Disclosure Re	eport Cover					Amendment Yes No
Use this form for ge	neral report and committee i	nformation,	must be signe	ed and subr	nitted along with ot	her detailed forms.
Do not use this form	to update information					
1. Committee Info	rmation		CARADDUC	CO		
a. Full Name		A	CABARRUS DARD OF E	COUNT	Y	c. ID Number
Elect J.C. McKenz	ie	5	JAKO OF E	LECTION	VS	
b. Mailing Address (inc	lude City, State and Zip Code)		SEP 2 9		d. Date Filed	
PO Box 5248 Concord, NC 2802	7		RECEIV	VED		09/29/2017
in the contraction respective for 🖋 trapped in the transport and in the			WE CELL	VLU		e. Phone Number
						704-786-8209
2. Report Year	3. Period Start Date (mm/c	HI/VVI	Period End I	Date	5. Treasurer Full	Name
2017	07/29/2017		09/26/201	17	Richard H. Snyde	r
6. Type of Commit		9. Type o	f Report	(check onl	ly one type of report	from one category)
Candidate Camp		Municipal		State/Co	ounty	Referendum
PAC	Referendum	Org	ganizational		Organizational	Organizational
Independent Expenditure Legal Expense F	Joint Fundraiser	Thi	rty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre	-primary	П	First	Final
"Booster Fund"	(5 -4-2-1	1=	-election		Second	Supplemental Final
Building Fund		Pre	-runoff		Third	Annual
		Ser	ni-annual		Fourth	Special
		님	Mid Year	S	Semi-annual	10.6
Other:		∐ Fin	Year End		Mid Year Year End	10. Special Report Name
8 Number of Fund	Iraisers this Report		ecial		Final	
0.1(umber of Tune	2				Special	
11. Account Inform	nation		11.	Account I	nformation	
a. Financial Institution			a. Fir	nancial Insti	itution Full Name	
Pinnacle Financial	AV-10-04/000 (AV-00-000)					
b. Purpose	c. Account Code		b. Pu	urpose		c. Account Code
Campaign Finance	1					
1 manee	d. Period Begin Balanc	e				d. Period Begin Balance
ľ						
	\$ 250.00					\$
CERTIFICATION			11 11 11		A 1 224 225	0.000.001
the NC General Sta	tutes and that no funds are co	ommingled	with prohibited	d or other/r	non-disclosed funds	, & 22D-22M of Chapter 163 of . I further certify that this report
	d correct and that I have bee	n trained by	the NC State I	Board of E	Mections.	
Richard H	. Snyder Printed Name of Signer	D	Signatur	re of Appoint	Tradurar	09/29/2017 Date
FOR OFFICE USE			Signatui	ic of Appoint	icu i castirci	Date
Date Received	5m 1. 9/2	9/17 Er	nployee:			Delivery Method Normal Mail
Date Postmark	ed:	Er	nployee:		***************************************	Registered Mail Hand Delivered
Date Scanned:	9/29/17	Er	nployee:	6M	9	Electronically Filed Signer has not received
Date Data Ente	ered:	Er	mployee:		<u> </u>	mandatory training
Please Note: The		an of books	information, o	or account	information.	ress, treasurer, assistant treasurer, tee changes.

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

Am	endment		
	Yes	\boxtimes	No

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Elect J.C. McKenzie	35 Day		
Start of Election Cycle: January 1,	2014	Total this	Total this
	2011	Reporting Period \$ 250.00	Election Cycle
4) Cash on Hand at Start RECEIPTS		\$ 230.00	\$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 11411.88	\$ 11756.88
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizati	ons (CRO-1250)	\$	\$
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, 11	c, 11d and 11e)	\$ 11411.88 ~	\$ 11756.88
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 5454.10	\$ 5454.10 <
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$ 1816.88	\$ 1911.88
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 7270.98	\$ 7365.98
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 4390.90 🗸	\$ 4390.90 √
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	ns) (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)	\$	\$
CRO-1100 NC State Board of El	ections		August 2008

~				-	(Cxine	diameter		
Contributions from Individuals	Pg	1	of	13_	X	Yes	\boxtimes	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 Elect J.C. McKenzie Add 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Attorney J.M. Elliott 507 Union St. S c. Employer's Name/Specific Field Concord, NC 28025 Hartsell, Williams 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 1 Check \$ 07/26/2017 100.00 \$ \$ Add Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **Business Owner** Frank A Rankin III 3795 Rankin Rd c. Employer's Name/Specific Field CESI Concord, NC 28027 e. Election Sum to Date 1877.60 i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code k. Amount 1 Check 07/28/2017 \$ 1000.00 1 Check 08/04/2017 \$ 500.00 1 Food & Drink 09/10/17 377.60 Add Remove 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Consulting Jay Curtis McKenzie PO Box 5248 c. Employer's Name/Specific Field Concord NC 28027 McKenzie Electric Inc e. Election Sum to Date \$ -5839-04 5583.84 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 08/09/2017 \$ Printing 171.20 1 Check 08/10/2017 \$ 5000.00 1 Printing \$ 09/22/2017 317.64 4. Total only this Page \$ 7466.44 5. Total of ALL CRO-1210 Pages \$ 11411.88 (This line must be on line 6 of Detailed Summary Page CRO-1100)

~					i di iii cii c		
Contributions from Individuals	Pg	2	of	13	Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contributions	under	\$50 if form	n CRC	1205 is not used			

1. Comm	ittee Full Name (ble))					2. ID Number			
Elect J.C.	McKenzie										
3. Contri	butor Informatio	on .		Add		Remo	ove				
a. Full Nam	ie, Mailing Address &	& Phone	,	b. Job Tit	le/Prof	ession		d. Commen	ts		
	city, state, & zip)			Consult	ing						
	McKenzie										
PO Box 5				c. Employ							
Concord	NC 28027			McKen	zie Ele	ectric, I	nc.				
								e. Election S	Sum to Date		
								\$	5839.04	6126,20	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description j. Date (mm/dd/y				yy)	k. Amount	t	
	1		100 :	stamps			08/14/20	017	\$	49.00	
	1		Offic	ce supplies	S		08/14/2	017	\$	76.24	
	1		Print	er ink			08/17/2	017	\$	17.12	
3. Contri	butor Informatio	on		Add		Remo	ove				
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Tit	le/Prof	ession		d. Commen	its		
(include	city, state, & zip)			Consult	ing						
) · · · · · · · · · · · · · · · · · · ·	s McKenzie										
PO Box 5				c. Employer's Name/Specific Field						1	
Concord 1	NC 28027		McKen	zie Ele	ectric, I	nc.					
								e. Election	Sum to Date		
								\$	5839.04	6156.68	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descrip	otion		j. Date (mm/dd/yy	vv)	k. Amount		
	1			stamps			08/17/20	2 80	\$	98.00	
	1.		Than	ık you car	ds		08/19/2	017	\$	10.68	
	1		Print	ting			09/25/2	017	\$	321.80	
3. Contri	butor Informatio	on		Add		Remo	ove				
a. Full Nan	ie, Mailing Address &	& Phone		b. Job Tit	le/Prof	ession		d. Commen	its		
(include	city, state, & zip)			Vice Pr	esider	nt					
William (
	encrest Ct NW			c. Employ			cific Field				
Concord	NC 28027			First Ci	tizens	Bank					
								e. Election	Sum to Date		
								\$	25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descrip	otion		j. Date (mm/dd/yy	yy)	k. Amount	t	
	1	Check					08/20/20	017	\$	25.00	
									\$		
									\$		
	only this Pag							\$		√597.84	
5. Total of ALL CRO-1210 Pages								\$		11411.88	
(This line	e must be on line 6 of	Detailed Summary Page (CRO-1100)				Ψ		11711.00	

		n Individuals vidual contributions of	over \$50	Pg Our contributions unde	_3 of er \$50 if form CR0	13 O 1205 is no	Amendmen Yes t used	t No
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Num	ber	
Elect J.C.	McKenzie							
3. Contri	butor Informatio	on		Add Rem	nove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	s	
(include	city, state, & zip)			Realtor				
Allen K (Craven							
	over Dr SE			c. Employer's Name/Spe	ecific Field			
Concord	NC 28025			Craven Real Estate				
						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			08/20/20	017	\$	100.00
							\$	
							\$	
3 Contri	butor Information	n n		Add Rem	nove			
	ne, Mailing Address &			b. Job Title/Profession	love and the second	d. Comments	s .	
	city, state, & zip)			Admin	and the suite southers and the second	ur comment	•	
Gail S Ho								
3511 Mil	ford Ct			c. Employer's Name/Spe	ecific Field			
Concord	NC 28027			Philip Morris				
						e. Election S	um to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			08/21/20	017	\$	200.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Rem	nove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Owner				
Leroy De								
	Bay Ct SE			c. Employer's Name/Spo				
Concord	NC 28027			Health Quality Con	sultants	El di G		
						e. Election S		
c D ·	1 (6.1	L. E. CD	T	2. 18	T. 5 / ///	\$	50.00	Seconomica
f. Prior	g. Account Code	h. Form of Payment	1. In-1	Kind Description	j. Date (mm/dd/yy		k. Amount	
	1	Check			08/21/2	017	\$	50.00
							\$	
							\$	
4. Tota	l only this Pag	je				\$		√350.00
5. Tota	l of ALL CRO	1210 Pages				\$		11411.88

		n Individuals		Pg	_4 of		Yes	No No		
		vidual contributions of	-	0 or contributions und	er \$50 if form CF					
1. Comm	ittee Full Name (and Fund if applical	ble)			2. ID Nur	nber			
Elect J.C	. McKenzie									
3. Contri	ibutor Informatio	on		Add Rei	move			6.50		
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	d. Comments			
	city, state, & zip)			Grocer bagger						
	O'Morrow									
	berton Ct NC 28027			c. Employer's Name/Sp Harris Teeter	pecific Field					
Concord	NC 28027			Tiairis rectei		e. Election 5	Sum to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			08/23/2	2017	\$	50.00		
							\$			
							\$			
3. Contr	ibutor Informatio	on		Add Rei	move					
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts			
	city, state, & zip)			Physical Therapist						
Mary J O						- Chris				
	berton Ct NC 28027			c. Employer's Name/Sp Radford Communi						
Concord	NC 28027			Radioid Commun	ty Hospitai	e. Election 5	Sum to Date	N. S. S. Holes, Philos		
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			08/23/	2017	\$	50.00		
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3. Contr	ibutor Informatio	on		Add Re	move					
a. Full Nar	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its			
	city, state, & zip)			Teacher						
Emily G	•			- F - 1 - 1 N - 10	16 11 11					
Concord	h Ave SE			c. Employer's Name/Sp Cabarrus County S						
Concord				Cabarrus County S	SCHOOLS	e. Election	Sum to Date			
						\$	70.00			
6.70.	1	l. n en			1.5					
f. Prior	g. Account Code	h. Form of Payment	1. In-	Kind Description	j. Date (mm/dd/y		k. Amount			
	1	Check			08/24/	2017	\$	70.00		
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	l only this Pag					\$		/170.00		
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		m Individuals	O.E.	Pg			Yes	No
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		and Fund if applica	Die)			2. ID Nul	nber	
Elect J.C.	. McKenzie							
3. Contri	ibutor Informatio	on		Add Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	its	
	city, state, & zip)			Owner				
Charles C	grave St NW			c. Employer's Name/S	nacific Field			
	NC 28027			Sparks Enterprises				
Concora	1,02002,			Spanie Enterprises		e. Election	Sum to Date	
						\$	300.00	
f Dulan	- 4	h F	T	W. ID.	1.6.7.00			
f. Prior	g. Account Code	h. Form of Payment	1. In-1	Kind Description	j. Date (mm/dd/		k. Amount	
Ш	1	Check			08/25/	2017	\$	300.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	move			and the second
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commen	its	
	city, state, & zip)			Teacher				
Stephania						-		
Occupant of the second	odcrest Dr NC 28027			c. Employer's Name/S Cabarrus County S				
Concord	NC 28027			Cabarrus County S	SCHOOLS	e. Election	Sum to Date	
							2000	25,000,000
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	187,15460
	1	Check			08/25/	2017	\$	100.00
							\$	
							\$	
3. Contri	ibutor Informatio	on		Add Re	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profession	ı	d. Commen	its	
Children and Department and Department of the Control of the Contr	city, state, & zip)			Owner				
100 000	Morrison Jr on Street North			FII-N/G				
and the second second	NC 28025			c. Employer's Name/S Morrison Brothers				
Concord	110 20025			Wionison Brothers	Lamoer	e. Election	Sum to Date	
				=		\$	50.00	
f. Prior	g. Account Code	h. Form of Payment] : In	Kind Description	j. Date (mm/dd/			
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		Check			08/20	2017		30.00
- -							\$	
4 Tota	l only this Pag					\$	\$	450.00
	l of ALL CRO					Φ		450.00
- I ou	- J. LILL CITO					0		11411 00

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		n Individuals vidual contributions o	ver \$50) or contri	bution	Pg s under	6 of	13 1205 is n	Yes	No No
		and Fund if applica		or contri	oution	3 unde	1 \$30 II IOIIII CR	2. ID Nui		
	McKenzie							2. 10 1(4)	in oct	
3. Contri	butor Informatio	on		Add		Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Ti	tle/Prof	ession		d. Commen	its	
	city, state, & zip)			Insurar	ice Sal	es				
Robert P 254 Scen	Williams Jr			. Famile	! a NT	10	.'e. E'.11			
	NC 28025			A J Ga		-	cific Field			
Concora	110 20023			710 00	nagne			e. Election	Sum to Date	
								\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					08/28/2	017	\$	50.00
									\$	
									\$	
3. Contri	butor Informatio	on		Add		Rem	ove	The second		
	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Commen	its	
Timothy	city, state, & zip)			Banker						
	enside Dr NW			c. Emplo	ver's Na	me/Spe	cific Field			
200000002490000 PV960000000	NC 28027			Wells						
					.=.			e. Election	Sum to Date	
								\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
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									\$	
									\$	
	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address &	& Phone		b. Job Ti		ession		d. Commen	nts	
	city, state, & zip) Malone-Trahey			Dentist	Į.					
the same of the sa	gton Dr NE			c. Emplo	ver's N	ame/Sne	cific Field			
	NC 28025			China Colon Colon Colon Colon Colon			imon Ortho			
						100		e. Election	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check					08/27/2	017	\$	250.00
									\$	
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4. Total	l only this Pag	e						\$		√400.00

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5. Total of ALL CRO-1210 Pages

		n Individuals			Pg		13_	Yes Yes		
		vidual contributions of		or contribu	tions unde	er \$50 if form CR				
		(and Fund if applica	ble)				2. ID Num	ıber		
Elect J.C.	McKenzie									
	butor Informatio			Add [Ren	nove				
	ie, Mailing Address &	& Phone		b. Job Title/			d. Comments			
Wayne S	city, state, & zip) Dabbs			Lab Tech						
0000	bourne Ct NW			c. Employer	's Name/Spe	ecific Field				
Concord	NC 28027				Sewer Aut					
							e. Election S	um to Date		
5							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	 Kind Description	on	j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check				08/27/2	017	\$	100.00	
								\$		
								\$		
3 Contri	butor Informatio			Add	Rem	nove		ΙΨ		
	ne, Mailing Address &			b. Job Title/		love	d. Comment			
	city, state, & zip)			Owner	1 1 0 1 2 0 0 1 0 11	0000 900000 300 909100910091	u. comment	9		
	ith Barbee									
22/20/20/20/20/20/20/20/20/20/20/20/20/2	vood Dr SE			c. Employer		ecific Field				
Concord	NC 28025			Shalyn In dba Mini-			e. Election S	um to Doto		
				doa wiiii-	-xu eme					
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	on	j. Date (mm/dd/yy	уу)	k. Amount		
	1	Check				08/28/2	017	\$	100.00	
								\$		
								\$		
3. Contri	butor Informatio	on		Add [Rem	nove				
	ne, Mailing Address &	& Phone		b. Job Title/	Profession (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	d. Comment	s		
	city, state, & zip)			Owner						
Wayne K	ing tney St SE			c. Employer	's Nama/Sn	ocific Field				
	NC 28025			Brightcas		ecinc Field				
							e. Election S	um to Date		
							\$	50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	⊥ Kind Descriptio	on	j. Date (mm/dd/yy	ryy)	k. Amount		
	1	Check				08/28/2	017	\$	50.00	
								\$		
					126			\$		
4. Total only this Page							\$		√250.00	
5. Total	l of ALL CRO	1210 Pages					•		11411 00	

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Contr	ibutions froi	m Individuals			Pg	_8 of	13_	☐ Ye	s No
Use this f	form to report indi	vidual contributions of	ver \$50	or contri	butions unde	er \$50 if form CR	O 1205 is n	ot used	
1. Comm	nittee Full Name ((and Fund if applica	ble)				2. ID Nu	mber	
Elect J.C.	. McKenzie		w						
3. Contri	ibutor Informatio	on		Add	Rem	nove			
	ne, Mailing Address &	& Phone			tle/Profession		d. Commer	its	
Cynthia I	city, state, & zip)	探的 民物 人名英斯		Auto d	ealer				
350	ington Lane SE			c. Emplo	yer's Name/Spo	ecific Field	-		
- 979	NC 28025				ynatt Buick (1		
							e. Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Check				08/28/2	017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Ren	nove			
	ne, Mailing Address	& Phone		The second second second	tle/Profession		d. Commer	its	
	city, state, & zip)			Execut	ive Director				
Venetia A	A Skanen nelm Pl NE			e Emplo	yer's Name/Sp	ecific Field			
	NC 28025				nnon Founda				
							e. Election	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Descri	ption	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				09/04/2	017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Ren	nove			
	me, Mailing Address	& Phone			tle/Profession		d. Commer	nts	
(include Dianne F	city, state, & zip)			Homer	naker				
Committee which will be a committee	hford Green Ave			c. Emplo	yer's Name/Sp	ecific Field			
	NC 28025			N/A	jer o mamerop	cenie i icia			
							e. Election	Sum to Date	
							\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	Cash				09/11/2	017	\$	50.00
								\$	
								\$	
	l only this Pag						\$		V250.00
5. Tota	of ALL CRO	0-1210 Pages					\$		11411.88

		m Individuals	over \$5	P ₂ O or contributions un			Amendment Yes ot used	No No
		(and Fund if applica				2. ID Nur		
Elect J.C.	McKenzie							
3. Contri	butor Informatio	on		Add Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Profession	n	d. Commen	ts	
Kenneth.	city, state, & zip) I Wilson			Owner-Retired				
	eford Green Ave			c. Employer's Name/S	Specific Field			
Concord	NC 28025			Plastics Manufact	uring			
						e. Election S	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Cash		09/11/2		017	\$	50.00
							\$	
							\$	
3. Contri	ibutor Information	on		Add Re	emove			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession	n	d. Commen	ts		
(include Suzanne	city, state, & zip)			Office Admin				
ASSESS VALUE / AND PROPERTY 1	rose Ct NE			c. Employer's Name/S	Specific Field			
	NC 28025			Cannon School				
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	Cash			09/11/2	2017	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	emove			
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its	
John Hov	city, state, & zip)			Sr Estimator				
Committee of the property of the season of	rose Ct NE			c. Employer's Name/S	Specific Field			
Concord NC 28025				T.R. Curler Electr				
				e. Election	Sum to Date			
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	Cash			09/11/2	2017	\$	50.00
							\$	
							\$	
4. Tota	I only this Pag	re				\$		150.00

11411.88

\$

5. Total of ALL CRO-1210 Pages

Contr	ibutions fro	m Individuals				Pg	10 of	13	☐ Ye	s No	
Use this t	form to report indi	ividual contributions	over \$50	or contril	butions	unde	r \$50 if form CR		not used		
1. Comm	nittee Full Name	(and Fund if applica	ble)					2. ID Nu	ımber		
Elect J.C	. McKenzie										
3. Contr	ibutor Informatio	on		Add		Rem	ove				
	ne, Mailing Address	& Phone		b. Job Title/Profession				d. Comme	ents		
James W	city, state, & zip)			Restaur	rant Ow	ner					
	tta Pl NW			c. Employ	ver's Na	me/Sne	cific Field				
	NC 28027O			Stowe-			cine i icia				
				j				e. Election	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					09/01/20	017	\$	100.00	
									\$		
									\$		
3. Contri	ibutor Informatio	on		Add		Rem	ove				
a. Full Name, Mailing Address & Phone				b. Job Tit	REPORT CONTRACTOR	Maria Company		d. Comments			
	city, state, & zip)			Owner-	Retail	Store					
Susan Sn	rke St NW			c. Employ	vorte No	ma/Sna	oific Field				
100000000000000000000000000000000000000	NC 28027			Black E			cinc Field				
					,			e. Election	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check			- iline		09/10/20	017	\$	100.00	
									\$		
									\$		
3. Contr	ibutor Informatio	on		Add		Rem	ove				
	ne, Mailing Address	& Phone		b. Job Tit	\$5500000000000000000000000000000000000	ssion		d. Comme	ents		
	city, state, & zip)			Designe	er						
James G	ghton Ct NW			e Employ	ver's No	me/Sne	cific Field				
	NC 28027			Speedw							
						1		e. Election	Sum to Date		
								\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount		
	1	Check					09/10/20	017	\$	100.00	
									\$		
									\$		
	l only this Pag							\$		√ 300.00	
5. Tota	l of ALL CRO	0-1210 Pages						\$		11411.88	

11411.88

	4 *1		C	т т	• 1	
Con	tribu	tions	from	Indi	vid	uals

Use this f	form to report ind	ividual contributions	over \$50	or contributions	under \$50 if form CI	RO 1205 is n	ot used		
1. Comm	. Committee Full Name (and Fund if applicable)						2. ID Number		
Elect J.C	. McKenzie								
3. Contri	ibutor Informati	on		Add	Remove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Commer	nts		
	city, state, & zip)			Owner					
	H. Snyder								
594 Bent				c. Employer's Nam					
Concord	NC 28027			Snyder Consult	ing				
						e. Election	Sum to Date		
						\$	377.60	627.60	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	L Kind Description	j. Date (mm/dd/y		k. Amount		
	1		Foo	d & drink	& drink 09/10/201		\$	377.60	
							\$		
							\$		
3. Contri	ibutor Informatio	on		Add	Remove				
a. Full Nan	ne, Mailing Address	& Phone		b. Job Title/Profes	sion	d. Commer	nts		
		L D CD	1			\$	Sum to Date		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	уууу)	k. Amount		
							\$		
							\$		
							\$		
	ibutor Informatio		Ш		Remove				
	ne, Mailing Address	& Phone		b. Job Title/Profes		d. Commer	ıts		
	city, state, & zip) W. Dillard, Jr.			Head Librarian	-Ketirea				
1622 Sut				c. Employer's Nam	e/Specific Field				
	NC 28025			Cabarrus Coun					
					,	e. Election	Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount		
	1	Check			08/30/	2017	\$	100.00	
							\$		
							\$		
4. Tota	l only this Pag	ge				\$		477.60	
5. Tota	l of ALL CRO	0-1210 Pages				_		4444	
		Detailed Summary Page (CRO-1100	2)		\$		11411.88	

		n Individuals vidual contributions o	ver \$50	or contri	Pg ibutions unde	<u>12</u> of r \$50 if form CRO	13 O 1205 is no	Amendmen Yes t used	t No
		and Fund if applical	_				2. ID Num		
Elect J.C.	. McKenzie								
3. Contri	ibutor Informatio	on		Add	Rem	ove			
a. Full Nan	ne, Mailing Address &	& Phone			itle/Profession	1/1	d. Comments	S	
The state of the second st	city, state, & zip)			Project	t Manager - re	etired			
Esta Wan						ASSESSMENT OF THE PROPERTY OF			
Principle of the Control of the Cont	nticello Dr NW				yer's Name/Spe	cific Field			
Concord	NC 28027			Bank	of America		e. Election S	um to Doto	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check				09/08/20	017	\$	100.00
								\$	
								\$	
3. Contri	ibutor Informatio	on		Add	Rem	iove			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job T	itle/Profession		d. Comment	S	
	city, state, & zip)			Attorn	ey				
Robert M					A STATE OF THE STA				
PO Box 7					yer's Name/Spe				
Concord	NC 28026			Law O	offices of Rob	ert Critz PA	a Flaction C	um to Doto	
							e. Election S	um to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption	j. Date (mm/dd/yy	уу)	k. Amount	
	1	Check				09/10/2	017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on		Add	Rem	nove			
	ne, Mailing Address	& Phone			itle/Profession		d. Comment	s	
	city, state, & zip)			Insura	nce Sales				
C. Mario					1 27 (6				
78 Deal S					oyer's Name/Spe ern Insurance	ecific Field			
Concord NC 28025				South	erii ilisurance		e. Election S	um to Date	
							\$	100.00	GM 30 10 10 10 10 10 10 10 10 10 10 10 10 10
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check				09/10/2	017	\$	100.00
								\$	
								\$	
4. Tota	l only this Pag	ge					\$		√ 300.00
5. Tota	l of ALL CRO)-1210 Pages					\$		11411.88

Contri	butions from	n Individuals		P	g <u>13</u> of	13_	Yes			
Carlo Car		vidual contributions of	CONTRACTOR DE L'ANDRE	or contributions un	der \$50 if form CR	O 1205 is no	t used			
1. Comm	ittee Full Name (and Fund if applica	ble)			2. ID Num	iber			
Elect J.C.	McKenzie									
	butor Informatio			Add R	emove					
	ne, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Comment	S			
Robert Aı	city, state, & zip)			Administrator						
280 Virgi				c. Employer's Name/S	Specific Field					
	NC 28025			Central Piedmont						
						e. Election S	um to Date			
						\$	50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount			
	1	Check			09/13/2	017	\$	50.00		
							\$			
							\$			
	butor Informatio				emove					
a. Full Name, Mailing Address & Phone				b. Job Title/Professio	n	d. Comment	d. Comments			
Caleb Lee	city, state, & zip)			Branch Manager						
	n Woods Dr			c. Employer's Name/S	Specific Field					
	NC 28025			ACE Insurance G						
						e. Election S	um to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount			
	1	Check			09/21/2	017	\$	100.00		
							\$			
							\$			
	butor Informatio				emove					
	ie, Mailing Address &	& Phone		b. Job Title/Professio	n	d. Comment	S			
John R B	city, state, & zip)			Attorney						
101 Louis				c. Employer's Name/	Specific Field					
Concord	NC 28025			Hartzell, William						
						e. Election S	um to Date			
						\$	100.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount			
	1	Check			09/21/2	2017	\$	100.00		
							\$			
							\$			
4. Total	only this Pag	e				\$		250.00		
5. Total	of ALL CRO	1210 Pages				\$		11/111 88		

In-Kind Contributions

			Amen	ıdment		
Pg	<u>1</u>	of	2	Yes	\boxtimes	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 appl	licable)			2. ID	Number
Elect J.C. McKenzie					
3. Contributor Information	Add	Remove			
a. Full Name, Mailing Address & Phone	Add	b. Type of C	Contributor	c. Com	ments
(include city, state, & zip)			vidual	Cr Com	
JC McKenzie			didate		
PO Box 5248		Part	y		1
Concord NC 28027		PAC	2		
		Refe	erendum	d. Elect	tion Sum to Date
		Othe	er Receipt Source	\$ -	1156.68 391.44
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
Printing			08/09/2017	7	\$ 171.20
100 Stamps			08/14/201	7	\$ 49.00
Office Supplies			00/14/201	, <u> </u>	Ψ 47.00
office Supplies			08/14/201	7	\$ 76.24
	Add	Remove			
a. Full Name, Mailing Address & Phone		b. Type of C		c. Com	ments
(include city, state, & zip)		Ed 1 Contraction	vidual		
JC McKenzie			didate		
PO Box 5248 Concord NC 28027		Party			
Concord NC 28027		PAC			
		100000000000000000000000000000000000000	erendum	d. Elect	tion Sum to Date
		U Otne	er Receipt Source	\$	1156.68 617.24
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount
Printer Ink			08/17/2017	7	\$ 17.12
200 Stamps			08/17/201	7	\$ 98.00
Thank You Cards					* * * * * * * * * * * * * * * * * * * *
Thank Tot Cards			08/19/201	7	\$ 10.68
	Add 🔲 1	Remove			
a. Full Name, Mailing Address & Phone		b. Type of C	AND THE RESIDENCE AND THE PROPERTY OF THE PARTY OF THE PA	c. Com	ments
(include city, state, & zip)			vidual		
JC McKenzie			didate		1
PO Box 5248 Concord NC 28027		Party			
Collected INC 28027		PAC	erendum	d. Elect	tion Sum to Date
		<u> </u>	er Receipt Source		1156.68
e. Description			f. Date (mm/dd/yy	L	3.
Printing					g. Fair Market Amount
			09/25/2017	7	\$ 321.80
Printing			09/22/201	7	\$ 317.64
					\$
4. Total only this Page			l	\$	1061.68
5. Total of ALL CRO-1510 Pages					
(This line must be on line 17 of Detailed Summary F	Page CRO-1100)			\$	1816.88

In-Kind Contributions \boxtimes Pg No 2 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 Elect J.C. McKenzie 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) \boxtimes Individual Frank A Rankin III Candidate 3795 Rankin Rd Party Concord, NC 28027 PAC Referendum d. Election Sum to Date Other Receipt Source 377.60 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Food & drink 09/10/2017 \$ 377.60 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Richard H. Snyder Candidate 594 Bent Oak Trl Party Concord NC 28027 PAC Referendum d. Election Sum to Date Other Receipt Source 377.60 e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount Food & drink 09/10/2017 \$ 377.60 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments (include city, state, & zip) Individual Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source \$ e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount \$

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

755.20

1816.88

\$

\$

Amendment

				Ame	ndment		
Disbursements	Pg	1	of <u>1</u>		Yes	\boxtimes	No
TT 11 C				/ 11.			

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

	ull Name (and Fund	d if applicable)		5.34	2. ID Number
Elect J.C. McKe					
3. Type of Disbu			RO-1310 forms for each t		
Operating E			ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform	ation	\boxtimes	Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Perry Production	ns, Inc.				
41 Edgewood A	venue, NE		c. Level Registered (Specify)		
Concord, NC 28	3025		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 1100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	GI I			#1100 00	Social Media
1	Check	A	09/25/2017	\$1100.00	Marketing
				\$	
4. Payee Inform	ation		Add	Remove	
NO. POSSESSE DE LA PROPERTA DE LA PROPERTA DE LA PROPERTA DE LA PROPERTA DE LA POSSESSE DE LA PROPERTA DE LA POSSESSE DE LA PROPERTA DE LA POSSESSE DE LA PO	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Carolina Promo					
PO Box 888	•		c. Level Registered (Specify)		
Concord, NC 28026			☐ Federal ☐	County:	200
Concord, 11C 2C	7020		State	Municipality:	e. Election Sum to Date
				manorpaney.	e. Election Sum to Date
					\$ 4030.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
			it zate (initia da 3333)		Promotional
1	Check	В	09/22/2017	\$4030.00	Items
					Ttoms
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Quick Print of C			1		
12 Palaside Dri			c. Level Registered (Specify)		
Concord NC 28			Federal	County:	
Concord ive 20	023		State	Municipality:	e. Election Sum to Date
			State	withhelpanty.	c. Election Sum to Date
					\$ 324.10
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/vyvy)	j. Amount	k. Required Remarks
1. recount code	gi 1 or m or 1 uj ment			J. T. MOUNT	Business Cards
1	Check	b	09/05/2017	\$324.10	Business Curus
				\$	
5. Total only th	is Page	1			\$ 5454.10
	CRO-1310 Pages				4 5 15 1110
CONTRACTOR AND DESCRIPTION OF THE PROPERTY OF		nmarv Page CRO-110	00 if Operating Expenses)		
	70		00 if Contrib to Candidates/Politi	cal Comm)	\$ 5454.10
	- A STANDARD CONTRACTOR OF THE STANDARD AND A STANDARD CONTRACTOR OF THE ST		00 if Coordinated Party Expendit	30.140.753	
	les (List detailed ex				
A* - Media	B* - Printing	C* - Fun		D - To Anot	her Candidate
E - Salaries	F* - Equipment				g Public Office Expenses
I - Postage	J - Penalties		ice Expenses		on to Legal Expense Fund
O* - Other					-
* Codes requir	re detailed explanat	ion in required r	emarks field (k)		