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 In	formation							
a. Full Name						CHINTY		c. ID Number
COMMITTEE	TO ELECT CI	HUCK STANE	С	-AB	ARRI	IS COUNTY FELECTION R 302018		
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)	-04	2DO	2018		d. Date Filed
11156 River Oa				BOI.	APT		04/29/2018	
001,00122,11							e. Phone Number	
						RECEIVED		
2. Report Year	<ol><li>Period Star</li></ol>	t Date (mm/dd/y	y)	4. Period I	and Da	te (mm/dd/yy)	5. Treasur	er Full Name
2018	01	/01/2018		(	4/21/2	2018	BARBAR	A STRANG
6. Type of Comm		***************************************	and the second s	e of Report	(ci		type of rep	ort from one category)
X Candidate Can		-	Munic			State/County	***************************************	Referendum
☐ Joint Fundrais				Organization		Organizatio	nal	Organizational
Referendum	Name of the last o	al Expense Fund		Thirty-five	9000	Quarterly		Pre-referendum
7. Type of Fund		e, check one)		Pre-primary		First		Final
☐ "Booster Fund	1"			Pre-election		Second		Supplemental Final
☐ Building Fund				Pre-runoff		Third		Annual
24-10-40-04-22-0-11-0-23-0-11-0-2-0-1	lection Year Can			Semi-annual		Fourth		☐ Special
NC Public Car	npaign Financing	Fund		Mid Yea		Semi-annua		
				Year Er	ıd	Mid Ye		10. Special Report Name
Other:				Final		Year E	nd	
8. Number of Fu	indraisers this	Report		Special		Final		
	2					Special		
3. Account Info	rmation				3. Acc	ount Informati	ion	
a. Financial Inst		me			MARKET PROPERTY AND ADDRESS OF THE PARTY OF	ıncial İnstitutio	Company of the Compan	ıe
BB & T				***************************************				
b. Purpose		c. Account Cod	le		b. Pur	pose		c. Account Code
CAMPAIGN	······································	······································	1	***************************************			***************************************	
Critin riigiv			1					
		d. Period Begin	Balan	ce				d. Period Begin Balance
		e >0						
		\$ &						\$
Chapter 163 o	he Committee of the NC Gener	al Statutes and	that no	o funds are	commi	ingled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board  04/29/2018  Date
FOR OFFICE U	SEONLY	,						
Date Receiv	ed: <u>4</u>	30/18		Emplo	yee:	smg-	_ <u>De</u>	livery Method Normal Mail
Date Postma	arked:		-	Emplo	yee:		- 🖁	Registered Mail Hand Delivered
Date Scanne	ed: <u>5</u>	11/18	_	Emplo	yee:	5mg	_ <b>ご</b>	Electronically Filed
Date Data E	ntered:			Emplo	yee:		_ □	Signer has not received mandatory training
	assista	annot be used nt treasurer, cu d the Statemen	stodiar	of books i	nforma	ation, or accoun	nt informat	

Detailed Summary Use this form to summarize all disclosure reporting forms a	nd to total mo	o+1 of a+3	information	Ame	ndment Yes 🛛 No	
1. Committee Full Name (and Fund if applicable)	2. Type of Re	port		D Nu	mber	
COMMITTEE TO ELECT CHUCK STANEC	2018 First Qu					
Start of Election Cycle: January 1,2015		Rep	Total this orting Period	Total this d Election Cycle		
4) Cash on Hand at Start		S	0.00	S	0.00	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	S	V328.03	S	328.03	
6) Contributions from Individuals	(CRO-1210)	S	6,129.05	S	√ 6,129.0s	
7) Contributions from Political Party Committees	(CRO-1220)	S	0.00	S	0.00	
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	S	0.00	
9) Loan Proceeds	(CRO-1410)	S	1,550.00	S	1,550.00	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	S	0.00	
11) Other Receipt Sources			0.00		0.00	
11a) Interest on Bank Accounts	(CRO-1250)	S	0.00	S	0.00	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	s	0.00	s	0.00	
11c) Outside Sources of Income	(CRO-1250)	S	0.00	S	0.00	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	s	0.00	S	0.00	
11e) Exempt Purchase Price Sales	(CRO-1265)	S		_	0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	10.000.000.000.0000.0000.0000.0000.0000.0000	S	0.00	S	0.00	
EXPENDITURES	,110 and 11c)	3	8,007.08	S	8,007.08	
13) Disbursements						
13a) Operating Expenditures	(CRO-1310)	S	5,708.83	S	J 5 700 00	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	S	5,708.83	
13c) Coordinated Party Expenditures	(CRO-1310)	s		S	0.00	
14) Aggregated Non-Media Expenditures	(CRO-1315)	S	0.00	S	0.00	
15) Loan Repayments	(CRO-1420)	S	√138.76		138.76	
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	S	0.00	S	0.00	
17) In-Kind Contributions	(CRO-1510)		0.00	S	0.00	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15		S	1,629.37	S	1,629.37	
(29) Cash on Hand at End (Add lines 4 and 12 together, then sub		S	7,476.96	5	7,476.96	
ADDITIONAL INFORMATION	reface line 10)	3	530.12	S	530.12	
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	0.00			
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	S	1,550.00			
2) Debts and Obligations owed by the Committee	(CRO-1610)	S	0.00			
3) Debts and Obligations owed to the Committee	(CRO-1620)	s	0.00			
4) Account Transfers Within the Committee	(CRO-1720)	<u>s</u>	0.00			
5) Administrative Support	(CRO-1720)	<u>s</u>		c		
6) Forgiven Loans	(CRO-1/10)	S .	0.00	S	0.00	
7) 48-Hour Notice Reports Sum	(CRO-1440) (CRO-2220)		0.00	\$	0.00	
8) Contributions to be Refunded	(CRO-1215)	S	0.00	S	0.00	
CRO-1100 NC State Board		3	0.00	S	0.00 August 2008	

gaveageted Contributions for T. 11 11					Amendm		
Aggregated Contributions from Individuals	Page	1	of	1	☐ Yes	XI No	
Intional form used to report NC Contributions From T. 1' '1	1 000		•	3	- 1es	KM 110	

	E TO ELECT CHU	Fund if applicable)	,	2. ID 1	Number
		CKSTANEC			
	tor Information				
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
□ Add □ Remove	1	Check		04/10/2018	\$ 50.0
□ Add □ Remove	1	Check		04/14/2018	\$ 10.00
□ Add □ Remove	1	Check		04/14/2018	\$ 25.00
□ Add □ Remove	1	Electric Funds Tran		03/07/2018	\$ 26.58
☐ Add ☐ Remove	1	Check	-	02/11/2018	\$ 35.00
☐ Add ☐ Remove	1	Check		04/07/2018	\$ 50.00
Add Remove	1	Check		04/14/2018	\$ 25.00
Add Remove	1	Electric Funds Tran		04/02/2018	\$ 26.58
Add Remove	1	In-Kind	ITEMS FOR TEACHER GIFTS	04/17/2018	\$ 39.87
Add Remove	1	Check	OA 10	03/23/2018	\$ 40.00
. Total or	ly this Page			S	0222.02
	ALL CRO-12	05 Pages		3	\$328.03
(This line m		etailed Summary Page (	CRO-1100)	S	\$328.03
CRO-1205	14	N	C State Board of Elections		April 200

		rom Individual				Pg 1 of 10	)	Amend Yes	[V] N
Use th	is form to report is	ndividual contributior	ns over \$50 or c	ontribut	tions	under \$50 if form CRO	120:	5 is not u	ised No
1. Com	imittee Full Name	e (and Fund if applical	ole)					ID Numb	
COMM	AITTEE TO ELECT	T CHUCK STANEC							
3. Con	tributor Informat	ion		Add	П	Remove		10-15 TA 1-16	
a. Full	Name, Mailing Ad	ldress & Phone		NO SCHOOL STREET		Profession	d.	Commen	<b>.</b>
	lude city, state, & 2			SALES		110103101	u.	Commen	.CS
	ARMSTRONG								
HOLLANDS WAS A SAME OF THE SAM	PALLO MEWS			c. Emp	loyer	r's Name/Specific Field			
MISSIS	SSAUGA			ESSIT	Y				
							e. J	Election S	Sum to Date
							S		96.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind De	scription	1	j. Date (mm/dd/yyyy	-)	k. Amou	
	1	Electric Funds Tran					,	·	ш
						02/26/2018		S	96.80
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П								,	
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	tributor Informati			Add	П	Remove			
	Name, Mailing Ade					Profession	11 (	Commen	
	(include city, state, & zip)				VP SALES				LS
	SBAILEY			VI 0/11	باتلا				
	STLE PINES DR			c. Empl	loyer	's Name/Specific Field			
NEW C	ORLEANS, LA 701	131		BUNZI					
					_		e. I	Election S	Sum to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	1 41		1. =			242.45
	1	Electric Funds Tran	1. In-Kind Des	eription		j. Date (mm/dd/yyyy	)	k. Amou	int
	10	Dicetto I unas I un				02/27/2018		S	242.45
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2 0				4)				S	
	ributor Informatio					Remove			
	Name, Mailing Add ude city, state, & zi				•••••	Profession	d. C	Comment	ts
		ib)		REGIO		SALES			
ROY C	ELLA LEET CT			MANA		10			
	MOUTH, VA 2370	02				s Name/Specific Field			
I OICEO.	MOUTH, VA 2370	13		UNIFIR	ST (	CORP	T		_
							e. L	lection 5	ium to Date
							S		193.90
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription		j. Date (mm/dd/yyyy)	)	k. Amou	int
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						03/25/2018		S	193.90
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(zmis i	me musi be on tine (	o of Detaited Summary F	'age CRO-1100)				,		0,129.03

Amendment

### Amendment Contributions from Individuals ☐ Yes X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) DOCTOR RYAN CORTE 10834 EDGEPINE LN NW c. Employer's Name/Specific Field CONCORD, NC 28027 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 Check 1 03/26/2018 S 200.00 5 S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER BETTY EDWARDS c. Employer's Name/Specific Field 1521 DAYBREAK RDG KANNAPOLIS, NC 28081 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 Check 04/14/2018 S 220.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SENIOR MASS TORT CLIENT LAURA FAGG DEVELOPMENT MANA 1513 NEWGATE CT NW c. Employer's Name/Specific Field CONCORD, NC 28027 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 Check 04/10/2018 400.00 S S 4. Total only this Page S 820.00

5. Total of ALL CRO-1210 Pages

5

## Contributions from Individuals

				Amendment				
Pg	3	of	10	☐ Yes	X No			

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Com	mittee Full Name	(and Fund if applicabl	le)			<b>₩</b>	2. I	D Number	
СОММ	ITTEE TO ELECT	CHUCK STANEC							***************************************
3. Cont	ributor Informati	on		Add	☐ Re	move			
	Name, Mailing Ado			b. Job	Title/Pr	ofession	d. (	Comments	
(inclu	ide city, state, & z	ip)		SALES					***************************************
	D FRACCOLA								
	12th pl se			c. Emp	loyer's.	Name/Specific Field			
MAPLE	E VALLEY, WA 9	8038		AMM	EX COF	RP.	- E	lection Sum to D	
							e, I	lection Sum to D	ate
							S		96.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount	
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	ributor Informati			Add	☐ Re	move			
a. Full Name, Mailing Address & Phone			b. Job	Title/Pr	ofession	d. C	Comments		
(inclu	ide city, state, & z	ip)		SR SA	LES RE	P			
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27909 212TH PL SE MAPLE VALLEY, WA 98038						Name/Specific Field			
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• • • • • • • • • • • • • • • • • • • •	ide city, state, & z	ip)		Commo	ercial Li	nes Insurance -			
	RAH GREER			Jumbo					
	ATCHSTICK PLA	CE SW		***************************************	***************************************	Name/Specific Field	-		
CONC	ORD, NC 28025			RETIR	ŒD		0 F	lection Sum to D	lata
								rection 5um to 2	rate
							5		96.80
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	1	j. Date (mm/dd/yyyy)		k. Amount	
	. 1	Electric Funds Tran				04/05/2018		S	96.80
	19							s	
								s	
4. Tot	al only this Pa	ge				*	S	V	387.50
5. Tot	al of ALL CR	O-1210 Pages	D. CDO 1100				S		129.05
(11115)	une must de on tine	6 of Detailed Summary 1	Page CKO-1100)					٠,٠	

#### Amendment Contributions from Individuals 10 ☐ Yes X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CORP ACCOUNTGS KAREN HARRINGTON MANAGER 13909 FISH RIVER ACRES CIRCLE c. Employer's Name/Specific Field FOLEY, AL 36535 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 Electric Funds Tran 1 02/21/2018 S 95.80 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MECHANIC STEPHEN JONES 1329 WINECOFF SCHOOL ROAD c. Employer's Name/Specific Field CONCORD, NC 28027 MINOR MISTAKES e. Election Sum to Date AUTOBODY 300.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 1 04/05/2018 5 300.00 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MANAGER WALTER JONES 124 SUNRISE CIRCLE c. Employer's Name/Specific Field MOORESVILLE, NC 28117 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 Electric Funds Tran 1 02/23/2018 S 100.00 S S 4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used    Committee Full Name (and Fund if applicable)			rom Individual		F	Pg5 of 10	)	Amenda Yes	N x
COMMITTEE TO ELECT CHUCK STANEC  3. Contributor Information  Gradual exity, state, & zip)  MARY LE  1970 MOUNT PLEASANT RD W  MOUNT PLEASANT NC, NC 28124  MOUNT	Use thi	s form to report ir	adividual contribution	as over \$50 or c	contributions t	ınder \$50 if form CRO	and the same	5 is not us	ed
3. Contributor Information	COMN	IITTEE TO ELECT	Γ CHUCK STANEC	ole)			2.	ID Numbe	er
A. Full Name, Mailing Address & Phone (include city, state, & zip)									
SALES REP									
MARY LEE   1970 MOUNT PLEASANT RD W						rofession	d.	Comment	5
MOUNT PLEASANT NC, NC 28124		••••••			SALES REP				
MOUNT PLEASANT NC, NC 28124					c. Employer'	s Name/Specific Field			
S   100.00	MOUN	T PLEASANT NC	, NC 28124			••••••			
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 02/06/2018 \$ 100.0  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □							е.	Election S	um to Date
							S		100.00
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S. Contributor Information   Add   Remove		1	Check			02/06/2018		s	100.00
3. Contributor Information								-	
3. Contributor Information   Add   Remove   a. Full Name, Mailing Address & Phone (include city, state, & zip)   HOMEMAKER   ANGELA LONG   HOMEMAKER   CONCORD, NC 28025   Employer's Name/Specific Field				+				-	
a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANGELA LONG 179 UNIONS STREET S CONCORD, NC 28025  C. Employer's Name/Specific Field HOMEMAKER  c. Employer's Name/Specific Field HOMEMAKER  c. Employer's Name/Specific Field From of Payment I Check I Lin-Kind Description I Date (mm/dd/yyyy)  ANGELA LONG ANGELA LONG I Prior g. Account Code III Check III III Prior g. Account Code II Prior g.		17 T 0						S	
Comments					The second secon			Je.	
ANGELA LONG							d. 0	Comments	į.
C. Employer's Name/Specific Field HOMEMAKER  c. Election Sum to Date S 100.00 f. Prior g. Account Code h. Form of Payment Check			-27		HOMEMAKE	R			
HOMEMAKER  e. Election Sum to Date    S	179 UN	IONS STREET S			c. Employer's	Name/Specific Field			
S   100.00	CONCC	)RD, NC 28025				••••••			
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 04/14/2018 \$ 100.00  S  Contributor Information S. Add Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) HOMEMAKER  CONCORD, NC 28025  C. Employer's Name/Specific Field HOMEMAKER  E. Election Sum to Date S 100.00  C. Prior g. Account Code h. Form of Payment in Lin-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 04/06/2018 \$ 100.00  C. Prior g. Account Code h. Form of Payment in Lin-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 04/06/2018 \$ 100.00  C. Total only this Page S 300.00  C. Total of ALL CRO-1210 Pages							e. I	Election St	ım to Date
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 04/14/2018 S 100.00  S  Contributor Information S. Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) HOMEMAKER  CONCORD, NC 28025 C. Employer's Name/Specific Field HOMEMAKER  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 04/06/2018 S 100.00  S  Total only this Page S 300.00							S		100.00
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S  Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANGELA LONG 179 UNION ST S.  CONCORD, NC 28025  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check  O4/06/2018  S  100.00  Add  Remove  b. Job Title/Profession d. Comments HOMEMAKER  e. Election Sum to Date  g. 100.00  g. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check  O4/06/2018  S  Total only this Page  S. Total of ALL CRO-1210 Pages		1	Check		***************************************			•	100.00
3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANGELA LONG 179 UNION ST S.  CONCORD, NC 28025  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy)  Check								s	
3. Contributor Information  a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANGELA LONG 179 UNION ST S.  CONCORD, NC 28025  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check  Chec									
a. Full Name, Mailing Address & Phone (include city, state, & zip)  ANGELA LONG 179 UNION ST S.  CONCORD, NC 28025  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check  Check  O4/06/2018  S  4. Total only this Page  5. Total of ALL CRO-1210 Pages	3. Contr	ributor Informati	on		\44 □ D.			3	
Comments				L			14 (	~	
ANGELA LONG 179 UNION ST S. CONCORD, NC 28025  C. Employer's Name/Specific Field HOMEMAKER  e. Election Sum to Date S 100.00  L. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 04/06/2018 S 100.00  S  Total only this Page S 300.00					·		a. c	Comments	
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S 100.00  E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 04/06/2018 S 100.00  S  Total only this Page S 300.00  Total of ALL CRO-1210 Pages	CONCO	RD, NC 28025			HOMEMAKE	ER	_		
E. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount  Check 04/06/2018 S 100.00  S  Total only this Page S 300.00  Total of ALL CRO-1210 Pages						9	e. L	lection Su	m to Date
Check							S		100.00
□		g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
4. Total only this Page 5. Total of ALL CRO-1210 Pages		1	Check			04/06/2018		S	100.00
4. Total only this Page \$ 300.00 5. Total of ALL CRO-1210 Pages								S	
5. Total of ALL CRO-1210 Pages								S	
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	5. Tota	of ALL CRO					3		500.00

#### Amendment Contributions from Individuals Pg \_\_6 of ☐ 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) OWNER CHRISTOPHER MEASMER 19 PADDINGTON DR SW c. Employer's Name/Specific Field CONCORD, NC 28025 WAYSIDE RESTURANTS 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 Check 03/16/2018 S 300.00 5 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RESTURANT MANAGER MOLLY MEASMER 6300 HOMESTEAD PL c. Employer's Name/Specific Field CONCORD, NC 28025 WAYSIDE RESTURANT 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 Check 1 03/16/2018 100.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL MANAGER **BILL MILLER LOCATION 288** c. Employer's Name/Specific Field UNIFIRST CORP RICHMOND, VA 23234 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 In-Kind 1 200 PERSONALIZED 03/01/2018 S 1,000.00 CAMPAIGN T-SHIRT

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5. Total of ALL CRO-1210 Pages

1,400.00

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### Amendment Contributions from Individuals Pg \_\_\_7 of 10 ☐ Yes X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL MANAGER WILLIAM MILLER c. Employer's Name/Specific Field 11524 PINEDALE DR GLEN ALLEN, VA 23059 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 Electric Funds Tran 1 02/28/2018 S 242.45 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES REP PHILIP MORT 10842 Egdepine Ln NW c. Employer's Name/Specific Field CONCORD, NC 28027 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 Check 04/02/2018 S 150.00 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES REP PHILIP MORT 10842 Egdepine Ln NW c. Employer's Name/Specific Field CONCORD, NC 28027 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 Check 04/09/2018 290.00

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

\$ 6,129.05

## Amendment Contributions from Individuals ☐ 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENNERAL MANAGER **DAVIN MURRAY** 1411 BARLIFF PLACE c. Employer's Name/Specific Field DURHAM, NC 27712 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 1 Electric Funds Tran 03/09/2018 S 291.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **ROCKY PAVKOV** c. Employer's Name/Specific Field 1389 OVERLEA PLACE CONCORD, NC 28027 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 Electric Funds Tran 02/13/2018 S 96.80 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) THOMAS SIBILLA 7 SKYSAIL LANE c. Employer's Name/Specific Field WARWICK, NY 10990 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 Electric Funds Tran 03/08/2018 96.80 S

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4. Total only this Page

5. Total of ALL CRO-1210 Pages

484.60

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#### Amendment Contributions from Individuals Pg \_\_9 of 10 ☐ Yes X 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) GENERAL MANAGER JACOB SPURZEM 819 N. HUNTER ST c. Employer's Name/Specific Field STOCKTON, CA 95202 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 Electric Funds Tran 03/07/2018 S 96.80 S 5 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) NATIONWIDE SALES REP **CHUCK STANEC** 11156 River Oaks Drive NW c. Employer's Name/Specific Field CONCORD, NC 28027 e. Election Sum to Date UNIFIRST CORP 533.50 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount In-Kind 1 4 X 6 PALM CARDS 03/09/2018 5 533.50 INVOICE # 47976 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **BOB STRAMA** c. Employer's Name/Specific Field 15716 BRETON BROOK ST HUNTERSVILLE, NC 28078 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 Electric Funds Tran 1 02/14/2018 S 96.80 S

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CRO-1210

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4. Total only this Page

5. Total of ALL CRO-1210 Pages

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727.10

#### Amendment Contributions from Individuals Pg 10 of 10 ☐ 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 ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CORPORATE FRAUD BARBARA STRANG INVESTIGATOR c. Employer's Name/Specific Field 1332 WINECOFF SCHOOL ROAD CONCORD, NC 28027 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 In-Kind FEE FOR EVENT SPACE 03/23/2018 S 56.00 S S 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip)

SALES COREY TOWNSELL c. Employer's Name/Specific Field 1011 N 29TH ST RENTON, WA 98056 **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 Electric Funds Tran 1 03/14/2018 S 242.45 S S 4. Total only this Page S 298.45 5. Total of ALL CRO-1210 Pages

NC State Board of Elections

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

CRO-1210

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6,129.05

April 2007

Loan Proceeds		Pg <sup>1</sup> of	1	Amendm Yes	ent No	
Use this form to report proceeds from a loan		s information				
A loan proceeds statement must accompany 1. Committee Full Name (and Fund if applic	y each Ioan that is fr cable)	om an individual		2. ID Numbe	r	
COMMITTEE TO ELECT CHUCK STANEC						
3. Lender Information	☐ Add [	Remove				
a. Full Name, Mailing Address & Phone	b. Job T	itle/Profession		d. Comment	s	
(include city, state, & zip)	SALES	MANAGER				
JENNIFER STANEC 11156 River Oaks Drive NW				e. Start Date (mm/dd/yyyy		
CONCORD, NC 28027	c. Emplo	yer's Name/Speci	fic Field	1	7/2018	
	INGERS	SOLL RAND				
				f. End Date (1	mm/dd/yyyy)	
g. Rate h. Security Pledged	i. Account Code	. : F f.D			•	
	1. Account Code		•••••	k. Amou	nt	
%	1	Cn	eck	S	1,550.00	
l. Full Name of Lending Institution				m. Loan Nun	aber	
4. Endorsers/Makers (The people who guaran	itee the loan.)	Set de la constant				
a. Full Name, Mailing Address & Phone	b. Job Ti	itle/Profession	c. Employ	yer's Name/Specific Field		
(include city, state, & zip)						
	d. Perce	ntage	e. Amour	nt		
		%	\$			
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summa.	ry Page CRO-1100)			S	1,550.00	
CRO-1410	NC State Board of F	Tections	DILLAGO CONTRA		April 2007	





# N@RTH 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: <u>To elect Ch</u>	uch Stanec
<ul> <li>Person or committee to make loan: <u>Jennifer Stand</u></li> </ul>	ec
Date of loan to committee: 2/27/18	•
Name of lending institution and account number (source):	
• Amount of loan: 4/5.50.00	
Description (if in-kind loan):	
Names of all parties responsible for payment of loan (guar Chuck Stanes.	Í
<ul> <li>Period of loan: <u>2/24/18 4hru</u>. 12/3/18</li> </ul>	
Rate of interest of loan:      Olo	
Security pledged for loan:	
I, Jennifer Stanec , acknowledge that (Person lending money to committee)	at 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.	11
4300	4/25/18
Signature of Lender	Date Signed
Barbena Strans	4/25/18
Signature of Treasurer of Committee	Date Signed

In-Kind Contributions Use this form to report non-monetary contribution	ns. donatio	ons god	nds or sen	Trices	of	_2	Amend Yes	No.	
Use CRO-1215 if In-Kind Contributions were	or will be	refund	led withi	in 7 d	avs.			i iong.	
1. Committee Full Name (and Fund if applical COMMITTEE TO ELECT CHUCK STANEC	ble)					2. ID 1	Number		
COMMITTEE TO ELECT CHUCK STANEC									
3. Contributor Information		Add	☐ Re	move				THE STREET STREET	
a. Full Name, Mailing Address & Phone			e of Cor	ntribu	itor	c. Con	nments		
(include city, state, & zip)			rdividual andidate				•••••••••••		
Aggregated Individual Contribution		□ P	☐ Party ☐ PAC						
			eferendun			d. Elec	tion Sun	to Date	
		0	ther Rece	ript Source		S	39.8		
e. Description				f. Da	te (mm/	dd/yyyy)	g. Fair !	Market Amount	
ITEMS FOR TEACHER GIFTS					04/17/2		S	39.87	
							s		
							S		
3. Contributor Information a. Full Name, Mailing Address & Phone		Add	THE RESERVE OF THE PERSON NAMED IN						
(include city, state, & zip)			e of Con	ıtribu	tor	c. Con	ments		
BILL MILLER			andidate						
LOCATION 288		□ P:	arty						
UNIFIRST CORP	PAC Referendum Other Rece								
RICHMOND, VA 23234						d. Elec	l. Election Sum to Date		
			ther Kece	apt So	urce	S		1,000.00	
e. Description				f. Da	te (mm/	dd/yyyy)	g. Fair M	Market Amount	
200 PERSONALIZED CAMPAIGN T-SHIRT					03/01/2018		S	1,000.00	
							s		
							S		
3. Contributor Information		Add	☐ Ren	move					
a. Full Name, Mailing Address & Phone			e of Con	tribu	tor	c. Com	ments		
(include city, state, & zip)		_	dividual						
CHUCK STANEC			ındidate						
11156 River Oaks Drive NW		□ P:							
CONCORD, NC 28027	14		AC .						
			eferendum ther Recei			d. Llec	tion Sum	to Date	
			ina riecei	трт зо	urce	S		533.50	
e. Description				f. Da	te (mm/d	ld/yyyy)	g. Fair M	farket Amount	
4 X 6 PALM CARDS INVOICE # 47976					03/09/20	018	S	533.50	
							S		
4 T . 1 1 1 1 2							S		
4. Total only this Page						S		1,573.37	

1,629.37

In-Kind Contributions Use this form to report non-monetary contributions	s, donations, goods or ser	vices on	ovided (	2	Amendmer Ves	VI No
Use CRO-1215 if In-Kind Contributions were of 1. Committee Full Name (and Fund if applicable COMMITTEE TO ELECT CHUCK STANEC	r will be refunded withi	n 7 day	S.		Number	
3. Contributor Information	☐ Add ☐ Re	move				
a. Full Name, Mailing Address & Phone (include city, state, & zip)  BARBARA STRANG 1332 WINECOFF SCHOOL ROAD CONCORD, NC 28027	b. Type of Cor  Individual Candidate Party PAC Referendum	b. Type of Contributor  Individual  Candidate  Party				Date 56.00
e. Description		f. Date	(mm/d	d/yyyy)	g. Fair Market Amount	
FEE FOR EVENT SPACE		03/23/2018			S	56.00
4. Total only this Page					S	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary	Page CRO-1100)			S		1,629.37
OR O A CALL	C State Board of Elections				D	ecember 2007

Outstanding	Loans
-------------	-------

				Amendm	ent	
Pg	1	$\mathbf{of}$	1	☐ Yes	X No	

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

1. Commi	ttee Full Name (and Fund if applic	cable)			2. ID Number	
COMMIT	TEE TO ELECT CHUCK STANEC					
3. Lender	Information		dd 🗆 Remove			
	a. Full Name, Mailing Address & Phone		Job Title/Profession		d. Comments	
(include city, state, & zip)		S	ALES MANAGER			•••••••••••••••••••••••••••••••••••••••
	RSTANEC					
	er Oaks Drive NW	-	F 1 1 N 10	10 71 11	e. Start Date (mn	n/dd/yyyy)
CONCORD, NC 28027			c. Employer's Name/Specific Field		02/27/2018	
		II.	INGERSOLL RAND		f. End Date (mm/dd/yyyy)	
					ii zau zuce (iiiii)	uu 3333)
g. Rate	h. Security Pledged		i. Original Loan Ar	nount	j. Remaining Los	n Balance
Ø %			\$	1,550.00		1,550.00
k. Full Nar	me of Lending Institution				1. Loan Number	
4. Total	only this Page				S	1,550.00
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summ	ary Page CRO-i	(100)		s	1,550.00
CRO-1436	0	NC State Bo:	ard of Elections			December 2007

Disbursen Use this form to	nents o report expenditures l coordinated party e	from the committ	ee for	operating exper	Pg <u>1</u> nses, contr	_ of ibuti	ons to		ndment Yes 🛛 No te/political
	ull Name (and Fund							2. ID Nu	
	O ELECT CHUCK S		••••••••••					2. ID No	moer
3. Type of Disb	ursement (Please	use separate CR(	0-1310	forms for each	li type of D	isbu	rseme	nt.)	
X Operating Ex	······································	ributions to Candida							xpenditures
4. Payee Inform	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN			Add $\square$	Remove			20 2 211,7 2	sipenditures
a. Full Name, M	ailing Address & Ph	one		b. Coordinate		ee N	ame	d. Comn	ents
(include city, sta	ate, & zip)				••••••				
EAGLE GUNS . 3789 ROBERTA CONCORD, NC	CHURCH ROAD SW	7		c. Level Regis Federal State	☐ Co	unty:		e. Electio	on Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Dat	e (mm/dd/vvvv)	i. Amount		k. Re	quired R	emarke
1	Debit Card	С		04/07/2018	T_	00.00	†·····		c mar no
			,	D4/0//2018		0.00	EVE	IN I	
					S				
4. Payee Inform				Add	Remove				
a. Full Name, M (include city, sta	ailing Address & Ph	one		b. Coordinate	d Committ	ee Na	nne	d. Comm	ients
400-50 MCGILL CONCORD, NC				c. Level Regis Federal State	☐ Co	unty:		e. Electic	on Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	e (mm/dd/vvvv)	j. Amount		k Ro	quired Re	am anka
1	Debit Card	В	T	04/17/2018	1	7.66	·····	•••••	NDOUTS
				7-11/12018		7.00	TEA	CHEK HA	INDOUTS
					S				
4. Payee Inform					Remove				
	ailing Address & Ph	one		b. Coordinate	d Committe	ee Na	nme	d. Comm	ents
(include city, sta INTERNATIONA 400-50 MCGILL CONCORD, NC	AL MINUTE PRESS . AVE			c. Level Regis Federal State	<b>□</b> c₀	unty:		• • • • • • • • • • • • • • • • • • • •	on Sum to Date
								S	65.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		k. Re	quired Re	emarks
1	Debit Card	В	0	3/01/2018	\$ 6	5.62	MEE	T & GRE	ET ITEMS
					s				
5 T + 1 1 1 1 1	7		AND WELLS		3				
5. Total only thi								S	803.28
(This line goes i (This line goes i (This line goes i	CRO-1310 Pages in line 13a of Detailed S in line 13b of Detailed S in line 13c of Detailed S	iummary Page CRO- iummary Page CRO-	-1100 ij -1100 if	Connib to Cand Coordinated Par	lidates/Politi	cal Caures)	omm)	S	5,708.83
7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	g	C* - F	undraising	D.	- To	Anotl	ner Candi	date
E - Salaries	F* - Equipm			litical Party					Office Expenses
I - Postage O* Other	J - Penaltie	S	K* - 0	Office Expenses					al Expense Fund
	e detailed explanatio	n in required rem	arke (	ield (l-)					THE RESERVE OF THE PARTY OF THE
CRO-1310				ard of Elections					December 2009

T				
1110	bur	COM	TON	100
$\mathbf{D}$		2011		1.

				Amendment				
Pg .	2_	$\mathbf{of}$	4	☐ Yes	X No			

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

C - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses - Postage J - Penalties K* - Office Expenses  O* Other  * Codes require detailed explanation in required remarks field (k)		ull Name (and Fund						2. ID Num	ber
Contributions to Candidates/Pelitical Committees   Coordinated Party Expenditures	СОММІТТЕЕ Т	O ELECT CHUCK S	ΓANEC						
Contributions to Candidates Political Committees   Coordinated Party Expenditures	3. Type of Disb	ursement (Please	use separate CRO	0-1310 forms for eac	cli type o	of Disbu	rseme	ent.)	
Add   Remove	X Operating Ex								enditures
(include city, state, & zip)  MY CAMPAIGN STORE  304 Whitington Pkwy Louisville, KY 40222	4. Payee Inform	nation		☐ Add ☐	Remov	NAME AND ADDRESS OF THE OWNER, WHEN			
MY CAMPAIGN STORE.  304 Whitingson Pkwy Louisville, KY 40222	a. Full Name, M	lailing Address & Ph	one	b. Coordinate	ed Comn	nittee N	ame	d. Commer	ıts
C. Level Registered (Specify)   State   Municipality:   E. Election Sum to Date						***************************************	***************************************		
Federal   County   State   Municipality: e. Election Sum to Date   S   1,520.82									
State   Monicipality: e. Election Sum to Date				***************************************	***************************************	*******************			
\$ 1,520.82  Account Code   Form of Payment   b. Purpose Code   Date (mmdd/yyyy)   Amount   CAMPAIGN SIGNS    4. Payee Information   Add   Remove   Add   Remove   Committee Name   Add   Comments    4. Payee Information   Add   Remove   Campaigne	Louisville, KY 4	10222			님	•			
A. Account Code g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    4. Payee Information   Add   Remove    4. Payee Information   Add   Remove    5. Coordinated Committee Name   d. Comments    6. Count Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   i. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    6. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    7. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    8. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    8. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/dd/yyyy)   j. Amount   k. Required Remarks    8. Laccount Code   g. Form of Payment   h. Purpose Code   j. Date (mm/d				LI State	Ц	Municip	ality:	e. Election	Sum to Date
1 Debit Card B 02/27/2018 \$ 1,520.82 CAMPAIGN SIGNS 4. Payee Information			8					S	1,520.82
1 Debit Card B 02/27/2018 \$ 1,520.82 CAMPAIGN SIGNS 4. Payee Information	f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rem	arks
A. Payee Information		The second secon	Resource Control of the Control of t				†		
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip)  MY CAMPAIGN STORE. 304 Whitington Pkwy LOUISVILLE, KY 40222  C. Level Registered (Specify)  B. Coordinated Committee Name  C. Level Registered (Specify)  B. Satze  Municipality:  S. 1,024.68  C. Account Code  S. Form of Payment  C. Level Registered (Specify)  B. Add Remove  S. 1,024.68  C. Account Code  S. Form of Payment  Add Remove  S. 1,024.68  C. Level Registered (Specify)  J. Amount  S. Lavel Remarks  Address & Phone Include city, state, & zip)  MY CAMPAIGN STORE.  S. Account Code  J. Payee Information  C. Level Registered (Specify)  C. Level Registered (Specify)  J. Amount  J. Full Name, Mailing Address & Phone Include city, state, & zip)  MY CAMPAIGN STORE.  S. Account Code  J. Pedaral County:  State Municipality:  E. Election Sum to Date  S. 447.13  Account Code  J. Paderal County:  State Municipality:  E. Election Sum to Date  S. 447.13  Account Code  J. Paderal County:  State Municipality:  E. Election Sum to Date  S. 447.13  Account Code  J. Paderal County:  S. 447.13  Account Code  J. Debit Card  J.									
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- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund  D* Other  * Codes require detailed explanation in required remarks field (k)	E - Salaries		The state of the s						
O* Other  * Codes require detailed explanation in required remarks field (k)	I - Postage	J - Penaltie			s				
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Dishanson		Amendment	
Disbursements	Pg3_ of 4	□ v <sub>20</sub> 図	No
	16 <u>-</u> 01 <u>-</u> 1	L 168 KM	140

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						2. ID Nu	mber	
COMMITTEE TO	O ELECT CHUCK S	TANEC							
3. Type of Disbu	irsement (Please	use separate CRO	0-1310 forms for ea	ch type	of Disbu	rseme	nt.)		
X Operating Exp			tes/Political Committe				ed Party Ex	spenditure	s
4. Payee Inform			☐ Add ☐	Rem	STATE OF THE PARTY				
	ailing Address & Pl	ione	b. Coordina	ted Cor	nmittee N	ame	d. Comm	ents	
(include city, sta				••••••••••••	•••••••••••••••••••••••••••••••	•••••	***************************************	•••••••	••••••
	MOTIONAL .COM .								
450 S 2ND ST.			c. Level Reg	istered	(Specify)				
COLDWATER, (	OH 45828		☐ Federal ☐ State		County				
			L State	<u>.</u>	☐ Municip	ality:	e. Electio	n Sum to	Date
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CA			c. Level Reg	istered	(Specify)				
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E - Salaries	F* - Equipm		G - Political Party				Public O		enses
I - Postage	J - Penaltie	S	K* - Office Expens	es			n to Lega		
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				Amendm	ent
Pg	4_	of	4	☐ Yes	X No

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

1. Committee Fu	ıll Name (and Fund i	if applicable)					2. ID Numb	er
COMMITTEE TO	D ELECT CHUCK ST	ANEC						
3. Type of Disbu	rsement (Please	use separate CRC	0-1310 forms for each	ch type	of Disbur	seme	nt.)	
X Operating Exp	enses 🔲 Cont	ributions to Candidat	es/Political Committee	\$	☐ Coo	rdinate	ed Party Expe	enditures
4. Payee Informa	ation		☐ Add ☐	Remo	ove			
a. Full Name, Ma	iling Address & Ph	one	b. Coordinat	ed Com	mittee Na	me	d. Commen	ts
(include city, sta	te, & zip)			***************************************	••••••		***************************************	
CABARRUS CO	UNTY BOARD OF E	LECTIONS						
369 Church St N			c. Level Regi	*****************				
CONCORD, NC	28026		☐ Federal		County:			
			☐ State	L	■ Municip	ality:	e. Election	Sum to Date
							S	126.84
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	j. Am	ount	k. Re	quired Rem	arks
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4. Payee Informa	ation		□ Add □	Remo				
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(include city, sta		one	b. Coordinat	eu Com	imittee iva	ıme	u. Commen	ts
NORTHEAST FO								
920 Church Street			c. Level Regi	stered	(Specify)			
CONCORD, NC	Federal		County:					
23//			☐ State		☐ Municip	ality:	e. Election S	Sum to Date
							S	1,500.00
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				S				
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(include city, sta								
WILLIE B MOOI								
2305 SOUTH MA			c. Level Regi					
KANNAPOLIS, 1	NC 28081		☐ Federal ☐ State		County:		T1	Sum to Date
			L otate	L	Ivnanieip	anty:	e. Liection	Sum to Date
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E - Salaries	F* - Equipm	_	G - Political Party					ice Expenses
I - Postage	J - Penaltie		K* - Office Expens	es			Charles de la Contraction de l	Expense Fund
O* Other			•				~ cgm1	periot z unu
* Codes require	e detailed explanatio	n in required ren	uarks field (k)					

Aggregated	Non-Media	Expenditures
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				Amendment			
Page _	1	_ of _	1		Yes	X	No

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

		ort NC Non-Media		of \$50 or less.				
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT CHUCK STANEC				2. ID	2. ID Number			
COMMITTE	EE TO ELECT CH	UCK STANEC						
3. Payee Inf	ormation							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	yy) f. An	ount	g. Required Remarks	
Add Remove	1	Electric Funds Tran	О	03/08/2018	s	9.15	ONLINE DOMANIERON	
☐ Add ☐ Remove	1	Debit Card	О	03/09/2018	s	6.12	DRINGEOR	
☐ Add ☐ Remove	1	Debit Card	С	04/04/2018	s	12.84	SUPPLIES FOR MEET & GREET	
☐ Add ☐ Remove	1	Debit Card	О	03/01/2018	\$	50.00	EVENT SPONSOR	
☐ Add ☐ Remove	1	Check	GO	03/01/2018	S	50.00	EVENT SPONSOR	
☐ Add ☐ Remove	1	Debit Card	В	03/14/2018	S	10.65	CAMPAIGN BUSINESS CARDS	
4. Total or	nly this Page				S		138.76	
	f ALL CRO-1 wast be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)		s		V 138.76	
6. Purpose	e Codes (List o	detailed expenditu	re code in (d) a	bove)			The state of the state of	
		- Printing	C* - Fundraising D -			To Another Candidate		
E - Salan	The state of the s	- Equipment	The state of the s			- Holding Public Office Expenses		
I - Posta	THE RESIDENCE OF THE PARTY OF T	Penalties	K* - Office Expenses Q*		Q* - Don	- Donations to Legal Expense Fund		
O* - Otl	ier						G	
* Codes	require detai	led explanation i	n required ren	narks field (g)				
CRO-1315			te Board of Election				December 2009	

December 2009