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 I	Commedian							
1. Committee In	TOPMAUON			Andreas D				c, ID Number
	TO ELECT H	UNTER MOORE	E					CAB-MAB6VX-C-001
b. Mailing Addre	ss (include Cit	ty, State and Zip C	Code)					d. Date Filed
4817 MT PLEA	ASANT RD							10/29/2018
ROCKWELL, N	NC 28138							e. Phone Number
								e. Fnone Number
2 Dannet Vage	2 Davied Ster	rt Date (mm/dd/yy)		14 Pariod	End Do	to (m m ldd/yr	A E Transu	Evil Nama
)					rer Full Name
2018		7/01/2018			10/20/2		FRANK	
6. Type of Comm				e of Report	t (cl			port from one category)
X Candidate Cam		-	Aunic —			State/Count	-	Referendum
Joint Fundraise	_		_	Organizatio		☐ Organiza		Organizational
Referendum			⊒	Thirty-five		Quarterly		Pre-referendum
7. Type of Fund]	Pre-primary		First		☐ Final
Booster Fund	н		コ	Pre-election	n	☐ Seco		☐ Supplemental Final
Building Fund			コ	Pre-runoff		Thir	d	☐ Annual
_	lection Year Can			Semi-annual	J J	☐ Four	th	☐ Special
NC Public Cam	npaign Financing	g Fund]	Mid Ye	ar	Semi-ann	ıual	
		lc lc	_	Year Er	nd	☐ Mid	Year	10. Special Report Name
Other:			5	Final	1	Year	End	
8. Number of Fu	ndraisers this			Special		Final		
D. INGINDER OF		Keport	-	Op =		l =		
	0					☐ Special		
3. Account Infor			į le			ount Inform		
a. Financial Insti	tution Full Nai	m e			a. Fina	ncial Institu	tion Full Nar	m e
FIRST BANK								
b. Purpose		c. Account Code			b. Purp	oose		c. Account Code
CAMPAIGN FI	NANCE	100)1					
		d. Period Begin B	Balan	ıce	l			d. Period Begin Balance
		\$						\$
CERTIFICATIO I certify that the		or Fund is in com	oliano	ce with all a	anplicat	ole provision	s of Article	22A, 22B & 22D-22M of
W.			-			•		other non-disclosed
								ned by the NC State Board
Torrador L. Larring	7 6011119 61111	7	,,,,,	\ \	311000	The that) been train	led by the He state Board
FRANI	LWK	ush	(Ana	ulele	U Ku	d	10/29/2018
	inted Name of Si	igner		Sign	ature of	Appointed Fr	easurer	Date
FOR OFFICE US	SEONLY							
D 4- Dagains	CARADI	DUG COUNTY		F 1-		IM	De	elivery Method
Date Receive	d: CADAN	RUS COUNTY		Employ	yee:	72	— <u> </u>	Normal Mail
D . D .	BOAKD (OF ELECTION	S					Registered Mail
Date Postmai	rked:	0.0.0010	-	Employ	yee:		— X	Hand Delivered
Date Scanned	d: UU I	2 9 2018/201	8	Employ	vee:	8mg	6	Electronically Filed
	DE	CEIVED				J		Signer has not received
Date Data En	tered:	CLIVE		Employ	yee: _			mandatory training
Please Note	e: This form c	annot be used to	amer	nd committe	ee infor	mation such	as the comr	nittee address, treasurer,
		nt treasurer, custo						

Detailed Summary

Use this form to summarize all disclosure reporting forms ar	nd to total monetary	information.	1es 100
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT HUNTER MOORE	2. Type of Report		3. ID Number
COMMITTEE TO ELECT HUNTER MOURE	2018 Third Quarte	er	CAB-MAB6VX-C-001
Start of Election Cycle: January 1,	2017	Total this	Total this
4) Cash on Hand at Start	2017	Reporting Period \$ 396.49 \(\psi 1 \)	
RECEIPTS		\$ 396.49,47	\$ 0
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ V100.00	\$ \(\sqrt{374.10} \)
6) Contributions from Individuals	(CRO-1210)	\$ 1961.10	\$ \(\sigma \) 3101.10
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ \(200.00 \)	\$ 450.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	(500 1210)	Ψ	Ψ
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organization	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, 11c	c. 11d and 11e)	\$ \sqrt{2261.10}	\$ 3925.20
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1864.80	\$ \(\sigma 3057.43 \)
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ √ 15.17	\$ ~90.17
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15.	. 16 and 17)	\$ 1879.97	\$ \nu 3147.60
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	act line 18)	\$ \/777.60 \/	\$ 777.60 V
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns	s) (CRO-1430)	\$	Company was a pro-
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	Self-deposit to the self-deposit to
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)

\$

Amendment

00 0		outions from I	ndividuals Page From Individuals of \$	1 of	1	Amendm Ves	ent No
		Fund if applicable)			2. ID 1	Number	
COMMITT	EE TO ELECT H	UNTER MOORE			CA	B-MAB6	VX-C-001
3. Contribut	or Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/d	d/yyyy)	f. Amoun	it
Add Remove	1001	Cash		09/01/20	18	\$	√ 50.00
☐ Add ☐ Remove	1001	Cash		08/02/20	18	\$	√50.00
4. Total oı	nly this Page				\$		\$100.00
	ALL CRO-12 oust be on line 5 of L	205 Pages Detailed Summary Page	CRO-1100)		\$		\$100.00
CRO-1205		N	C State Board of Elections				April 2007

(9) (8) (8) (9)

Disbursem	ients			Pg		1	Amen X Ye	
Use this form to committees and	report expenditures coordinated party ex	from the committe	ee for operating expen					
1. Committee Fr	ull Name (and Fund i	fapplicable)					2. ID Nun	iber
COMMITTEE	TO ELECT HUNTE	ER MOORE			C1 102 101100 VI 1100		CAB-N	MAB6VX-C-00
3. Type of Disbu Operating Exp			0-1310 forms for eac es/Political Committees		CONTRACTOR OF THE PARTY OF THE	3.0000011111	nt.) ed Party Ex	penditures
4. Payee Inform	ation		□ Add □	Rei	move			
The second secon	ailing Address & Pho	one	b. Coordinate	A COLUMN	CONTRACTOR OF STREET	ım e	d. Comme	nts
GODADDY.CO 14455 HAYDE SCOTTSDALE	OM N RD		c. Level Regis	ste re	d (Specify) County:	86418 86418		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ State		☐ Municip	ality:	e. Dection	Sum to Date
					0.		\$	194.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	narks
1001	Debit Card	0	08/03/2018	\$	179.64	WEI	BSITE DO	MAIN
				\$				
4. Payee Inform	ation		☐ Add ☐	Re	move			
20000000000000000000000000000000000000	ailing Address & Pho	one	b. Coordinate	d Co	mmittee Ni	am e	d. Comme	nts
(include city, sta	DLUTIONS, LLC		<u>(100000</u>					
	AY DR SUITE B	100	c. Level Regis	tere	d (Specify) County:			
(704) 786-7763			☐ State				e. Election	Sum to Date
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							\$	2,181.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. A	mount	k. Re	quired Res	narks
1001	Debit Card	В	10/16/2018	\$	1,685.16	CAN	1PAIGN S	GIGNS
				\$				
5. Total only thi	s Page						S	V1,864.80
Autorities and the state of the	CRO-1310 Pages							

CRO-1310

O* Other

A* - Media

E - Salaries

I - Postage

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)

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

B* - Printing

J - Penalties

F* - Equipment

(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

December 2009

 $\sqrt{1,864.80}$

\$

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Amendment **Contributions from Individuals** Pg __1 of ☐ 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 HUNTER MOORE CAB-MAB6VX-C-001 ☐ Add ☐ Remove 3. Contributor Information a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) PHOTOGRAPHER AND MICHAEL ANDERSON OWNER c. Employer's Name/Specific Field 705 TRATON CIRCLE CONCORD, NC 28025 MICHAEL A ANDERSON

CONC	ORD, NC 28025			MICHAEL PHOTOGE	A ANDERSON	e. Election Sum to Date		
						\$		V 250.0
P. Dadini	a Assourt Cul	h Form of Days	i. In-Kind Des	l animtic -	Data (===/44/-		II. Ame	
		h. Form of Payment Check	i. in-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Amou	
	1001	CHOCK			10/01/2018		\$	√ 250.0 ————
							\$	
			-				\$	
	ributor Informati			Add 🔲 F	Remove		1001 2	
	lame, Mailing Ado			b. Job Title/	Profession	d. 0	Commen	ts
	de city, state, & z	ip)		MAIL CAR	RRIER			
	BROWN OORE DR NW			c. Employer	's Name/Specific Field	+		
	ORD, NC 28025			USPS				
	,					e. l	Dection S	um to Dat
						\$		✓ 100.
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	
	1001	Check			09/15/2018		\$	√ ₁₀₀ .
							\$	
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	ributor Informati	on.		Add □ F	Remove			
	lame, Mailing Add			b. Job Title/		d. (Commen	ts
	de city, state, & z			RETIRED		T		
	ED BROWN				10 10 T	1		
	ROVE AVE NW				's Name/Specific Field	-		
CONC	ORD, NC 28025			CONCORI	O CITY COUNCIL	e. I	Dection S	um to Date
						\$		V 100.
						1		nt
. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amou	
F. Prior	g. Account Code	h. Form of Payment Check	i. In-Kind Des	cription	j. Date (mm/dd/yyyy) 10/15/2018)	k. Amou	
			i. In-Kind Des	cription)		
			i. In-Kind Des	cription)	\$	
		Check	i. In-Kind Des	cription		\$	\$	Ч00. (
G G G G G G G G G G G G G G G G G G G	al only this Pa	Check ge		cription			\$ \$	√ 450.0 ✓ 1,961.

Contributions from Individuals

				Amendm	ent
Pg	2	of	5	X Yes	☐ No

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

		(and Fund if applicab				_	ID Number
COMM	(ITTEE TO ELEC	CT HUNTER MOOR	RE .			C	AB-MAB6VX-C-001
Act and the second	ributor Informati			Add 🔲 F	Remove	15/6	Register Williams
	Name, Mailing Add			b. Job Title/	Profession	d. 0	Comments
	ide city, state, & zi	ip)	-	CHAIROPE	RACTOR		
JEFF C 5009 M	OOK IT PLEASANT R	SD N		c. Employer'	's Name/Specific Field	1	
	WELL, NC 2813				AIROPRATIC	1_	
	,					e. I	Dection Sum to Date
						\$	75.00
f. Prior		h. Form of Payment	i, In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amount
	1001	Check			10/16/2018		\$ 75.00
							\$
							\$
	ributor Informatio				Remove	4 17	
	iame, Mailing Add de city, state, & zi			b. Job Title/I	?rofession	d. C	Comments
CADOL	WN CD AWEOD	ip)	Jel	RETIRED			
5575 Y	ORKE NW	1 100	seper Good	c. Employer'	s Name/Specific Field	+	
CONC	ORD, NC 28027	(Carolyn (1 Raws			L	
	Dele	te Carolyn				e. I	Election Sum to Date
	A	te Consly N Co dd Consly N Co				\$	100.00
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
X	1001	Cash			03/08/2018		\$ 50.00
	1001	Cash			08/15/2018		\$ 50.00
							\$
100.00	ributor Informatio				temove	977	
	ame, Mailing Add de city, state, & zi			b. Job Title/I	Profession	d. (Comments
	ORN GREEN	(P)		OWNER			
	OLDFISH RD			c. Employer'	s Name/Specific Field	1	
	APOLIS, NC 280	073			LES TROPICAL		
					TWATER FISH	e. F	Election Sum to Date
				l		\$	450.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount
	1001	Check			08/27/2018		\$ 450.00
							\$
							\$
4. Tota	al only this Pag	ge	FIRST TO			\$	√ 575.00
A-75 St. Harris B. H. L.	al of ALL CR(O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			\$	√ 1,961.10

Contributions from Individuals Pg 3 of 5 Amendment Ves No

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

1. Com	nittee Full Name	(and Fund if applicabl	e)			2.	ID Number	r
COMM	IITTEE TO ELE	CT HUNTER MOOR	Е			C	AB-MAB	5VX-C-001
3. Conti	ributor Informati	00		Add 🔲 F	Remove			
a. Full N	ame, Mailing Ad	dress & Phone		b. Job Title/	Profession	d. (Comments	
(inclu	de city, state, & z	ip)						
PARIS	H MOFFITT			-				
	ANDY BOTTOM			c. Employer's Name/Specific Field				
CONC	ORD, NC 28027	1		AMERICA	N AIRLINES	_		D .
						e. I	Dection Su	m to Date
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy))	k. Amoun	t
	1001	Check			09/24/2018		\$	75.00
							\$	
					-			
							\$	=
	ibuter Informati			The second second second second	lemove			- X 1/2 (x 1)
	ame, Mailing Ad			b. Job Title/	Profession	d. C	Comments	
	de city, state, & z	ip)		OWNER				
	HIA MYNATT			a Employee	s Name/Specific Field	1		
	SHINGTON LA					1		
CUNC	ORD, NC 28025	1		BEN MYN		e. F	Dection Su	m to Date
				DEALERS	mips, inc	\vdash		
						\$		95.70
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	1001	Credit Card			10/02/2018		\$	95.70
							\$	
							\$	
3. Conti	ibutor Informati	on		Add 🔲 F	Remove	Ų,	1 4 10 10	
4.91	ame, Mailing Ad			b. Job Title/	Profession	d. (Comments	
	de city, state, & z	ip)		NC STATE	SENATOR			
	NEWTON			- F	- Ni 10 10 E' 11	1		
	ITTLE BUFFAL				s Name/Specific Field	1		
MT PL	EASANT, NC 2	0124		NORTH C	AROLINA	e. F	dection Su	m to Date
						\$		119.70
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	1001	Credit Card			08/16/2018		\$	119.70
	_						\$	
							\$	
4. Tota	al only this Pa	ge		naka ja in		\$		V290.40
		O-1210 Pages 6 of Detailed Summary P	Paga CDO 1100			\$	V	1,961.10
(Ints t	me musi ve on une	o of Detailed Summitry P	uge CNO-1100)	no the State	and the second			

Contributions from Individuals 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) COMMITTEE TO BE ECT HUNTER MOORE

1. Com	mittee Full Name	(and Fund if applicab	le)			2. ID Number		
COMM	MITTEE TO ELE	CT HUNTER MOOR			C.	AB-MAB	6VX-C-001	
3. Cont	ributor Informati	on		Add 🔲 I	Remove			
112	Name, Mailing Ad			b. Job Title/		d. 6	Comments	
(inclu	ide city, state, & z	ip)		RETIRED	WHOLESALE			
FRANI	K RUSH			TRETTRED	WHOLESTEL			
	AMBERTON CT	NW		c. Employer	's Name/Specific Field	1		
	ORD, NC 28027			HUGHES SUPPLY				
	,			THE GITES	301121	e. l	dection S	ım to Date
						•		150.00
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoui	ıt
	1001	Check			09/15/2018		\$	150.00
							\$	
							\$	
3. Cont	ributor Informati	on		Add 🔲 F	Remove	156		
a. Full N	Name, Mailing Ad	dress & Phone		b. Job Title/	Profession	d. (Comments	
(inclu	ide city, state, & z	ip)		PHARMAC	CIST			
WAYN	IE SASSER							
29013.	JORDANS PON	D DR		c. Employer	's Name/Specific Field			
ALBE	MARLE, NC 280	001		Professiona	al, Scientific, and			
				Technical S	Services	e. I	Dection Si	m to Date
						\$		250.00
c D	4. 46.1	II E CD	L 17 18	L	Transition (AV)			
		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	11
	1001	Check			10/18/2018		\$	250.00
							\$	
							\$	
	ributor Informati			Add 🔲 F	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. (Comments	
(inclu	de city, state, & z	ip)						
Marion	RIC STARNES							
	ING ST NW			c. Employer'	s Name/Specific Field			
Concor	d, NC 28025					.	1 1 0	
						e. E	lection St	ım to Date
				N		\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amour	ıt
	1001	Check			09/04/2018		\$	100.00
							\$	
							\$	
4. Tota	al only this Pa	ge				\$		√500.00
	al of ALL CR		CDO LIAN			\$	V	/ 1,961.10
{ inis t	ine must be on line	6 of Detailed Summary F	age CKU-1100)					

Co	ntrib	utions	from	Indi	viduals
\mathbf{v}		uuvus	11 0 111	HILL	viuuais

Pg 5 of 5 Amendment 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		2. ID Number					
COMN	MITTEE TO ELE	CT HUNTER MOOF	RE			C	AB-MA	AB6VX-C-001
3. Conf	tributor Informati	ion		Add	Remove	G T		
	Name, Mailing Ad			b. Job Title.	/Profession	d.	Comme	nts
(incl	ude city, state, & z	cip)		FINANCIA	AL ANALYST			
	ONY WEISS			P allows	1 N 10 - 10 T 11	-		
	MISTLETOE RIC				r's Name/Specific Field	-		
CONC	ORD, NC 28027	1		18 % D CO	FFEE AND TEA	e.	Dection	Sum to Date
							17-01	0.5.70
						\$		95.70
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	k. Am	ount
	1001	Credit Card			09/11/2018		\$	95.70
							\$	
							\$	
N. 2 (1245 March 1)	ributor Informati			Add 🔲	Remove			
	Name, Mailing Ad			b. Job Title	/Profession	d. (Comme	nts
	ide city, state, & z	ip)	-1-	CUSTOM	ER SERVICE REP			
	LA YORKE	in le	MAD	c Employer	's Name/Specific Field	-		
	ANCE DR NE ORD, NC 28025	nomple	ed		O AUCTION	1		
CONC	ORD, NC 20023	2es		IAA AUT	OAUCTION	e. i	Dection	Sum to Date
		complete serves				\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Am	ount
X	1001	Check			04/23/2018		\$	50.00
	1001	Cash			09/18/2018		\$	50.00
							\$	
4. Tot	al only this Pa	ge				\$		V 145.70
	al of ALL CR	O-1210 Pages 6 of Detailed Summary 1	Page CRO-1180)			\$		1,961.10
CRO-1		J		oard of Electio	ns	_		April 2007

	ons from Othe				<u> </u>	Amendment Yes No
	report contributions f		ite, referendum or P	PAC committees	T- v	
	all Name (and Fund if			2		D Number
COMMITTEE	TO ELECT HUNTER	R MOORE			CA	AB-MAB6VX-C-001
3. Contributor I	nformation		Add R	lemove		
a. Full Name, Ma	illing Address & Phone		b. Type of Commi		d. C	om m e n ts
(include city, s	state, & zip)		■ Candidate	PAC		
THE COMMIT	TEE TO ELECT LIN	DA JOHNSON	Referendum			
1205 BERKSH	IRE DR		c. Level Registere			
KANNAPOLIS	S, NC 28081		Federal	County:		
			■ State	Municipality:	e. D	lection Sum to Date
					\$	200.00
f. Account Code	g. Form of Payment	h. In-Kind Descr	iption	i. Date (mm/dd/y)	ууу)	j. Amount
1001	Check			09/15/2018		\$ 200.00
						\$
						\$
4. Total only thi	s Page				\$	√\$200.00
	CRO-1230 Pages be on line 8 of Detailed S	ummary Page CRO-	1100)		\$	\$200.00
CRO-1230		NC Stat	te Board of Elections			April 2007

Aggregated Non-Me	dia Expenditures
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	Amendment				
Page 1 of 1	X Yes		No		

1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT HUNTER MOORE			CAB-MAB6VX-C-001			
. Payee In	formation					
. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
□ Add □ Remove	1001	Debit Card	О	08/06/2018	\$ 15.1	CMAIL
	only this Page				\$	15.1
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)				\$ \(\sigma_{15.1} \)		
Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)		
E - Salar	B*	- Printing - Equipment	C* - Fundraising D - 7		To Another C	andidate blic Office Expenses
I - Posta	900000000000000000	Penalties		Constitution of the best of the second property of the second proper		o Legal Expense Fu

December 2009