Discl	osure	Report	Cover
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Amendment

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information.

1. Committee Information								
a. Full Name	DRIENT CONTROL OF THE							
Committe	Committee to Elect Richard Bovard							
b. Mailing Address		d. Date Filed						
P.O. Box 968								
Harrish		e. Phone Number						
Harrisburg, NC 28075 e. Phone Number 704-905-7872								
2. Report Year	2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name							
2018	7/1/18		10/20/			E. Tanner, Jr.		
	mittee (Check O	The second secon	The second secon		the state of the s	rt from one category)		
Candidate Cam		1.	Municipal	State/Count		Referendum		
PAC		rendum	Organizational			Organizational Pre-referendum		
Independent Ex		Fundraiser	Thirty-five day Pre-primary	Quarter		Final		
Legal Expense	Fulld		Pre-primary Pre-election	- Demand	cond	Supplemental Final		
7. Type of Fund	l (if applicable,	check one)	Pre-runoff		ird	Annual		
Booster Fund	· (i) applicable,	30.000	Semi-annual		urth	Special		
Building Fund			Mid Year					
			Year End	□ м	id Year	10. Special Report Name		
Other:			Final	☐ Ye	ear End	Section of the sectio		
8. Number of F	undraisers this	Report	Special	Final				
				☐ Special				
11. Account Inf	formation			11. Account Info	rmation			
a. Financial Institu	CONTRACTOR OF THE PARTY OF THE			a. Financial Institutio				
Wells F	2190							
b. Purpose		c. Account Cod	le	b. Purpose		c. Account Code		
Campai	n							
7-	tract	d. Period Begin	n Balance			d. Period Begin Balance		
Iransa (2 110113	\$1,874				\$		
CERTIFICATI	ION	149011				Ψ		
A STATE OF THE PARTY OF THE PAR			maa udd -11 — 1	iaabla musulsi — C	Amilal - 00 4 003	D & 22T2 22M - CCI		
			~ ~			B & 22D-22M of Chapter 163 ands. I further certify that this		
				the NC State Board		ands. I further certify that this		
report is comple	o, true and correc	t and that I hav		and the plate Board	Licetions.			
	s E. Tani		Clearly	5 C. Lenne	-Xv	10/22/2018		
The same of the sa	Printed Name of Sign		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IN COLUMN	nature of Appointed Ti	easurer	Date		
	USECONDIARRU			451				
Date Receiv	ed BOARD OF	ELECTIO	NS Employ	yee: <u>MH</u>		<u>livery Method</u> Normal Mail		
Date Postma	arked: OCT	2018	Emplo	yee:	🗒	Registered Mail Hand Delivered		
D . 7	- 1		-		A	Electronically Filed		
Date Scanne	REC	EIVED	_ Employ	• 00 1/10		· ·		
Date Data E			_ Employ			Signer has not received mandatory training		
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,								
assistant treasurer, custodian of books information, or account information.								
	You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.							

Detailed Summary Use this form to summarize all disclosure reporting forms and	to total		Amendment Yes No
	2. Type of		3, ID Number
Committee to Elect Richard Bovard			
Start of Election Cycle: January 1, 2015	_	Total this Reporting Period	Total this
4) Cash on Hand at Start		\$ 1,874.77	Election Cycle \$ 0,00
RECEIPTS		75.7.	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$6,896.18	\$9,953.66
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 Organizations		\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)		\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)		
EXPENDITURES		, , , , , ,	* /
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$6,921.74	\$7,521.97
13b) Contributions to Candidates/Political Committees	(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)	\$ 596.18	\$ 1,178.66
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$7,517.92	\$ 8,700.63
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$1,253.03	\$1,253.03
ADDITIONAL INFORMATION			
	(CRO-1330)	\$	
	(CRO-1430)	\$	
	(CRO-1610)	\$	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	
병 이 그 중에는 게 다른 사람이 되는 것 같아. 그 그 그들은 것은 그는 그것은 아이를 했다.	, L		SATS ENGINEERING AND A TOTAL STORY
	(CRO-1720)	\$	
24) Account Transfers Within the Committee	(CRO-1720) (CRO-1710)	\$	\$
24) Account Transfers Within the Committee 25) Administrative Support	-		\$
24) Account Transfers Within the Committee25) Administrative Support26) Forgiven Loans	(CRO-1710)	\$	

		rom Individua ndividual contributio		Pg ontributions und	of		Amendment Yes No 205 is not used
		ne (and Fund if appl		(1) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		THE RESERVE	D Number
Con	umittee-	to Elect R	ichard E	Sovard			
3. Cont	ributor Inform	ation		Add Rei	nove	100	
a. Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	CONTRACTOR OF THE SECTION OF THE SEC	d. C	omments
	le city, state, & zip)			CPACRE	hood)		
HIL	Dean Sell	ers				1	
511 Buckhead Ct. Charlotte, NC 28211 c. Employer's Name/Specific Field Deloitte + Touche LLP							
Cha	arlotte, r	VC		I LE			ection Sum to Date
		28211			207	\$ 300.60	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			8/18/2018	P	\$300.00
					07-07-70		\$
\vdash_{\Box}							\$
	n		A second			.200.22	φ
100000000000000000000000000000000000000	ributor Informa ame, Mailing Addro	activities for the second seco		Add Rei	move	Li c	
2004 AN 11 II	le city, state, & zip)	ess & I none			SSIOII	a. C	omments
RIN	hard L.	Bayard		CPA			
CHORDON (CESTO)	the state of the s			c. Employer's Nar			
9170 Highway 601 Deloitte + Touche					e. El	lection Sum to Date	
Mid	land, NO	28107			WP		see below
	I	I	T	<u> </u>			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yy)		k. Amount
Ш			Monthly to	ee wosite	7/24/2018	8	\$ 49.00
			Monthly te	eubsik	7/24/2018	3	\$49.00
		18	Monthly for	ubsik	9/24/2018	NI .	\$ 49.00
	ributor Informa			Add 🔲 Rei			
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
		2) (7)	CPA			
		Bovard (ca	sar)	c. Employer's Nar	ne/Specific Field		
917	O Highwa	ay 601		Deluites	Touche		lection Sum to Date
MI	Dand N	C 28107			LLP	-	
		·	1				see below
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yy)	yy)	k. Amount
			Golf Syon	surship	9/18/201	18	\$100.00
			God & Syons	orship	9/23/2012	8	\$ 250.00
			Meet Can	didate dinner	9/6/2018	3	\$ 99.18
4. Tot	al only this P	age				\$	896.18
5 Total of ALL CRO-1210 Pages							
(This li	(This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 6, 896.18						

Contributions from Individuals Pg 2 of 2 Amendment Yes No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used.

Ose un	s form to report	marviduai contributi	ons over \$50 or c	contributions unc	ier \$50 if form C	RO I	205 is not used
1. Con	ımittee Full Naı	me (and Fund if app	olicable)			2. I	D Number
Con	nmittee	to Elect	Richard	Bovard	•		
3. Con	tributor Inform	nation		Add 🔲 Re	move		
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. C	omments
	le city, state, & zip			- CPA			
Richard L. Bovard (cont.)			(cont.)	c. Employer's Na	me/Specific Field	-	
9170 Highway 601			Delate				
			Deroine	116	e. El	lection Sum to Date	
Midland, NC 28107				221			8,653.66
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount
	1	Check			7/30/201	8	\$ 1,000.00
	1	Check			8/31/2018	3	\$ 1,000.00
	1	Check			9/26/201	90	\$ 1,000.00
3. Con	tributor Inform	ation		Add Re	move		
	ame, Mailing Addr			b. Job Title/Profe	ession	d. C	omments
(includ	le city, state, & zip))				1	
				c. Employer's Na	mo/Specific Field	-	
				c. Employer s iva	me/specific Fleid	-	
						e. El	ection Sum to Date
							,
0 D .	T	Ti n an	1			\$	P
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	уу)	k. Amount
Ш							\$
							\$
							\$
the state of the state of the	ributor Inform			Add Re	move	1.5	
2000 1000 19	ame, Mailing Addr			b. Job Title/Profe	ession	d. C	omments
(includ	le city, state, & zip))					
				c. Employer's Na	ma/Cmarkin Kinld	4	
				c. Employer's Iva	me/specific Fleid	-	
						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ntion	I: Data (/11/		
	g. recount couc	ii. I of iii of I ayment	i. in-Kind Descrip	otton	j. Date (mm/dd/yy	уу)	k. Amount
Ш							\$
				4,			\$
							\$
4. Tot	al only this P	age				\$	6,000.00
5. Tot	al of ALL CI	RO-1210 Pages				d.	6,000.00
(This li	ine must be on line	6 of Detailed Summary I	Page CRO-1100)			1 3	0,076,18

In-Kind Contributions	Pg	of]	- 1	Amendment Yes	☑ No
Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refur	ds or services prov	ided to the commit	tee or	fund.	Marie Rolling
1. Committee Full Name (and Fund if applicable)	ided within / da	ys.	2 ID) Number	
Committee to Elect Richard	Bovard		2. 10	/ I tumber	
3. Contributor Information	Add 🔲 Rei	nove			
a. Full Name, Mailing Address & Phone	b. Type of Contri	butor	c. Cor	mments	100,000 100,000,000
(include city, state, & zip)	Individual Candidate				
Richard L. Bovard	Party				
9170 Highway 601	PAC				
Midland, NC 28107	Referendum		d. Ele	ection Sum to Da	te
2010/	Other Receipt	Source	\$ 5	see below	J
e. Description	L	f. Date (mm/dd/yy)	(yy) g	g. Fair Market A	mount
Monthly fee website template		7/24/2018		\$ 49.00	
Monthly fee website template		8/24/2018		\$ 49.00	
Monthly fee website template		9/24/2018		\$ 49.00	
3. Contributor Information a. Full Name, Mailing Address & Phone	AND THE PROPERTY OF THE PARTY O	nove			17.7
(include city, state, & zip)	b. Type of Contril	outor	c. Cor	mments	•
Richard L. Bovard (cont.)	Candidate				
	Party				
9170 Highway 601	PAC				
Midland, NC 28107	Referendum Other Receipt	Source		d. Election Sum to Date	
200	Other Receipt	Source	\$ 1	,178,66	,
e. Description		f. Date (mm/dd/yyy	(y) g	g. Fair Market A	mount
Golf tournament sponsorship		9/18/2018	3	\$100.00)
Golf tournament syonvorship		9/23/2018	3	\$ 250.00)
Meet the Candidate dinner		9/4/2018		\$99.18	
3. Contributor Information	100.000	nove		si e daga sa	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contril	outor	c. Con	nments	
(menute city, state, & zip)	Individual Candidate				
	Party				
	☐ PAC				
*	Referendum		d. Election Sum to Date		te
	Other Receipt	Source	\$		
e. Description		f. Date (mm/dd/yyy	y) g	, Fair Market A	mount
				\$	
				\$	
				\$	
4. Total only this Page			\$ 5	596.18	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 5	596.18	

D' I							Amendment
Disbursen				2012	Pg of		Yes No
Committees and	o report expenditures I coordinated party ex	from the commit	tee for c	perating ex	penses, contribut	ions to	candidate/political
	Full Name (and Fun		er and	196 PH 150 TO		2	. ID Number
The state of the s	tee to Elec		9 B	povard			
3. Type of Disl	oursement (Pleas	e use separate CI	RO-1310	forms for (each type of Disi	bursem	ent.)
Operating Exp		ntributions to Candid	ates/Politi	cal Committee	THE RESIDENCE OF THE PARTY OF T	ordinated	Party Expenditures
4. Payee Inform	Charles and the state of the st			Add	Remove		
	Mailing Address & Pl	none		b. Coordinat	ed Committee Nam	e d.	Comments
include city, state	, & ZIP)					1	
7075 B	Aviation 1	31v2. NW		c. Level Regi	stered (Specify) County:		~
Concord	NC 280	27		State		ality: e.	Election Sum to Date
					•		see below
f. Account Code	g. Form of Payment	h. Purpose Code	l: Data (T		
1	Check	B	- 1				uired Remarks
1	Check	B			\$1,776.07	791	rd Signs rdouts + strckers
4. Payee Inform		р	0/3		\$ 655.53	Itai	Couts + Stickers
Secretary of the second secretary of the second sec	ling Address & Phone	Committee of the second		Add	Remove ed Committee Nam	0 4	Comments
(include city, sta	1 Variable of the control of the con			b. Coordinat	ed Committee Nam	e a.	Comments
· Tak	(cont)						
1 lek	(cont) B Aviation	RIVE NIM	1		stered (Specify)		
7075	HVIATION	DIVE. IV	•	Federal State	County:	olity: o	Election Sum to Date
Concore	NC 280	527		State	Municip		14 (1)
	,						6,921.74
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			uired Remarks
1	Check	B			\$851.04		lagnets
1	Cherk	B	9/2	7/2018	\$3639.10	Me	ailers a Pastage
4. Payee Inform	mation			Add 🔲	Remove	To The In-	and the second second second
	ling Address & Phone			b. Coordinat	ed Committee Nam	e d.	Comments
(include city, sta	ite, & zip)			-		1	
				c. Level Regi	stered (Specify)		
				☐ Federal	County:		
				State	☐ Municip	ality: e.	Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requ	uired Remarks
					\$		
					\$	 	
5. Total only th	nis Page	respectively.					(921 7"
	L CRO-1310 Pages					28.483	6,921.74
The state of the latter of the	i line 13a of Detailed Sui	mmary Page CRO-11	00 if One	ratina Evneus	es)		1 001 -
	ı line 13b of Detailed Sur					()	6,921.74
	ı line 13c of Detailed Sur						
7. Purpose C	odes (List detailed		e in (h.)	above)		5/8/2	
A* - Media	B* - Printi			undraising			r Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses O* - Donation to Legal Expense Fund							
O* Other	J - Penalti	ICS	K* - U	ilice Expen	ises Q* - D	onatio	n to Legal Expense Fund