \$                      |                         |
|           |  |   |                     |  |   |                | \$                      |                         |
|           | ibutor Informati                         | 17 C - 27 F C C C C C C C C C C C C C C C C C C |                     | Add Re   | move la   |                |                         | Tralia Maiorice         |
|           | ne, Mailing Address                      | & Phone   |                     | b. Job Title/Profession  |   | d. Commen      | <u> </u>                |                         |
| Juan Sand | city, state, & zip)                      |   |                     | Attorney   | * 121 (1948) ** (48 Bugs & 1                  | u. Contact     | 13                      | <u> </u>                |
|           |  | Charles No                                      |                     |  |   |                |                         |                         |
| 28216     | untain Point Ln., (                      | onariotte, NC                                   |                     | c. Employer's Name/Sp  | ecific Field                                  |                |                         |                         |
|           |  |   |                     | Olive Law Firm, P.   | A   |                |                         | _                       |
|           |  |   |                     |  |   | e. Election 8  | um to Date              |                         |
| f. Prior  | g. Account Code                          |   |                     |  |   | \$             | 1,000.00                | )                       |
|           |  | h. Form of Payment                              | i. In-              | Kind Description   | j. Date (mm/dd/y)                             | ууу)           | k. Amoun                | t                       |
|           | 2  | online  | <del> </del>        |  | 8/2/20  | 18             | \$                      | 1,000.00                |
|           |  |   | -                   |  |   |                | \$                      |                         |
|           | Ang the substitution the substitution is |   |                     | 100  |   |                | \$                      |                         |
|           | outor Informatio<br>e, Mailing Address & |   | 5 5                 | Add  | ove de la |                |                         |                         |
|           | ity, state, & zip)                       |   |                     | b. Job Title/Profession  | a grown gelod (gent). H                       | d. Comments    |                         |                         |
| amela Wi  |  |   | <u> 1 بازیان کی</u> | unemployed   | :   |                |                         |                         |
| 75 Old 42 | 21 S, Boone, NC 2                        | 28607   |                     | c. Employer's Name/Spe   | nida Plata                                    |                |                         |                         |
|           |  |   |                     | unemployed   | cane: Pjeid                                   |                |                         |                         |
|           |  |   |                     | , ,  | ļ   | e. Election Su | m to Date               |                         |
|           |  |   |                     |  |   | \$             | 200.00                  |                         |
| Prior 1   | g. Account Code                          | h. Form of Payment                              | i. In-K             | ind Description  | j. Date (mm/dd/yyy                            | (Y)            | k. Amount               |                         |
|           | 2  | online  |                     |  | 8/2/201                                       |                | \$                      | 200.00                  |
|           |  |   |                     |  |   |                | \$                      |                         |
|           |  |   |                     |  |   |                | \$                      |                         |
|           | nly this Page                            |   |                     | Samur puo ja ja ja killääkäyllääkinskir<br>Saaksi saasta Saaksi kikasin ja kanaa |   | \$             |                         | 1 700 00                |
| Total o   | FALL CRO-1                               | 210 Pages                                       |                     |  |   | Ψ              |                         | 1,700.00                |
|           |  | talled Summary Page Ck                          | A Linn              | อนากอาการสาราสิการสาราสิก (สิ่น กลับกลับกลับกลับกลับกลับกลับกลับกลับกลับ         |   | \$             |                         |                         |

| Contribution   |  |                       |   | · <u></u>                         |   | <u>o</u>   | Yes 🔀         |
|--|--|-----------------------|---|-----------------------------------|---|--|---------------|
| 1. Committee Full  | oort individual contribution Name (and Fund if app   | ons over \$5          | 50 or contributions   | s under \$50 if forn              | n CRO 1205                                | is not used  |               |
| ANGLIN COMMI   | l'TEE  | пклон)                |   |                                   | 2. ID                                     | Number   |               |
| Excontributor in (   |  | e i de l'est de l'est | FOR BUSINESS OF THE STATE OF  |                                   |   | STA-Q76Di  | ER-C-001      |
| a. Full Name, Mailing  | Address & Phone  | L                     | b. Job Title/Profe  | Remove                            |   |  |               |
| (include city, state, & Mauren Sorensen  | zip)   |                       | unemployed  | ssion                             | d. Com                                    | ments  |               |
| 2605 Fra Mauro Ct.,  | , League City, TX  |                       | c. Employer's Nan   |                                   |   |  |               |
| 77573  | - •  |                       | unemployed  | ne/Specific Field                 |   |  |               |
| ÷  |  |                       |   |                                   | e. Electi                                 | ion Sum to Da  | te            |
| f. Prior g. Account  | 2  |                       |   |                                   | \$  | 100.00   | 0             |
| f. Prior g. Account  |  | t i. In-K             | Kind Description  | j. Date (mm/d                     | d/yyyy)                                   | k. Amo   | unt           |
|  | online   |                       |   | 8/3                               | /2018                                     | \$   | 100.0         |
|  |  |                       |   |                                   |   | \$   |               |
|  |  |                       |   |                                   |   | \$   |               |
| 3. Contributor Info  |  |                       | Add   | Remove                            | ්<br>ක්රිකාමාමාමාමාමා                     | The state of the s     |               |
| i. Full Name, Mailing Ad<br>(include city, state, & 2  |  |                       | b. Job Title/Profess  |                                   | d. Comm                                   | ents   |               |
| Rosemary Anglin<br>1323 Oakmont Terrac   | e, Longwood, FL 32779  | -                     | c. Employer's Name  | /Specific Field                   |   |  |               |
| 323 Oakmont Terrac   |  |                       | c. Employer's Name<br>unemployed  |                                   | \$  | n Sum to Date  |               |
| 323 Oakmont Terrac   | ode h. Form of Payment   |                       | c. Employer's Name  | j. Date (mm/dd,                   | \$<br>'yyyy)                              | 1,000.0  | 0             |
| Prior g. Account C   |  |                       | c. Employer's Name<br>unemployed  |                                   | \$<br>'yyyy)                              | 1,000.0  | 0             |
| Prior g. Account C   | ode h. Form of Payment   |                       | c. Employer's Name<br>unemployed  | j. Date (mm/dd,                   | \$<br>'yyyy)                              | 1,000.0  | O<br>nt       |
| Prior g. Account Co  | ode h. Form of Payment online  | i. In-Kir             | c. Employer's Name<br>unemployed  | j. Date (mm/dd,                   | \$<br>'yyyy)                              | 1,000.00<br>k. Amour<br>\$   | O<br>nt       |
| Prior g. Account C 2 Contributor Inform  | ode h. Form of Payment online  | i. In-Kir             | c. Employer's Name unemployed  nd Description  Add                                      | j. Date (mm/dd,<br>8/12/          | \$ 2018                                   | 1,000.0  k. Amour  \$ \$ \$  | O<br>nt       |
| Prior g. Account Contributor Inform Contributor Inform Full Name, Mailing Add (include city, state, & zip  | ode h. Form of Payment online  aation ress & Phone   | i. In-Kir             | c. Employer's Name<br>unemployed<br>nd Description                                      | j. Date (mm/dd,<br>8/12/          | \$<br>'yyyy)                              | 1,000.0  k. Amour  \$ \$ \$  | O<br>nt       |
| Prior g. Account Company 2  Contributor Information Company Co | ode h. Form of Payment online  dation  ress & Phone  | i. In-Kir             | c. Employer's Name unemployed  nd Description  Add B Rab. Job Title/Professio           | j. Date (mm/dd)<br>8/12/<br>emove | \$ 2018                                   | 1,000.0  k. Amour  \$ \$ \$  | O<br>nt       |
| Prior g. Account Contributor Inform Contributor Inform Full Name, Mailing Add (include city, state, & zip  | ode h. Form of Payment online  dation  ress & Phone  | i. In-Kir             | c. Employer's Name unemployed  nd Description  Add R b. Job Title/Professio Professor   | j. Date (mm/dd)<br>8/12/<br>emove | \$ 2018                                   | 1,000.0  k. Amour  \$ \$ \$  | O<br>nt       |
| Prior g. Account Contributor Inform  Contributor Inform Full Name, Mailing Add (include city, state, & zip eeraj Gupta 09 Pinehurst Dr., Ch.   | ode h. Form of Payment online  dation  ress & Phone  | i. In-Kir             | c. Employer's Name unemployed  nd Description  Add B Rab. Job Title/Professio           | j. Date (mm/dd)<br>8/12/<br>emove | \$ (2018) a. Commer                       | 1,000.0  k. Amour  \$ \$ \$  | O<br>nt       |
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**Contributions from Individuals** 

| Cont       | ributions fr                                  | om Individuals   | \$              |  | Pg <u>5</u>   | of 6                                  | Amend         | ment<br>Yes 🔀           |
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| Jon Mor    |   |  | ·····           |  |   |                                       |               |                         |
| 0920 NE    | eedham Dr., Charl                             | lotte, NC 28270  |                 | c. Employer's Name<br>Brown, Moore &   |   |                                       |               |                         |
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**Contributions from Individuals** 

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| 28202  |  |   | Federal [   | County:  |  |
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| Full Name, Maili<br>nclude city, state,<br>Forrest Firm, P.<br>10 N Boylan A<br>7603   | ng Address & Phone & 2ip) C. venue, Raleigh, g. Form of Payment  | h. Purpose Code   | b. Coordinated Committee  c. Level Registered (Specify  | Remove Name  Name  County: Municipality:  J. Amount                  | c. Election Sum to Date \$ 4,500.00 k. Required Remarks                                      |
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| Full Name, Maili<br>nclude city, state,<br>Forrest Firm, P.<br>10 N Boylan A<br>7603   | ng Address & Phone & zip) C. venue, Raleigh, g. Form of Payment Cashier's Ch   | h. Purpose Code   | b. Coordinated Committee  c. Level Registered (Specify  | Remove Name  County: Municipality:  J. Amount \$2,000.00             | c. Election Sum to Date \$ 4,500.00 k. Required Remarks                                      |
| Full Name, Mailinclude city, state, Forrest Firm, P. 10 N Boylan A 7603  | ng Address & Phone & zip) C. venue, Raleigh, g. Form of Payment Cashier's Ch   | h. Purpose Code   | b. Coordinated Committee  c. Level Registered (Specify Federal State  i. Date (mm/dd/yyyy)  8/2/2018  | Remove Name  Name  County: Municipality:  J. Amount                  | c. Election Sum to Date \$ 4,500.00 k. Required Remarks Legal Fees legal fees                |
| Full Name, Mailinclude city, state, forrest Firm, P. 10 N Boylan A 7603  Account Code  Total only this Total of ALL  | ng Address & Phone & 2ip) C. venue, Raleigh, g. Form of Payment Cashier's Ch check Page GRO F310 Pages   | h. Purpose Code 0   | b. Coordinated Committee  c. Level Registered (Specify Federal State  i. Date (mm/dd/yyyy)  8/2/2018  10/19/2018  | Remove Name  County: Municipality:  J. Amount \$2,000.00             | e. Election Sum to Date \$ 4,500.00 k. Required Remarks Legal Fees                           |
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| 1. Committee                          | nd coordinated party e   | es from the commit<br>expenditures.<br>md if applicable)   |  | Control of the Contro |                                |
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| ANGLIN CO                             | MMITTEE  |  | 250 grading data (fine fine fine fine fine)  |  | 2. ID Number                   |
| 3. Type of Dis                        |  | ATTENTION OF THE STATE OF THE S | GRES ELO TOTAL TO PEAC   |  | STA-Q76DER-C-0                 |
| Operating                             | g Expenses   | Contributions to C   | andidates/Political Committees   |  |                                |
| l. Payee Infor                        |  |  | Add  |  | Coordinated Party Expenditures |
|                                       | ailing Address & Phone   |  | b. Coordinated Committee   |  |                                |
| include city, state                   | te, & zip)   |  | Or Carte de la car | Nanic  | d. Comments                    |
|                                       | Inn Asheville  |  | 1  |  |                                |
|                                       | St, Asheville, NC  |  | c. Level Registered (Specif  | fy)  |                                |
| 28801                                 |  |  | Federal  | County:  | and the second                 |
|                                       |  |  | State  | Municipality:  | e. Election Sum to Date        |
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| Cada                                  |  | -  |  |  | \$ \$210.01                    |
| . Account Code                        | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks            |
| 1                                     | Debit Card   | 0  | 10/12/2018   | \$\$210.01   | Travel                         |
| 10200                                 |  |  |  | \$   |                                |
| Payee Inform                          |  |  |  | Remove   |                                |
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| include city, state,<br>Hotels.com-Co |  |  |  |  |                                |
| Hotels.com-Coi<br>5822 Westpark       |  | ı  | N.E. (2011 10)   |  |                                |
| 0822 Westpark<br>NC 28217             | Dr, Charloue,  | ļ  | c. Level Registered (Specify)  |  |                                |
| NC 402                                |  | I  | Federal State  | County:  |                                |
|                                       |  | ŀ  | State  | Municipality:  | e. Election Sum to Date        |
|                                       |  |  | 1  |  | \$ \$125.63                    |
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| !                                     | debit card   | О  | 10/17/2018   | \$\$125.63   | Travel                         |
|                                       |  |  |  | \$   |                                |
| Payee Inform                          |  |  | a contract the supplied of the fo  |  |                                |
|                                       | ing Address & Phone  |  | Add in the control of | Remove   |                                |
| clude city, state, d                  |  |  | b. Coordinated Committee N   | ame  | d. Comments                    |
| 1cLaurin Parkir                       | ng   |  |  |  |                                |
| 21 Fayetteville                       | St, Raleigh  |  | c. Level Registered (Specify)  |  | 4                              |
| C 27601                               |  |  | Federal  | County:  | -                              |
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|                                       | debit card   | 0  | 10/11/2018   | \$\$4.00   | Parking                        |
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| otal of ALL (                         | CRO-1310 Pages<br>line 13a of Detailed Summe   |  |  |  | <b>*</b>                       |

E - Salaries

I - Postage

O\* - Other

F\* - Equipment
J - Penalties

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

| Disbursel<br>Use this form             | to report expenditure                 | es from the comm   | uittea fam an an   | J   | Pg <u>3</u>                          | Amendment of 4 Yes  to candidate/political   |
|--|---------------------------------------|--|--------------------|---|--------------------------------------|--|
|  |                                       |  |                    | iting expen   | ises, contributions                  | to candidate/political   |
| ANGLIN CO                              | Full Name (and Fu                     | ind if applicable  |                    |   | The marking real following           | ng a ration of the same of the |
| 3. Type of Dis                         |                                       |  |                    |   |                                      | CIE4 Otto  |
|  | Expenses                              | Contributions to   | Eurdidates/Politic | rms for ea  | oh type of Dislout                   |  |
| 4. Payee Info                          |                                       |  |                    |   |                                      | Coordinated Party Expenditures   |
|  | iling Address & Phone                 | <u>ta.</u>   |                    |   |                                      |  |
| (include city, stat                    |                                       |  | b. Coordina        | ea Committe   | ee Name                              | d. Comments  |
| Papa Johns-As                          | sheveille                             |  | _                  |   |                                      |  |
|  | lve, Asheville,                       |  | c. Level Regi      | stered (Spins   | fy)                                  | H 10.75  |
| NC 28806                               |                                       |  | Feder              |   | County:                              |  |
|  |                                       |  | State              | " L   | Municipality:                        |  |
|  |                                       |  |                    |   |                                      | e. Election Sum to Date  |
| f. Account Code                        |                                       |  |                    |   |                                      | \$ \$27.75   |
| . Account Cone                         | g. Form of Payment                    | h. Purpose Code  | i. Date (m         | m/dd/yyyy)  | j. Amount                            | k. Required Remarks  |
| 1                                      | debit card                            | 0  | 10/10/20           | 118   | \$\$27.75                            | Travel Food  |
|  |                                       |  | 10/10/2            |   | ΦΦ21./3                              |  |
|  |                                       |  |                    |   | \$                                   |  |
| . Payee Infort                         | nation                                |  | Aéd                |   |                                      | (2015년) (2014년) (2014년   |
| . Full Name, Mail                      | ing Address & Phone                   |  | b. Coordinate      | d Committee   | Name                                 | d. Comments  |
| nclude eity, state,                    | & zip)                                |  |                    |   | <u> </u>                             | , w. Comments  |
| Perry Woods C                          | onsulting                             |  |                    |   |                                      |  |
| 501 Eagleton D                         | owns Dr,                              |  | c. Level Regist    | ered (Specify   |                                      |  |
| Pineville, North<br>18134              | Carolina                              |  | Federal            |   | County:                              | <del></del>  |
| .015 <del>4</del>                      |                                       |  | State              |   | Municipality                         |  |
|  |                                       |  |                    | <u>-</u>  | Municipality:                        | e. Election Sum to Date  |
|  |                                       |  |                    |   |                                      | \$ 9,250.00  |
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|  | Check                                 | O  | 8/22/2018          | 2   |                                      | Political  |
|  |                                       |  | 0/22/2018          | ·   | \$2,500.00                           | Consulting   |
|  | check                                 | O  | 9/11/2018          | }   | \$1,750.00                           | Political  |
| Payee Inform                           | ation                                 |  |                    | Transfer and  |                                      | Consulting   |
|  | g Address & Phone                     |  | Add                |   | Remove                               |  |
| ciude city, state, o                   |                                       |  | b. Coordinated     | Committee !   | lame                                 | d. Comments  |
| erry Woods Co                          |                                       |  |                    |   |                                      |  |
| 1 Eagleton Do                          |                                       |  | c. Level Registe   | ed (Specify)  | State of the first set of the effect |  |
| neville, North (                       | Carolina                              | ļ  | Federal            | cu (Specity)  | County:                              | 3  |
| 134                                    |                                       |  | State              | H   | Municipality:                        |  |
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| ccount Code                            | To an                                 |  |                    |   |                                      | \$ 9,250.00  |
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| Salaries                               | F* - Equipment                        | C* - Fundra<br>G - Political   | using Party        |   | D - To Anothe                        | r Candidate  |
| Postage                                | J - Penalties                         | K* - Office  | Expenses           |   | H* - Holding                         | Public Office Expenses   |
| Other                                  |                                       | the state of the s |                    |   | V" - Donation                        | to Legal Expense Fund  |
| oues require d                         | etailed explanation                   | ia required rem  | arks field (k)     |   |                                      |  |
| 0-1310                                 |                                       |  | e Board of Floorie | A. 1000 00 10 PC 10 10 10 10 10 10 10 10 10 10 10 10 10 |                                      |  |

## **Disbursements** Amendment

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

| Use this form committees as           | to report expenditu<br>nd coordinated party | res from the commi                           | ttee for; operating expen                                    | Pg 4 onses, contributions  | of 4   |
|---------------------------------------|---|--|--|--|--|
| I. Committee                          | Full Name (and F                            |  |  | e de al la composita de la comp  |  |
| ANGLIN CO                             | MMITTEE                                     |  |  |  | 2. ID Number and the   |
| 3. Type of Di                         | sbursement <i>(P</i>                        | leave use venavare.                          | CDA SOLATE Z   | See The Desire of the Control of the | STA-Q76DER-C-00  |
|                                       | g Expenses                                  | Contributions to C                           | CRO-1310 forms for ea<br>andidates/Political Committee       | Ch type of Disburg   |  |
| 4. Payce Info                         |   |  | Add Add  |  | Coordinated Party Expenditures   |
|                                       | ailing Address & Phone                      |  |  |  |  |
| (include city, sta                    | te. & zin)                                  | 机物线性 电影风梯器                                   | b. Coordinated Committ                                       | ee Name  | d. Comments  |
| Petro mebane                          |   |  | 4  |  |  |
| 500 Buckhorn                          | Rd, Mebane, NC                              |  |  |  |  |
| 27302                                 | , , , , , , , , , , , , , , , ,             |  | c. Level Registered (Spec                                    | ify)   |  |
|                                       |   |  | Federal [  | County:  |  |
|                                       |   |  | State  | Municipality:  | e. Election Sum to Date  |
|                                       |   |  |  | ,  | <b># #</b> 44.00   |
| f. Account Code                       | g. Form of Payment                          | h. Purpose Code                              |  |  | \$ \$44.00   |
|                                       |   | n. rurpose Code                              | i. Date (mm/dd/yyyy)   | j. Amount  | k. Required Remarks  |
| 1                                     | debit card                                  | О  | 10/17/2018   | \$\$44.00  |  |
|                                       |   |  |  | Φ <del>1</del> 4.00  |  |
|                                       |   |  |  | \$   |  |
| a Payne Inta-                         | nation at the                               |  |  | Ψ  |  |
|                                       |   |  | Add  | Remove   |  |
| e e un same, ividi                    | ling Address & Phone                        |  | b. Coordinated Committe                                      | e Name   | d. Comments  |
| include city, state<br>Sheraton Hotel | , & zip)                                    |  | -  |  |  |
|                                       |   |  |  |  |  |
| 555 South McI                         |   | į  | c. Level Registered (Specif                                  | <b>y)</b>  |  |
| Charlotte, NC 2                       | 28204                                       |  | Federal  | County:  |  |
|                                       |   |  | State  | Municipality:  | e. Election Sum to Date  |
|                                       |   |  |  |  | e. Election Sum to Date  |
|                                       |   |  |  |  | \$ 181.72  |
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|                                       | debit card                                  | 0  | 0/20/2010  |  | Parking Parking  |
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|                                       | debit card                                  | 0  | 10/4/2010  |  | Travel   |
|                                       |   |  | 10/4/2018  | \$\$171.72   | Traver   |
| Payee Inform                          |   |  | Add  | Remove   |  |
| Full Name, Maili                      | ng Address & Phone                          |  | b. Coordinated Committee                                     | Name   |  |
| clude city, state,                    | & 2ip)                                      |  |  |  | d. Comments  |
| ayPai                                 |   |  |  |  | Transaction Fee  |
| 211 North First                       |   |  | c. Level Registered (Specify                                 |  | For this   |
| an Jose, Califo                       | rnia 95131                                  |  | Federal  |  | Reporting  |
|                                       |   |  | State  | County:  | Cycle  |
|                                       |   |  |  | Municipality:  | e. Election Sum to Date  |
|                                       |   |  |  |  | \$ 451.15  |
| ccount Code                           | g. Form of Payment                          | h. Purpose Code                              | i. Date (mm/dd/yyyy)   |  |  |
|                                       | ACH   | <u> </u>                                     | Late (mmad/yyyy)   | j. Amount  | k. Required Remarks  |
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| urpose Codes                          | List detailed exp                           | mditura salata                               | Coorainaiea Party Expenditi                                  | ires)  |  |
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| Salaries                              | F* - Equipment                              | C* - Fundrai<br>G - Political I              | sing   | D - To Anothe  | r Candidate  |
| Postage                               | J - Penalties                               | K* - Office E                                | arry<br>Znanées  | H* - Holding   | Public Office Expenses   |
| - Other                               |   |  |  | Q* - Donation  | to Legal Expense Fund  |
| odes require (                        | defailed explanatio                         | n in required rema                           | rks fleta (E)  |  | Michigan de Dechino de la companya del companya de la companya del companya de la |
| 0-1310                                |   | NC C+++                                      | Decil CEI :  | E attribuide de réprésent de   | ្នាក់ ក្រុមប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រ<br>ប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាព្រះបានប្រជាពិបានប្រជាព្រះបានប្រជាព្រះបានប្រជ   |

## **Loan Proceeds** Amendment Use this form to report proceeds from a loan and loan endorser's information Yes No No A loan proceeds statement must accompany each loan that is from an individual

| b. Job Title/Profes ATTORNEY  c. Employer's Nam SELF EMPLO'  Account Code  b. Job Title/Profe  d. Percentage  | ie/Specific Field YED  j. Form of Payn CASH              | nentLoan  | yer's Name/Specific Field  |
|---|--|---|--|
| b. Job Title/Profes ATTORNEY  c. Employer's Nam SELF EMPLOY  Account Code  b. Job Title/Profe  d. Percentage  | ie/Specific Field YED  j. Form of Payn CASH  ssion       | m. Loan c. Employ   | d. Comments  Loan From Candidate e. Start Date (mm/dd/yyyy)  07/01/18 f. Eud Date (mm/dd/yyyy)  09/11/18 k. Amount \$ 1,750.00  Number     |
| c. Employer's Nam SELF EMPLO' Account Code  | ie/Specific Field YED  j. Form of Payn CASH  ssion       | m. Loan c. Employ   | d. Comments  Loan From Candidate e. Start Date (mm/dd/yyyy)  07/01/18 f. Eud Date (mm/dd/yyyy)  09/11/18 k. Amount \$ 1,750.00  Number     |
| c. Employer's Nam SELF EMPLO'  Account Code  1  b. Job Title/Profe  d. Percentage   | J. Form of Paya CASH ssion                               | m. Loan c. Employ   | Loan From Candidate e. Start Date (mm/dd/yyyy)  07/01/18  f. Eud Date (mm/dd/yyyy)  09/11/18  k: Amount \$ 1,750.00  Number  Number        |
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| SELF EMPLO  Account Code   b. Job Title/Profe  d. Percentage  | J. Form of Paya CASH ssion                               | m. Loan c. Employ   | e. Start Date (mm/dd/yyyy)  07/01/18  f. Eud Date (mm/dd/yyyy)  09/11/18  k. Amount  \$ 1,750.00  Number  yer's Name/Specific Field        |
| SELF EMPLO  Account Code   b. Job Title/Profe  d. Percentage  | J. Form of Paya CASH ssion                               | m. Loan c. Employ   | 07/01/18  f. End Date (mm/dd/yyyy)  09/11/18  k. Amount  \$ 1,750.00  Number  yer's Name/Specific Field                                    |
| . Account Code    land   land | j. Form of Payn<br>CASH<br>Ssion                         | m. Loan c. Employ   | f. Eud Date (mm/dd/yyyy)  09/11/18 k. Amount \$ 1,750.00  Number  yer's Name/Specific Field  |
| b. Job Title/Profe  | CASH<br>Ssion  | m. Loan c. Employ   | 09/11/18  k. Amount  \$ 1,750.00  Number  yer's Name/Specific Field  |
| b. Job Title/Profe  | CASH<br>Ssion  | m. Loan c. Employ   | 09/11/18  k. Amount  \$ 1,750.00  Number  yer's Name/Specific Field  |
| b. Job Title/Profe  | CASH<br>Ssion  | m. Loan c. Employ   | k. Amount \$ 1,750.00  Number  yer's Name/Specific Field   |
| b. Job Title/Profe  | CASH<br>Ssion  | m. Loan c. Employ   | \$ 1,750.00  Number  yer's Name/Specific Field   |
| b. Job Title/Profe d. Percentage  | ssion  | c. Employ   | Number  Number  yer's Name/Specific Field  |
| b. Job Title/Profe d. Percentage  | ssion  | c. Employ   | yer's Name/Specific Field  |
| b. Job Title/Profe d. Percentage  |  | c. Employ   | yer's Name/Specific Field  |
| b. Job Title/Profe d. Percentage  |  | e. Amoun  |  |
| b. Job Title/Profe d. Percentage  |  | e. Amoun  |  |
| d. Percentage   |  | e. Amoun  |  |
|   | ······································                   | e. Amoun  |  |
|   | ······································                   |   | <b>t</b> arang a   |
|   | sion   | c. Employ   | er's Name/Specific Field   |
|   |  |   | •  |
| d. Percentage e. Amoun  |  |   |  |
|   | %  | \$  |  |
| b. Job Title/Profess  |  |   |  |
|   |  | Employe   | r's Name/Specific Field  |
| d. Percentage   |  | e. Amount   |  |
|   | %  | \$  |  |
| b. Job Title/Profession   | on   | c. Employer   | 's Name/Specific Field   |
|   |  |   |  |
| d. Percentage   |  | e. Amount   |  |
|   | %  | \$  |  |
|   |  | w   | <del></del> _  |
|   | i i i i i i i i i i i i i i i i i i i                    |   |  |
|   | b. Job Title/Profess d. Percentage b. Job Title/Professi | b. Job Title/Profession  d. Percentage  % b. Job Title/Profession | % \$ b. Job Title/Profession c. Employe d. Percentage e. Amount % \$ b. Job Title/Profession c. Employer d. Percentage e. Amount           |

## Loan Repayments

Amendment Use this form to report payments on an existing loan. Pg Yes 🔀

| 1. Committee Full Name ANGLIN COMMITTEE  | (and Fund if applicable  |   | Tangal (1981) (1981) (1981) (1981) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) (1982) | 2 D Number   |
|--|--|---|---|--|
|  |  |   |   | STA-Q76DER-C-00  |
| 3. Lender Information  |  |   | Remove munu   |  |
| a. Full Name, Mailing Address  |  |   |   | b. Comments  |
|  |  |   |   | Loan From  |
| CHRIS ANGLIN   |  |   |   | Candidate  |
| P.O. Box 91746   | c. Original Loan Date  |   |   |  |
| Raleigh, NC 27675.Loan   |  |   |   |  |
|  |  |   |   | 07/01/18   |
|  |  | d. Original Loan Amount   |   |  |
| . Remaining Loan Balance   | \$ 1,750.00  |   |   |  |
|  | f. Account Code  | g. Form of Payment  | h. Date (mm/dd/yyyy)  | i. Repayment Amount  |
|  | 1  | check   | 09/11/18  | \$ 1,750.00  |
|  |  |   |   | \$   |
| Lender Information   |  | E Add   | The Remove  |  |
| Full Name, Mailing Address &   | b. Comments  |   |   |  |
| (include city, state, & zip)   |  |   |   | D. Comments  |
|  | d. Original Loan Amount  |   |   |  |
| Remaining Loan Balance   | f. Account Code  | g. Form of Payment  | h. Date (mm/dd/yyyy)  | i. Repayment Amount  |
|  |  |   |   | \$   |
|  |  |   |   |  |
| Lender Information   |  | And the line and sometimes and the line and |   | \$   |
| Full Name, Mailing Address & J   | Phone  |   | Remove and Published  | a de la completa del completa de la completa del completa de la completa del la completa de la completa della completa de la completa della completa de la completa della c |
| include city, state, & zip)  |  |   |   | b. Comments  |
|  |  |   |   | c. Original Loan Date  |
|  |  |   |   |  |
|  |  |   |   | d. Original Loan Amount  |
| emaining Loan Balance  | f. Account Code  |   |   | \$   |
|  | - Account Cotte  | g. Form of Payment  | h. Date (mm/dd/yyyy)  | i. Repayment Amount  |
|  |  |   |   | \$   |
| The state of the s | MORNING STATES   |   |   | \$   |
| Cotal only this Page   | भागो पर पहला हुन है जान समाध्या है।<br>इसमाध्या के समाध्या समाध्या है। | ௵௵௵௵௵௵௵௵௷<br>௵௵௵௵௵  | (대)) 본(이번(대) (대) (대)(본(기) (대)(대)(보기(대)(대)(대)(대)(대)(대)(대)(대)(대)(대)(대)(대)(대)(                                     | \$   |
| Total of ALL CRO-14  |  | मुस्तामधानाः।।(८०म्५) न्यः <sub>स</sub> ामान्यः। नयामस्याः।<br>तुरुव्यानयः भाषानित्यान्यः व्याप्ताः सर्वानयः।   | arenot<br>Hain et elle et et en elle et en elle<br>Hain et elle et en elle et en elle et e                      |  |
| his line must be on line 15 of De  | nuce Summary Page CRO-110  |   |   | \$   |



MARK A JUDSON 110 BALDWIN CIR GARNER NC 27529-4899



TOOO OETT 9102 9h5E





State Board of Election