

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

| | |
|---|------------------------------------|
| 1. Committee Information | |
| a. Full Name COMMITTEE TO ELECT CHUCK STANEC | c. ID Number |
| b. Mailing Address (include City, State and Zip Code) 11156 River Oak Dr CONCORD, NC 28027 | d. Date Filed 04/29/2018 |
| | e. Phone Number |

CABARRUS COUNTY
BOARD OF ELECTIONS
APR 30 2018
RECEIVED

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2018 | 3. Period Start Date (mm/dd/yy) 01/01/2018 | 4. Period End Date (mm/dd/yy) 04/21/2018 | 5. Treasurer Full Name BARBARA STRANG |
|-------------------------------|--|--|---|

| | | | | |
|---|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | | State/County |
| <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> PAC | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | Referendum |
| <input type="checkbox"/> Referendum | <input type="checkbox"/> Legal Expense Fund | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Organizational |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-primary | <input checked="" type="checkbox"/> First | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Final |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Presidential Election Year Candidates Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Annual |
| <input type="checkbox"/> NC Public Campaign Financing Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report 2 | | | | |

| | | | |
|---|--|---|--------------------------------------|
| 3. Account Information | | 3. Account Information | |
| a. Financial Institution Full Name BB & T | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 0 | | d. Period Begin Balance \$ |

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

Barbara Strang Printed Name of Signer Barbara Strang Signature of Appointed Treasurer 04/29/2018 Date

FOR OFFICE USE ONLY

Date Received: 4/30/18 Employee: smg **Delivery Method**

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: 5/1/18 Employee: smg Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

_____ _____ Electronically Filed

_____ _____ Signer has not received mandatory training

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 | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

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

| 1. Committee Full Name (and Fund if applicable) | 2. Type of Report | 3. ID Number | |
|--|--------------------|-----------------------------|---------------------------|
| COMMITTEE TO ELECT CHUCK STANEC | 2018 First Quarter | | |
| Start of Election Cycle: January 1, <u>2015</u> | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0.00 | \$ 0.00 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 328.03 | \$ 328.03 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 6,129.05 | \$ 6,129.05 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ 0.00 | \$ 0.00 |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ 0.00 | \$ 0.00 |
| 9) Loan Proceeds | (CRO-1410) | \$ 1,550.00 | \$ 1,550.00 |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | \$ 0.00 | \$ 0.00 |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11b) Contributions from Not-For-Profit Organizations | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11c) Outside Sources of Income | (CRO-1250) | \$ 0.00 | \$ 0.00 |
| 11d) Legal Expense Fund - Other Sources | (CRO-1270) | \$ 0.00 | \$ 0.00 |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ 0.00 | \$ 0.00 |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) | | \$ 8,007.08 | \$ 8,007.08 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 5,708.83 | \$ 5,708.83 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ 0.00 | \$ 0.00 |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ 138.76 | \$ 138.76 |
| 15) Loan Repayments | (CRO-1420) | \$ 0.00 | \$ 0.00 |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 0.00 | \$ 0.00 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 1,629.37 | \$ 1,629.37 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 7,476.96 | \$ 7,476.96 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 530.12 | \$ 530.12 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ 0.00 | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 1,550.00 | |
| 22) Debts and Obligations owed by the Committee | (CRO-1610) | \$ 0.00 | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ 0.00 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ 0.00 | |
| 25) Administrative Support | (CRO-1710) | \$ 0.00 | \$ 0.00 |
| 26) Forgiven Loans | (CRO-1440) | \$ 0.00 | \$ 0.00 |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ 0.00 | \$ 0.00 |
| 28) Contributions to be Refunded | (CRO-1215) | \$ 0.00 | \$ 0.00 |

Aggregated Contributions from Individuals

Page 1 of 1

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 CHUCK STANEC | | | | | | |
| 3. Contributor Information | | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 04/10/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 04/14/2018 | \$ | 10.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 04/14/2018 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 03/07/2018 | \$ | 26.58 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 02/11/2018 | \$ | 35.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 04/07/2018 | \$ | 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 04/14/2018 | \$ | 25.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Electric Funds Tran | | 04/02/2018 | \$ | 26.58 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | In-Kind | ITEMS FOR TEACHER GIFTS | 04/17/2018 | \$ | 39.87 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | | 03/23/2018 | \$ | 40.00 |
| 4. Total only this Page | | | | | \$ | \$328.03 |
| 5. Total of ALL CRO-1205 Pages | | | | | \$ | \$328.03 |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | | <input checked="" type="checkbox"/> |

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 CHUCK STANEC | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DREW ARMSTRONG 11 RAPALLO MEWS MISSISSAUGA | | | SALES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ESSITY | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/26/2018 | \$ 96.80 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JAMES BAILEY 32 CASTLE PINES DR NEW ORLEANS, LA 70131 | | | VP SALES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BUNZL | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 242.45 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/27/2018 | \$ 242.45 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ROY CELLA 3895 FLEET CT PORTSMOUTH, VA 23703 | | | REGIONAL SALES MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | UNIFIRST CORP | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 193.90 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/25/2018 | \$ 193.90 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 533.15 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 6,129.05 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 CHUCK STANEC | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| RYAN CORTE 10834 EDGEPIKE LN NW CONCORD, NC 28027 | | | | DOCTOR | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CMC-NORTHEAST | | | |
| | | | | | | 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 | | 03/26/2018 | | \$ 200.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| BETTY EDWARDS 1521 DAYBREAK RDG KANNAPOLIS, NC 28081 | | | | OWNER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | EDWARDS BOOKKEEPING | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 220.00 | |
| 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 | | 04/14/2018 | | \$ 220.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| LAURA FAGG 1513 NEWGATE CT NW CONCORD, NC 28027 | | | | SENIOR MASS TORT CLIENT DEVELOPMENT MANA | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | GARRETSON RESOLUTION GROUP | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 400.00 | |
| 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 | | 04/10/2018 | | \$ 400.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 820.00 ✓ | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 6,129.05 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Individuals

Pg 3 of 10

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 CHUCK STANEC | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ALFRED FRACCOLA 27909 212th pl se MAPLE VALLEY, WA 98038 | | | | SALES | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | AMMEX CORP | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Credit Card | | 04/20/2018 | \$ 96.80 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ALFRED FRACCOLA 27909 212TH PL SE MAPLE VALLEY, WA 98038 | | | | SR SALES REP | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | AMMEX | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 193.90 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/20/2018 | \$ 193.90 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DEBORAH GREER 1125 MATCHSTICK PLACE SW CONCORD, NC 28025 | | | | Commercial Lines Insurance - Jumbo & Int | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | RETIRED | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 04/05/2018 | \$ 96.80 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 387.50 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 6,129.05 | |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 CHUCK STANEC | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KAREN HARRINGTON 13909 FISH RIVER ACRES CIRCLE FOLEY, AL 36535 | | | | CORP ACCOUNTGS MANAGER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | GOJO | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 95.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/21/2018 | \$ 95.80 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| STEPHEN JONES 1329 WINECOFF SCHOOL ROAD CONCORD, NC 28027 | | | | MECHANIC | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | MINOR MISTAKES AUTOBODY | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 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 | Check | | 04/05/2018 | \$ 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 (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| WALTER JONES 124 SUNRISE CIRCLE MOORESVILLE, NC 28117 | | | | MANAGER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | INGERSOLL RAND | | | |
| | | | | | | 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 | Electric Funds Tran | | 02/23/2018 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 495.80 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 6,129.05 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Individuals

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) COMMITTEE TO ELECT CHUCK STANEC | | | | | 2. ID Number | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MARY LEE 1970 MOUNT PLEASANT RD W MOUNT PLEASANT NC, NC 28124 | | | SALES REP | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | UNIFIRST CORP | | | |
| | | | | | 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 | | 02/06/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANGELA LONG 179 UNIONS STREET S CONCORD, NC 28025 | | | HOMEMAKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HOMEMAKER | | | |
| | | | | | 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 | | 04/14/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANGELA LONG 179 UNION ST S. CONCORD, NC 28025 | | | HOMEMAKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | HOMEMAKER | | | |
| | | | | | 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 | | 04/06/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 6,129.05 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 CHUCK STANEC | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHRISTOPHER MEASMER 19 PADDINGTON DR SW CONCORD, NC 28025 | | | OWNER | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | WAYSIDE RESTURANTS | | \$ 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 | Check | | 03/16/2018 | \$ 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 (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MOLLY MEASMER 6300 HOMESTEAD PL CONCORD, NC 28025 | | | RESTURANT MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | WAYSIDE RESTURANT | | \$ 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 | | 03/16/2018 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| BILL MILLER LOCATION 288 UNIFIRST CORP RICHMOND, VA 23234 | | | GENERAL MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | UNIFIRST | | \$ 1,000.00 | |
| 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 | 200 PERSONALIZED CAMPAIGN T-SHIRT | 03/01/2018 | \$ 1,000.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 1,400.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 6,129.05 | |

Contributions from Individuals

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) COMMITTEE TO ELECT CHUCK STANEC | 2. ID Number |
|---|---------------------|

3. Contributor Information Add Remove

| | | |
|---|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) WILLIAM MILLER 11524 PINEDALE DR GLEN ALLEN, VA 23059 | b. Job Title/Profession GENERAL MANAGER | d. Comments |
| | c. Employer's Name/Specific Field UNIFIRST | |
| | | e. Election Sum to Date \$ 242.45 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|---------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/28/2018 | \$ 242.45 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) PHILIP MORT 10842 Egdepine Ln NW CONCORD, NC 28027 | b. Job Title/Profession SALES REP | d. Comments |
| | c. Employer's Name/Specific Field Mimedex Co | |
| | | e. Election Sum to Date \$ 150.00 |

| 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 | \$ 150.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) PHILIP MORT 10842 Egdepine Ln NW CONCORD, NC 28027 | b. Job Title/Profession SALES REP | d. Comments |
| | c. Employer's Name/Specific Field Mimedex Co | |
| | | e. Election Sum to Date \$ 290.00 |

| 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 | | 04/09/2018 | \$ 290.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 682.45

5. Total of ALL CRO-1210 Pages \$ 6,129.05
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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 CHUCK STANEC | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| DAVIN MURRAY 1411 BARLIFF PLACE DURHAM, NC 27712 | | | | GENNERAL MANAGER | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | UNIFRIST CORP | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 291.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/09/2018 | | \$ 291.00 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| ROCKY PAVKOV 1389 OVERLEA PLACE CONCORD, NC 28027 | | | | SALES | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | MAXON | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 96.80 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/13/2018 | | \$ 96.80 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| THOMAS SIBILLA 7 SKYSAIL LANE WARWICK, NY 10990 | | | | SALES | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | SELF | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 96.80 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/08/2018 | | \$ 96.80 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | | \$ 484.60 |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 6,129.05 |

Contributions from Individuals

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 CHUCK STANEC | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| JACOB SPURZEM 819 N. HUNTER ST STOCKTON, CA 95202 | | | | GENERAL MANAGER | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | UNIFIRST CORP | | e. Election Sum to Date | |
| | | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/07/2018 | | \$ 96.80 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| CHUCK STANEC 11156 River Oaks Drive NW CONCORD, NC 28027 | | | | NATIONWIDE SALES REP | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | UNIFIRST CORP | | e. Election Sum to Date | |
| | | | | | | \$ 533.50 | |
| 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 | 4 X 6 PALM CARDS INVOICE # 47976 | 03/09/2018 | | \$ 533.50 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| BOB STRAMA 15716 BRETON BROOK ST HUNTERSVILLE, NC 28078 | | | | SLUG | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | INGERSOLL RAND | | e. Election Sum to Date | |
| | | | | | | \$ 96.80 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 02/14/2018 | | \$ 96.80 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 727.10 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 6,129.05 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Individuals

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) COMMITTEE TO ELECT CHUCK STANEC | 2. ID Number |
|---|---------------------|

3. Contributor Information Add Remove

| | | |
|--|---|--|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA STRANG 1332 WINECOFF SCHOOL ROAD CONCORD, NC 28027 | b. Job Title/Profession CORPORATE FRAUD INVESTIGATOR | d. Comments |
| | c. Employer's Name/Specific Field WELLS FARGO | |
| | | e. Election Sum to Date \$ 56.00 |

| 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 | FEE FOR EVENT SPACE | 03/23/2018 | \$ 56.00 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

3. Contributor Information Add Remove

| | | |
|--|---|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) COREY TOWNSELL 1011 N 29TH ST RENTON, WA 98056 | b. Job Title/Profession SALES | d. Comments |
| | c. Employer's Name/Specific Field AMMEX | |
| | | e. Election Sum to Date \$ 242.45 |

| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
|--------------------------|-----------------|---------------------|------------------------|----------------------|-----------|
| <input type="checkbox"/> | 1 | Electric Funds Tran | | 03/14/2018 | \$ 242.45 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$ 298.45 ✓

5. Total of ALL CRO-1210 Pages \$ 6,129.05 ✓
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Loan Proceeds

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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) | | | | 2. ID Number | |
| COMMITTEE TO ELECT CHUCK STANEC | | | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| JENNIFER STANEC 11156 River Oaks Drive NW CONCORD, NC 28027 | | SALES MANAGER | | | |
| | | c. Employer's Name/Specific Field | | e. Start Date (mm/dd/yyyy) | |
| | | INGERSOLL RAND | | 02/27/2018 | |
| | | | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | h. Security Pledged | i. Account Code | j. Form of Payment | k. Amount | |
| % | | 1 | Check | \$ 1,550.00 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| | | | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | | |
| | | d. Percentage | | e. Amount | |
| | | % | | \$ | |
| 5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | | \$ 1,550.00 | |

APR 30 2018



NORTH CAROLINA

State Board of Elections & Ethics Enforcement

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- Name of committee to receive loan: To elect Chuck Stanec
- Person or committee to make loan: Jennifer Stanec
- Date of loan to committee: 2/27/18
- Name of lending institution and account number (source):

- Amount of loan: \$ 1550.00
- Description (if in-kind loan): _____
- Names of all parties responsible for payment of loan (guarantors):
Chuck Stanec
- Period of loan: 2/27/18 thru 12/31/18
- Rate of interest of loan: 0%
- Security pledged for loan: _____

I, Jennifer Stanec, (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

| | |
|--|-------------------------------|
| <u>[Signature]</u> Signature of Lender | <u>4/25/18</u> Date Signed |
| <u>Barbara Strang</u> Signature of Treasurer of Committee | <u>4/25/18</u> Date Signed |

In-Kind Contributions

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | 2. ID Number | |
| COMMITTEE TO ELECT CHUCK STANEC | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| Aggregated Individual Contribution | | <input checked="" 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 | |
| | | d. Election Sum to Date | |
| | | \$ | 39.87 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| ITEMS FOR TEACHER GIFTS | | 04/17/2018 | \$ 39.87 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| BILL MILLER LOCATION 288 UNIFIRST CORP RICHMOND, VA 23234 | | <input checked="" 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 | |
| | | d. Election Sum to Date | |
| | | \$ | 1,000.00 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| 200 PERSONALIZED CAMPAIGN T-SHIRT | | 03/01/2018 | \$ 1,000.00 |
| | | | \$ |
| | | | \$ |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | c. Comments |
| CHUCK STANEC 11156 River Oaks Drive NW CONCORD, NC 28027 | | <input checked="" 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 | |
| | | d. Election Sum to Date | |
| | | \$ | 533.50 |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| 4 X 6 PALM CARDS INVOICE # 47976 | | 03/09/2018 | \$ 533.50 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ | ✓ 1,573.37 |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ | 1,629.37 |

In-Kind Contributions

Pg 2 of 2

| |
|---|
| Amendment |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) | | 2. ID Number | |
| COMMITTEE TO ELECT CHUCK STANEC | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Contributor | |
| BARBARA STRANG 1332 WINECOFF SCHOOL ROAD CONCORD, NC 28027 | | <input checked="" 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 | |
| | | c. Comments | |
| | | d. Election Sum to Date | |
| | | \$ 56.00 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| FEE FOR EVENT SPACE | | 03/23/2018 | \$ 56.00 |
| | | | \$ |
| | | | \$ |
| 4. Total only this Page | | \$ 56.00 | |
| 5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i> | | \$ 1,629.37 ✓ | |

Outstanding Loans

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

| | | | |
|--|----------------------------|--|-----------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. ID Number | |
| COMMITTEE TO ELECT CHUCK STANEC | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| JENNIFER STANEC 11156 River Oaks Drive NW CONCORD, NC 28027 | | SALES MANAGER | |
| | | c. Employer's Name/Specific Field | e. Start Date (mm/dd/yyyy) |
| | | INGERSOLL RAND | 02/27/2018 |
| | | | f. End Date (mm/dd/yyyy) |
| | | | |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| Ø % | | \$ 1,550.00 | \$ 1,550.00 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 4. Total only this Page | | | \$ 1,550.00 |
| 5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | \$ 1,550.00 |

Disbursements

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 CHUCK STANEC | | | | | | | |
| 3. Type of Disbursement <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 | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| EAGLE GUNS 3789 ROBERTA CHURCH ROAD SW CONCORD, NC 28027 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 600.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | C | 04/07/2018 | \$ 600.00 | EVENT | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| INTERNATIONAL MINUTE PRESS 400-50 MCGILL AVE NW CONCORD, NC 28027 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 137.66 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 04/17/2018 | \$ 137.66 | TEACHER HANDOUTS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| INTERNATIONAL MINUTE PRESS 400-50 MCGILL AVE CONCORD, NC 28027 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 65.62 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 03/01/2018 | \$ 65.62 | MEET & GREET ITEMS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 803.28 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 5,708.83 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | | | |
| 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
 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 CHUCK STANEC | | | | | | | |
| 3. Type of Disbursement <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 | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| MY CAMPAIGN STORE . 304 Whittington Pkwy Louisville, KY 40222 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 1,520.82 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 02/27/2018 | \$ 1,520.82 | CAMPAIGN SIGNS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| MY CAMPAIGN STORE . 304 Whittington Pkwy LOUISVILLE, KY 40222 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 1,024.68 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | B | 04/16/2018 | \$ 1,024.68 | CAMPAIGN SIGNS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| MY CAMPAIGN STORE . 304 Whittington Pkwy LOUISVILLE, KY 40222 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 447.13 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 04/05/2018 | \$ 447.13 | PALM CARDS | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 2,992.63 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 5,708.83 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 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
 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 CHUCK STANEC | | | | | | | |
| 3. Type of Disbursement <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 | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| TOTALLY PROMOTIONAL .COM . 450 S 2ND ST. COLDWATER, OH 45828 | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 97.20 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 02/27/2018 | \$ 97.20 | FOAM CAN COOLERS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| WALMART PROMO SHOP . NC | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 101.13 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 02/27/2018 | \$ 101.13 | CANDIDATE LOGO PENS | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| WIX. .COM CA | | | | | | | |
| | | | | c. Level Registered (Specify) | | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 7.50 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | A | 03/26/2018 | \$ 7.50 | WEBSITE SERVICE FEE | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 205.83 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 5,708.83 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 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

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 CHUCK STANEC | | | | | | | |
| 3. Type of Disbursement <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 | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| CABARRUS COUNTY BOARD OF ELECTIONS 369 Church St N CONCORD, NC 28026 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 126.84 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Check | H | 02/12/2018 | \$ 126.84 | FILING FEE | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| NORTHEAST FOUNDATION 920 Church Street North CONCORD, NC 28025 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 1,500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | O | 04/11/2018 | \$ 1,500.00 | EVENT SPONSOR | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | | b. Coordinated Committee Name | | d. Comments | |
| WILLIE B MOORE SIGNS 2305 SOUTH MAN STREET KANNAPOLIS, NC 28081 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 80.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1 | Debit Card | B | 03/08/2018 | \$ 80.25 | BANNER | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 1,707.09 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 5,708.83 | |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | | |
| 7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i> | | | | | | | |
| 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) | | | | | | | |

Aggregated Non-Media Expenditures

| | |
|------------------------------|--|
| Amendment | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

Optional form used to report NC Non-Media Expenditures of \$50 or less.

| | | | | | | |
|--|-----------------------------|--|---|---|-----------------------------|---|
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT CHUCK STANEC | | | | | | 2. ID Number |
| 3. Payee Information | | | | | | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | b. Account Code 1 | c. Form of Payment Electric Funds Tran | d. Purpose Code O | e. Date (mm/dd/yyyy) 03/08/2018 | f. Amount \$ 9.15 | g. Required Remarks ONLINE DONANTION PROCESS FEE |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | O | 03/09/2018 | \$ 6.12 | DRINKS FOR CONVENTION |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | C | 04/04/2018 | \$ 12.84 | SUPPLIES FOR MEET & GREET |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | O | 03/01/2018 | \$ 50.00 | EVENT SPONSOR |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Check | GO | 03/01/2018 | \$ 50.00 | EVENT SPONSOR |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 1 | Debit Card | B | 03/14/2018 | \$ 10.65 | CAMPAIGN BUSINESS CARDS |
| 4. Total only this Page | | | | | \$ | 138.76 |
| 5. Total of ALL CRO-1315 Pages <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i> | | | | | \$ | ✓ 138.76 |
| 6. Purpose Codes (List detailed expenditure code in (d) above) | | | | | | |
| | 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* - Donations to Legal Expense Fund | | | |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (g) | | | | | | |