Cabara   C	Disclosure Re	port Cover				Amendment Yes No		
Do not use this form to update information			nformation, must b	e signed and sul	bmitted along with			
Seed   Constituted   City   State and Zip Code	Do not use this form	to update information						
B. Mailing Address (include City, State and Zip Code)  D. Mailing Address (include City, State and Zip Code)  RECEIVED  RECEIVED  RECEIVED  1027/2017  P. Proac Number 704-786-8209  2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 4. Period End Date (mm/ddyy) 704-786-8209  2. Report Year 0. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 8. Treasurer Full Name (mm/ddyy) 704-786-8209  2. Report Year 1. Proach Committee (Check One) 9. Type of Report (check only one type of report from one category)  S. Treasurer Full Name (mm/ddyy) 8. A period End Date (mm/ddyy) 8. A period End Date (mm/ddyy) 8. State County Referended (mm/ddyy) 9. Type of Report (check only one type of report from one category)  S. Treasurer Full Name (organizational organizational organizat	1. Committee Infor	mation						
B. Mailing Address (include City, State and Zip Code)  D. Mailing Address (include City, State and Zip Code)  RECEIVED  RECEIVED  RECEIVED  1027/2017  P. Proac Number 704-786-8209  2. Report Year 3. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 4. Period End Date (mm/ddyy) 704-786-8209  2. Report Year 0. Period Start Date (mm/ddyy) 4. Period End Date (mm/ddyy) 8. Treasurer Full Name (mm/ddyy) 704-786-8209  2. Report Year 1. Proach Committee (Check One) 9. Type of Report (check only one type of report from one category)  S. Treasurer Full Name (mm/ddyy) 8. A period End Date (mm/ddyy) 8. A period End Date (mm/ddyy) 8. State County Referended (mm/ddyy) 9. Type of Report (check only one type of report from one category)  S. Treasurer Full Name (organizational organizational organizat				CABARRUS	COUNTY	c. ID Number		
PO Box \$248 Concord, NC 28027  RECEIVED  RECEIVED  10/27/2017  2. Report Year  3. Period Start Date (mm/dd/yy)  2. Report Year  3. Period Start Date (mm/dd/yy)  2. Report Year  3. Period Start Date (mm/dd/yy)  2. Report Year  4. Period End Date  6. Type of Committee (Check One)  7. Pac   Referendum   Organizational   Organizati	Elect J.C. McKenzi	e	d	DUARD OF E	ELECTIONS			
Center   Concord, NC 28027   Center	20 2017							
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name (mm/dd/yy) 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category)    Candidate Campsign   Party   Party   Party   Party   Pre-referendum   Organizational   Organizati	All Charles and Carles	r		D. W		10/27/2017		
2. Report Year    3. Period Start Date (mm/dd/yy)   4. Period End Date (mm/dd/yy)   7. Type of Committee (Check One)   9. Type of Report   6. Check only one type of report from one calegory)	Concord, TVC 20027			RECEIV	VED	e. Phone Number		
2017   09/27/2017   10/23/2017   Richard H.Snyder						704-786-8209		
Control   Cont	2. Report Year	3. Period Start Date (mm/c	10/VV1		5. Treasurer Fu	ll Name		
6. Type of Committee (Check One)    Candidate Campaign	2017	09/27/2017		M. ==	Richard H.Snyd	er		
Candidate Campaign				10000000000000000000000000000000000000				
PAC	The state of the s							
Independent   Joint Fundraiser   Thirty-five day   Quarterly   Pre-referendum						A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
Expenditure   Legal Expense Fund   Pre-primary   First   Supplemental Final   Supplemental Final   Supplemental Final   Semi-annual   Fourth   Semi-annual   Special   Supplemental Final   Annual   Special   Supplemental Final   Annual   Special   Special   Supplemental Final   Annual   Special		100 (100 to 2000 M. 25			, <del></del> .			
Pre-primary   Presponser Fund   Pre-primary   Presponser Fund   Pre-primary   Pre-primary   Presponser Fund   Pre-primary   Presponser Fund   Presponser F		_	I I I I I I I I I I I I I I I I I I I	ay	Quarterly	Pre-referendum		
Booster Fund"			Dro mrimore		P:4			
Building Fund		(і) аррисавіє, спеск впе)						
Other:			500	IH				
Mid Year   Year End   Mid Year   Year End				IH				
8. Number of Fundraisers this Report			Mid Ye	ear				
8. Number of Fundraisers this Report	Other:		Year E	nd 🔲	Mid Year	10. Special Report Name		
Special   Spec			Final		Year End			
11. Account Information   a. Financial Institution Full Name   a. Financial Institution Full Name   a. Financial Institution Full Name   b. Purpose   c. Account Code   b. Purpose   c. Account Code   d. Period Begin Balance   d. Period Begin Balance   d. Period Begin Balance   s. 4390.90   s   c. Account Code   c. A	8. Number of Fund	raisers this Report	Special					
a. Financial Institution Full Name  Pinnacle Financial Partners  b. Purpose  c. Account Code  b. Purpose  Campaign Finance  d. Period Begin Balance  \$ 4390.90  CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  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,	11 Assount Inform	~#~		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Pinnacle Financial Partners  b. Purpose  c. Account Code  d. Period Begin Balance  finance  1  d. Period Begin Balance  \$ 4390.90  certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Scanned:  Date Date Entered:  Employee:  Employee:  Employee:  Employee:  Date Committee address, treasurer, assistant treasurer,  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,								
Campaign Finance   Campaign   C	The state of the s			a. i manciai in	stitution Fun Ivanic			
CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Electrons.  Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Printed Name of Signer  Employee:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Scanned:  Date Date Bear of Electronically Filed  Signature of Appointed Treasurer  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,				b. Purpose		c. Account Code		
CERTIFICATION     Certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.    Richard H. Snyder	Campaign	1						
CERTIFICATION  I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Printed Name of Signer  Employee:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	1 manee	d. Period Begin Balanc	e			d. Period Begin Balance		
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Bemployee:  Date  TOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Date Data Entered:  Date Scanned:  Date Data Entered:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Employee:  Date Scanned:  Date Data Entered:  Date Data Entered:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Date Data Entered:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Data Data Entered:		\$ 4390.90				\$		
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  But and Delivery Method  Normal Mail  Registered Mail  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,	CERTIFICATION							
the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.  Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Employee:  Employee:  Employee:  Date Scanned:  Date Data Entered:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	I certify that the Cor	nmittee or Fund is in compl	iance with all appli	cable provisions	s of Article 22A, 22	B, & 22D-22M of Chapter 163 of		
Richard H. Snyder  Printed Name of Signer  Printed Name of Signer  Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Scanned:  Date Date Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Employee:  Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	the NC General Stat	utes and that no funds are co	ommingled with pro	hibited or other	r non-disclosed fund			
Printed Name of Signer  Signature of Appointed Treasurer  Date  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Date Entered:  Employee:  Bemployee:  Bem	Part Alan Side managa		n trained by the NC	State Board of	Elections.			
Date Received:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Empl	Richard H.	•	1	- AM				
Date Received:    Date Postmarked:   Employee:   Smg   Delivery Method   Normal Mail   Registered Mail   Hand Delivered   Electronically Filed   Signer has not received   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,	TOD OFFICE VIEW		77	Signature of Appoi	inted Treasurer	Date		
Date Postmarked:  Date Postmarked:  Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Em		INLY IN/25/12		5	na	Daliyany Mathad		
Date Scanned:  Date Scanned:  Date Data Entered:  Employee:  Emplo	Date Received:	10/03/11	Employee	011	79			
Date Scanned:    Date Scanned:   Date Scanned:   Employee:   Emplo	Date Postmarke	d:	Employee	•		Registered Mail		
Date Data Entered:  Employee:  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,	Date 1 ostmarke		Employee					
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,	Date Scanned:	10/25/17	Employee	Sn	ng	Signer has not received		
	Date Data Enter	red:	Employee	:		mandatory training		
	Please Note: Th					dress, treasurer, assistant treasurer,		

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

CRO-1000 NC State Board of Elections August 2008

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

Amei	idment		
	Yes	$\boxtimes$	No

74-Marie - Marie Marie - Marie	2. Type of Report		3. ID Number
Elect J.C. McKenzie	10 Day Pre Election	on	
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4390.90	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 2329.32	\$ 14086.20
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 Organization	ns (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, 11c,	11d and 11e)	\$ 2329.32	\$ 14086.20
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1100.00	\$ 6554.10
13b) Contributions to Candidates/Political Committee	ees (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)	\$ 1089.32	\$ 3001.20
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 2189.32	\$ 9555.30
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 4530.90	\$ 4530.90
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$
CRO-1100 NC State Board of Elect		*	August 2008

		m Individuals		P		of <u>3</u>	Yes Yes	
The second secon	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	lividual contributions		0 or contributions un	der \$50 if form C			
		(and Fund if applica	ble)			2. ID Nu	umber	
Elect J.C	C. McKenzie							
	ibutor Informati				emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	ents	
Carolyn	e city, state, & zip)			Teacher				
	on Street South			c. Employer's Name/S	Specific Field			
Concord	, NC 28025			Cabarrus County				
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description j. Date (mm/dd		<b>/уууу)</b>	k. Amount	
	1	Check			09/27	/2017	\$	50.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	ents	
	city, state, & zip)			Corporate Secreta	nry			
Grace M								
	y 73 East			c. Employer's Name/S				
Concord	, NC 28025			Ben Mynatt Chev	rolet	a Flastian	C 4- D4	
							Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Check			10/01	/2017	\$	500.00
							\$	
							\$	
	ibutor Informati			Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	ents	
Dennis D	city, state, & zip)			Owner				
	lford Court			c. Employer's Name/S	Specific Field			
	, NC 28027			Precision Color &				
						e. Election	Sum to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Check			10/02	/2017	\$	40.00
							\$	
							\$	
	l only this Pag					\$		590.00
5. Tota	l of ALL CRO	0-1210 Pages				\$		2329.32

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

Amendment

		m Individuals	over \$5	P 0 or contributions un			Amendme  Ye not used	<u></u>
	CONTRACTOR OF THE PARTY OF THE	(and Fund if applica	A STATE OF THE PARTY OF THE PAR			2. ID Nu		
Elect J.C	C. McKenzie							
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	n	d. Comme	ents	
	e city, state, & zip)			Architect				
Dennis E								
7035 Northwinds Dr. NW				c. Employer's Name/				
Concord	, NC 28027			Yates-Chreitzber	g Architects			
						e. Election	Sum to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	yyyy)	k. Amount	
	1	Check		10/02		2017	\$	50.00
							\$	
							\$	
3 Contr	ibutor Informati	O.D.		Add □ R	emove		, p	
	me, Mailing Address			b. Job Title/Professio		d. Comme	nte	
	city, state, & zip)			Owner	-	u. comme	into	
	Morrison III							
556 Herr	nitage Drive SE			c. Employer's Name/	Specific Field			
Concord	, NC 28025			HM Company LI	.C			
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Check			10/02/	2017	\$	200.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comme	nts	
	city, state, & zip)			Trustee				
Joseph C								
	e Ave NW			c. Employer's Name/	Specific Field			
Concord	, NC28025			Cannon Trusts				
						e. Election	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	1	Check			10/14/	2017	\$	200.00
							\$	
							\$	
4. Tota	l only this Pag	ge				\$		450.00
5. Tota	of ALL CRC	)-1210 Pages				\$		2329.32

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

		m Individuals lividual contributions	over \$5			of <u>3</u>	Amename Ye		
		(and Fund if applica	Contract Con	o or contributions un	idei \$30 ii ioiiii C	2. ID Nu			
	C. McKenzie	•							
3. Conti	ributor Informati	on	$\boxtimes$	Add	Remove				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	d. Comme	nts			
(includ	e city, state, & zip)			CPA/Owner					
	V. Gordon								
	rk Grove Place NV	V		c. Employer's Name	Specific Field				
Concord	l, NC 28027			Gordon, Keeter	& Co.				
						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		10/1		8/17	\$	100.00	
							\$		
П									
3 Contr	ributor Informati			A J I I			\$		
	me, Mailing Address			Add R	lemove	1.0			
	e city, state, & zip)	& I none		Architect	on	d. Comme	nts		
	A. Griffin	of the position code allowed the second		Architect					
	uce Place			c. Employer's Name	Specific Field	950			
· ·	I, NC 28025			Griffin Architect		020			
						e. Election	Sum to Date		
						\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		
	1	Check			10/20	/2017	\$	100.00	
							\$		
							\$		
3. Contr	ributor Informati	on		Add R	temove				
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Comme	nts		
	e city, state, & zip)			Consulting					
	is McKenzie								
PO Box				c. Employer's Name					
Concord, NC 28027				McKenzie Electr	ric				
						e. Election	Sum to Date		
						\$	7246.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		
	1		Tha	nk You cards	10/13	/2017	\$	10.68	
	1		Adv	rertising	10/05	5/2017	\$	430.00	
	1		Post	age	10/04	1/2017	\$	648.64	
4. Tota	al only this Pag	ge				\$		1289.32	
5. Tota	al of ALL CRO	)-1210 Pages				0		2222	

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

Amendment

4					
Disbursem	ents		$\mathbf{p}_{\mathbf{q}}$	1 .6	Amendment  1 Yes No
		es from the committ	Pg ee for; operating expenses	<u>1</u> of contributions to	1 Yes No
committees and	coordinated party	expenditures.	, -r 5 F	, commons to	ounardates positions
		und if applicable)			2. ID Number
Elect J.C. McK					
3. Type of Disb			CRO-1310 forms for each	A DEC / Assessment to the Defeat to the Defeat of the Defe	
Operating E		Contributions to Ca	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	ing Address & Phone		Add	Remove	d. Comments
(include city, state,			b. Coordinated Committee N	vaine	d. Comments
Perry Productio					
41 Edgewood A			c. Level Registered (Specify)		
Concord, NC 28	8025		Federal	County:	
			State 🖂	Municipality:	e. Election Sum to Date
					\$ 2200.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	A	10/09/2017	\$1100.00	Social Media Marketing
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		
			Federal State	County:	Flore Control
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
					•
			9	\$	
				\$	
4 D I. 6					
4. Payee Inform			Add	Remove	
(include city, state,	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& Zip)				
			c. Level Registered (Specify)		
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
72 1 C 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (		[ ] B			Φ
f. Account Code	g. Form of Paymen	t h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 1100.00
6. Total of ALL	CRO-1310 Page				1 2 . 2 . 2
			0 if Operating Expenses)		\$ 1100.00
			0 if Contrib to Candidates/Politi		1100.00
	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO	Witness Control of the Publisher of the	0 if Coordinated Party Expendit	ures)	
A* - Media	B* - Printing	expenditure code in C* - Fund		D. T. A.	har Can didata
E - Salaries	F* - Equipme				her Candidate  g Public Office Expenses
I - Postage	J - Penalties		ce Expenses	Q* - Donati	ion to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k) CRO-1310

O\* - Other

Q\* - Donation to Legal Expense Fund

## Amendment **In-Kind Contributions** In-Kind Contributions Pg 1 of 1 Ye 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. $\boxtimes$ Yes

Elect J.C. McKenzie	d if app	licable)				2. II	Number
Elect J.C. McKenzie							
3. Contributor Information	П	Add		Remove			
a. Full Name, Mailing Address & Phone				b. Type of C	Contributor	c. Co	mments
(include city, state, & zip)					ividual		
JC McKenzie				⊠ Can	didate		
PO Box 5248				Part	y		
Concord, NC 28027				☐ PAG	9		
				Ref	erendum	d. Ele	ction Sum to Date
				Oth	er Receipt Source	\$	2246.00
e. Description					f. Date (mm/dd/yy	уу)	g. Fair Market Amount
Thank You Cards					10/13/201	7	\$ 10.68
Stamps					10/04/201	7	\$ 648.64
Paper Advertising					10/05/201	7	\$ 430.00
3. Contributor Information		Add		Remove			
a. Full Name, Mailing Address & Phone				b. Type of C	Contributor	c. Cor	nments
(include city, state, & zip)				Indi	vidual		
				Can	didate		
				Part	T/		
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					erendum	d. Ele	ction Sum to Date
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e. Description					f. Date (mm/dd/yy	уу)	g. Fair Market Amount
							\$
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3. Contributor Information		Add		Remove			
a. Full Name, Mailing Address & Phone				b. Type of C	Contributor	c. Cor	nments
(include city, state, & zip)					vidual		
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				U Otho	er Receipt Source	\$	
e. Description					f. Date (mm/dd/yy	уу)	g. Fair Market Amount
							\$
							\$
							\$
4. Total only this Page						\$	1089.32
5. Total of ALL CRO-1510 Pages						•	1090.22
(This line must be on line 17 of Detailed S	ummary l	Page CRO-	1100)			\$	1089.32

No