Amendment

Disclosure Report Cover

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

1. Committee Information									
a. Full Name	a. Full Name c. ID Number								
COMMITTEE TO ELECT CHRIS MEASMER									
b. Mailing Addre	b. Mailing Address (include City, State and Zip Code) d. Date Filed								
PO BOX 8133 CONCORD, NC 28027								05/10/2022	
CONCORD, N	C 20021							e. Phone Number	
2. Report Year	3. Period Star	t Date (mm/dd/y	(y)	4. Period	End Da	te (mm/dd/yy)	5. Treas un	er Full Name	
2022	03	3/11/2022			04/30/2		MESEAM		
6. Type of Comr		One)		e of Repor	(c)		type of rep	ort from one category)	
X Candidate Can	opaign 🔲 Par	ty	Munic			State/County		Referendum	
☐ Joint Fundrais	er 🔲 PA	C 4		Organizatio		Organizati	onal	☐ Organizational	
Referendum		gal Expense Fund		Thirty-five	day	Quarterly		Pre-referendum	
7. Type of Fund		le, check one)		Pre-primary	,	☐ First		Final	
☐ "Booster Fund	l"			Pre-election	1	Second	1	Supplemental Final	
Building Fund				Pre-runoff		☐ Third		Annual	
Presidential E	lection Year Can	didates Fund	1	Semi-annua	1	Fourth	l	Special	
NC Public Can	npaign Financing	; Fund		Mid Ye	аг	Semi-annu	al		
				Year E	nd	☐ Mid Y	ear	10. Special Report Name	
Other:				Final		Year I	End	FIRST QUARTER	
8. Number of Fu	ındraisers this	Report		Special		Final		PLUS	
	0					Special			
3. Account Info	rmation				3. Acc	ount Informat	ion		
a. Financial Inst		me			a. Fina	ncial Instituti	on Full Nam	ie	
COMMITTEE	TO ELECT CI	HRIS MEASM	ER			*			
b. Purpose		c. Account Cod	e		b. Pur	pose		c. Account Code	
CANDIDATE I	EXPENSES		A1			ECEIVED			
		d. Period Begin	Balan	ce	N. 8	AY 1 0 202	2	d. Period Begin Balance	
		\$			IV	ARRUS CO	INTY	\$	
CERTIFICATIO	N	J			CAB	PRUS CO	TIONS		
Chapter 163 o	f the NC Gener	al Statutes and	that no	o funds are	commi	ngled with pro	ohibited or c	2A, 22B & 22D-22M of other non-disclosed	
funds. I furth	er certify that t	his report is co	mplete,	true and c	orrect a	and that I have	been traine	ed by the NC State Board	
Bart	para St	rang	•	_B	orbe	Ma Sy Appointed Tre	ray	05/10/2022 Date	
FOR OFFICE Y	OF ONE N	ighei		agn	atme 01	Appointed 1 re	iou(E)	Date	
FOR OFFICE U	SEUNLY	-//				NY	D	C	
Date Receive	ed: $\sum_{i=1}^{n}$	10/2020	<u>L</u>	Emplo	yee:	CT	- <u>De</u>	livery Method Normal Mail	
Date Postma	rked:		_	Emplo	yee:		- 🖫	Registered Mail Hand Delivered	
Date Scanne	ed:		_	Emplo	yee:		- 🗀	Electronically Filed	
Date Data E	ntered:			Emplo	yee:			Signer has not received mandatory training	
Please Not	e: This form c	annot be used t	to amer	nd committe	ee info	mation such a	is the comm	ittee address, treasurer,	
		nt treasurer, cus							
3		d the Statement							

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

Amendment

Yes No

	2. Type of Report			3. ID Number		
COMMITTEE TO ELECT CHRIS MEASMER	2022 Special	l				
Start of Election Cycle: January 1, 2021		Total this Reporting Perio	d	Total this Election Cycle		
4) Cash on Hand at Start		\$ 5,067.	80	\$ 0.00		
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0.0	00	\$ 71.40		
6) Contributions from Individuals	(CRO-1210)	\$ 11,131.2	25 !	\$ 16,131.25		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.0	00 3	\$ 0.00		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.0	00 3	\$ 0.00		
9) Loan Proceeds	(CRO-1410)	\$ 0.0	00 3	\$ 0.00		
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.0	00 5	\$ 0.00		
(1) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.0	00 3	\$ 0.00		
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.0	00 5	\$ 0.00		
11c) Outside Sources of Income	(CRO-1250)	\$ 0.0	00 5	\$ 0.00		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.0	00 9	\$ 0.00		
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.0	00 5	\$ 0.00		
(2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	,11d and 11e)	\$ 11,131.2	25 \$	16,202.65		
EXPENDITURES						
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	\$ 8,945.9	04 5	8,945.94		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.0	00 \$	0.00		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.0	00 5	0.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.0	00 \$	3.60		
15) Loan Repayments	(CRO-1420)	\$ 0.0	00 \$	0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.0	00 \$	0.00		
17) In-Kind Contributions	(CRO-1510)	\$ 6,631.2	25 \$	6,631.25		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 15,577.1	9 9	15,580.79		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 621.8	6 \$	621.86		
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.0	0			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.0	0	USA BY ALLSTA		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.0	0			
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.0	0			
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.0	0	Bapta Milita		
25) Administrative Support	(CRO-1710)	\$ 0.0	0 \$	0.00		
26) Forgiven Loans	(CRO-1440)	\$ 0.0	0 \$	0.00		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.0	0 \$	0.00		
28) Contributions to be Refunded	(CRO-1215)	\$ 0.0	0 \$			
CRO-1100 NC State Board	of Elections			August 2008		

		om Individuals		Pg			☐ Yes	X No	
		dividual contribution		ontributions ur	ider \$50 if form CRO	-			
		(and Fund if applicab				2.1	ID Number		
COMM	ATTTEE TO ELE	CT CHRIS MEASMI	EK						
3. Cont	ributor Informati	on		Add 🔲 Re	move				
	Name, Mailing Ad			b. Job Title/Pr		d. C	Comments		
(inclu	ide city, state, & z	ip)		RECORDS D	DIVISON				
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	IWY 200				Name/Specific Fleld				
COCN	ORD, NC 28025			CABARRUS	COUNTY	ļ.,	Dection Sun	4- D-4-	
				SHERIFF		e. i	dection Sur	n to Date	
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	•	k. Amount		
	A1	Check			03/15/2022		\$	200.00	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲 Re	move				
a. Full N	Name, Mailing Ado	dress & Phone		b. Job Title/Profession			d. Comments		
(inclu	ide city, state, & z	ip)		RETIRED					
	Y BABB			- Flt-	NI (6)	1			
	ESTWOOD DR	001			Name/Specific Field	1			
KANN	APOLIS, NC 28	081		RETIRED			e. Election Sum to Date		
						_	200000000000000000000000000000000000000		
						\$		300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
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							\$		
	ributor Informati			Add 🔲 Re					
	lame, Malling Ado			b. Job Title/Profession			d. Comments		
	de city, state, & z	ip)		POSTAL CA	RRIER				
AJ BRO				a Employants	Nama/Spacific Field	ł			
PO BO				c. Employer's Name/Specific Field					
CONC	ORD, NC 28026			USPS		e. F	Dection Sun	n to Date	
						\$		500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount		
	A1	Check			03/16/2022		\$	200.00	
	A1	Check			04/04/2022		\$	300.00	
							\$		
4. Tota	al only this Pa	ge				\$		1,000.00	

Amendment

11,131.25

Con	tuibutions fu	om Individuals	N	_	2 . 1		Amendmen	
			_		$\frac{2}{\sqrt{50}}$ of $\frac{4}{\sqrt{50}}$		☐ Yes	No
		dividual contribution		ontributions ur	ider \$50 if form CRO	-		1
		(and Fund if applicab				2.1	ID Number	
COMN	MITTEE TO ELE	CT CHRIS MEASMI	ER					
3. Cont	tributor Informati	on		Add 🔲 Re	move			
a. Full l	Name, Mailing Ad	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(incl	ude city, state, & z	ip)		OWNER				
BETT	Y EDWARDS					1		
	DAYBREAK RID				Name/Specific Field	-		
KANN	NAPOLIS, NC 28	081		EDWARDS	BOOKKEEPING	<u>_</u>		1 70 /
1						e. E	Dection Sun	n to Date
l						\$		200.00
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	AI	Check			03/19/2022		\$	200.00
			-				\$	
							\$	
	ributor Informati							
	Name, Mailing Add			b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ude city, state, & z	ip)		REGISTERE	D NURSE			
JANIC	E MATTHEWS					1		
	MILLER ROAD				Name/Specific Field	-		
KANN	POLIS, NC 2808	81		BAYADA A	GENCY			
					GENCI	. T	Jackies Cum	n to Data
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					SENCT	e. E	dection Sun	200.00
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f. Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Des			\$		200.00
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			i. In-Kind Des		j. Date (mm/dd/yyyy)	\$	k. Amount	200.00
	Al	Check	i. In-Kind Des	ecription	j. Date (mm/dd/yyyy) 04/05/2022	\$	k. Amount \$	200.00
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3. Cont	A1 ributor Informati	Check on dress & Phone	i. In-Kind Des	Add Re	j. Date (mm/dd/yyyy) 04/05/2022 move	\$	k. Amount \$	200.00
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3. Cont a. Full M (inclu CHRIS PO BO	A1 ributor Information Name, Mailing Adoute city, state, & zion MEASMER DX 8133	On Or	i. In-Kind Des	Add Re b. Job Title/Pr OWNER c. Employer's	j. Date (mm/dd/yyyy) 04/05/2022 move ofession Name/Specific Fleld	d. C	k. Amount \$ \$ \$ Comments	200.00 200.00 a to Date
3. Cont a. Full M (inclu CHRIS PO BO CONC	ributor Information Name, Mailing Adolde city, state, & zion MEASMER DX 8133 ORD, NC 28027	Check on dress & Phone ip)		Add Reb. Job Title/ProWNERc. Employer's WAYSIDE FRESTURAN	j. Date (mm/dd/yyyy) 04/05/2022 move ofession Name/Specific Field FAMILY	d. C	k. Amount \$ \$ \$ Comments	200.00 200.00 n to Date 11,071.25
3. Cont a. Full M (inclu CHRIS PO BO CONC	ributor Information Name, Mailing Adolde city, state, & zion MEASMER DX 8133 ORD, NC 28027	Check on dress & Phone dp)	i. In-Kind Des	Add Reb. Job Title/ProWNERc. Employer's WAYSIDE FRESTURAN	j. Date (mm/dd/yyyy) 04/05/2022 move ofession Name/Specific Fleld	d. C	k. Amount \$ \$ \$ Comments	200.00 200.00 n to Date 11,071.25
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3. Cont a. Full N (inclu CHRIS PO BO CONC	A1 ributor Information Name, Mailing Addide city, state, & zion MEASMER 0X 8133 ORD, NC 28027 g. Account Code	Check on dress & Phone dp)	i. In-Kind Des	Add Reb. Job Title/ProWNERc. Employer's WAYSIDE FRESTURAN	j. Date (mm/dd/yyyy) 04/05/2022 move ofession Name/Specific Fleld FAMILY T	d. C	k. Amount \$ \$ \$ Comments	200.00 200.00 a to Date 11,071.25
3. Cont a. Full ? (inclu CHRIS PO BO CONC	A1 ributor Information Mame, Mailing Addide city, state, & zion MEASMER DX 8133 ORD, NC 28027 g. Account Code A1	Check on dress & Phone ip) h. Form of Payment In-Kind	i. In-Kind Des	Add Reb. Job Title/ProWNERc. Employer's WAYSIDE FRESTURAN	j. Date (mm/dd/yyyy) 04/05/2022 move ofession Name/Specific Field FAMILY T j. Date (mm/dd/yyyy) 04/18/2022	d. C	k. Amount \$ \$ \$ Comments Lection Sum k. Amount \$	200.00 200.00 a to Date 11,071.25 5,071.25

5. Total of ALL CRO-1210 Pages

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

11,131.25

\$

		com Individuals	-	Pg	3 of 4	1205	Amendme Yes	■ No
		(and Fund if applicab		ontibutions un	ider \$50 ir ionii CRO	-	II) Number	
		CT CHRIS MEASMI				2.	u) Number	
3. Cont	tributor Informati	on		Add □ Re	move	_		
	Name, Mailing Ad			b. Job Title/Pr	ofession	d. 0	Comments	
(incl	ude city, state, & z	ip)		RETIRED		Т		
LIND	A MEASMER							
	SONGWOOD DR	IVE		c. Employer's	Name/Specific Field	1		
	ORD, NC 28025			RETIRED				
1	•					e. I	Dection Sur	n to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A1	Check			03/27/2022		\$	100.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add Re	move			
a. Full l	Name, Mailing Ado	dress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ıde city, state, & z	ip)		OWNER				
REX M	MEASMER]		
6300 H	HIMESTEAD PL			c. Employer's	Name/Specific Field			
CONC	ORD, NC 28025			WAYSIIDE	RESTURANT	_		
						e. I	dection Sur	n to Date
						\$		2,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	A1	Check			04/04/2022		\$	2,000.00
				,			\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 Re	move			
a. Full N	Name, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
(inclu	ide city, state, & zi	ip)						
FREIN	DS OF THE NRA	A						
	crosspointe Dr.			c. Employer's	Name/Specific Field			
	ORD, NC 28025							
						e. F	lection Sun	n to Date
						\$		1,000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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							\$	
							\$	
							3	

11,131.25

Cont	tributions fr	om Individual	S		Pg 4 of 4	<u></u> [Yes	No No
Use this	s form to report in	dividual contribution	s over \$50 or co		under \$50 if form CRO		s not used	
1. Com	mittee Full Name	(and Fund if applicab	le)			2. ID	Number	
COMM	MITTEE TO ELE	CT CHRIS MEASM	ER					
2.0	13 . 7				D			
and the same of th	ributor Informati Name, Mailing Ad		Ц	Add D	Remove	la Co	mments	
	ide city, state, & z			D. JOB Hite.	/FIUICSSIUU	u. Co	om ments	
	RRUS REPUBLI			1				
	RIDGE	CHI WOMEN		c. Employer	's Name/Specific Field	1		
	IAPOLIS, NC 28	083		97				
						e. De	ection Sun	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	<u>l</u> cription	j. Date (mm/dd/yyyy)) k	. Amount	
	A1	In-Kind	SPONSORSH EVENT	IP FOR	03/24/2022		\$	100.00
			EVENT			-	ф	
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲	Remove			
	Name, Mailing Ado			b. Job Title	Profession	d. Co	mments	
	ide city, state, & z	ip)				1		
	ME SIGN CO RING ST NW			c. Employer	's Name/Specific Field	-		
	ORD, NC 28025				S Transcriptorite Trefa			
	0120,110 20020					e. Ele	ction Sum	to Date
						\$		460.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	k	. Amount	
	A1	In-Kind	LARGE BAN	NERS	03/24/2022		\$	460.00
							\$	
						:	\$	
4. Tota	al only this Pa	ge				\$		560.00
	al of ALL CRO		The own				-	1 121 25
CRO-12		6 of Detailed Summary 1		ard of Electio		\$		1,131.25

Amendment

Disbursem	ients				Pg1_ of	1		dment	l No
	report expenditures	from the committe	ee for o	perating exper	_				
	coordinated party ex								
1. Committee Fr	ull Name (and Fund i	f applicable)					2. ID Nun	ıber	
COMMITTEE	TO ELECT CHRIS	MEASMER							
3. Type of Dis bu		use separate CRO				rseme	nt.)		
Operating Exp	NORTH- SHOWN	ributions to Candidat			☐ Coc	ordinat	ed Party Exp	penditure	s
4. Payee Inform				Add 🔲	Remove				
	ailing Address & Pho	one		b. Coordinate	d Committee Na	nme	d. Comme	nts	
(include city, sta									
	ARKETING GROUP			a Lavel Regis	tered (Specify)				
126 SPENCER				Federal	County:				
CONCORD, NO	C 28025			State	3=0		e. Election	Sum te	Date
					- Institute of the second				
							\$	7,	790.94
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	aarks	
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					\$	SIGI	vs, webs	ITE,	
(D I-6	40		-	Add \square					
4. Payee Inform	ation ailing Address & Pho				Remove d Committee Na	me	d. Comme	n te	
a. Full Name, Ma (include city, sta	-	one		D. COULGINAC.	d Committee 14	Thie	u. Comme	птэ	
	ANT HIGH SCHOO	NT .							
700 Walker Rd	ANT HIGH SCHOOL	儿		c. Level Regist	tered (Specify)		Ì		
MT. PLEASAN	JT. NC. 28124			☐ Federal	County:				
	.1,1.0 2012.			State Municipality: e. De				Election Sum to Date	
							\$		80.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	li. Amount	k. Re	quired Ren	narks	
A1	Check	A			\$ 80.00		/ERSITSM		N N
	CHOCK	A	V	1/23/2022			GRAM	TELLY Y	.,
					\$	1	O		
4. Payee Informa	ation				Remove				
ı, Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Committee Na	ım e	d. Comme	n ts	
include city, sta	te, & zip)								
LAMAR SIGNS				- I Desire			i i		
4603 HICKORY				c. Level Regist Federal	tered (Specify) County:				
GRANITE FAL	LLS, NC 28630			State	☐ County:		e. Dection	Sum to	Date
				LI Grate	- Widilelp	апту.			
							\$	1,0	075.00
. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount	k. Re	quired Ren	arks	
A1	Debit Card	В	04	4/18/2022	\$ 1,075.00	BILI	LBOARD		
					\$				
5. Total only this	s Page		-				\$	8.0	945.94
							Ф		745.5 .
	CRO-1310 Pages	Dans CDO	*****	Cdia Fluma		1.			
	n line 13a of Detailed S n line 13b of Detailed S		_				\$	8,9	945.94
	n line 13c of Detailed Si n line 13c of Detailed Si					,,,,,			

B* - Printing C* - Fundraising H* - Holding Public Office Expenses E - Salaries F* - Equipment G - Political Party I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund

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

A* - Media

D - To Another Candidate

In-Kind Contributions Pg 1 of 2 Amendment Yes No

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

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

1. Committee Full Name (and Fund if applicable)	-			2. ID N	Number
COMMITTEE TO ELECT CHRIS MEASMER					
3. Contributor Information	Add	☐ Rei	move		
a. Full Name, Mailing Address & Phone		pe of Con	tributor	c. Com	ments
(include city, state, & zip)	_	ndividual			
CHRIS MEASMER		Candidate			
PO BOX 8133	P:	arty			
CONCORD, NC 28027	1=	'AC Referendum		d Heci	tion Sum to Date
	1	ther Recei			HON SUM to Date
				\$	11,071.25
e. Description			f. Date (mm/dd	/уууу)	g. Fair Market Amount
MAILERS			04/18/202	22	\$ 5,071.25
					\$
					\$
3. Contributor Information	Add	☐ Rer	nove		
a. Full Name, Mailing Address & Phone	b. Typ	pe of Con	tributor	c. Com	ments
(include city, state, & zip)	_	ndividual			
FREINDS OF THE NRA	I=	andidate			
1175 Crosspointe Dr.	Pa				
CONCORD, NC 28025	_	AC			
		eferendum		d. Hect	tion Sum to Date
		ther Recei	pt Source	\$	1,000.00
e. Description			f. Date (mm/dd	/уууу)	g. Fair Market Amount
TABLE SPONSOR			04/08/202	22	\$ 1,000.00
					\$
					\$
3. Contributor Information			nove		
a. Full Name, Mailing Address & Phone		e of Cont	tributor	c. Com	ments
(include city, state, & zip)		ndividual andidate			
CABARRUS REPUBLICAN WOMEN	=	andidale arty)		
516 S. RIDGE		апу АС			
KANNAPOLIS, NC 28083	I = I	ac eferendum		d. Flect	ion Sum to Date
		ther Recei	4	\$	100.00
e. Description			f. Date (mm/dd/	/уууу)	g. Fair Market Amount
SPONSORSHIP FOR EVENT			03/24/202	22	\$ 100.00
					\$
					\$
4. Total only this Page				\$	6,171.25
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO	0_1100	3		\$	6,631.25
(1 no time must be on time 17 of Detailed Summary 1 age CA	U-1100)	/			

In-Kind Contributions	Pg	of	2	☐ Yes	No No
Use this form to report non-monetary contributions, donation	ons, goods or ser	vices provided to	the con	nmittee or fun	d.
Use CRO-1215 if In-Kind Contributions were or will be	refunded within	n 7 days.			
1. Committee Full Name (and Fund if applicable)			2. ID I	Number	
COMMITTEE TO ELECT CHRIS MEASMER					
3. Contributor Information	Add Re	move			
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X Individual				
BROOME SIGN CO	☐ Candidate		1		l l
348 SPRING ST NW	☐ Party		1		()
CONCORD, NC 28025	☐ PAC				
,	Referendum	ì	d. Elec	tion Sum to l	Da te
	Other Rece	ipt Source	\$		460.00
e. Description		f. Date (mm/dd	/уууу)	g. Fair Marl	ket Amount
LARGE BANNERS		03/24/202	22	\$	460.00
				\$	
				\$	
4. Total only this Page			\$		460.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CR	0-1100)		\$		6,631.25

CRO-1510

NC State Board of Elections

December 2007

Amendment