

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 Information | | c. ID Number |
|---|--|---------------------------------|
| a. Full Name FRIENDS OF JOEL SHORES | | |
| b. Mailing Address (include City, State and Zip Code) 818 CROWDER RD SHELBY, NC 28150 | | d. Date Filed 10-26-2020 |
| | | e. Phone Number 704-418-4155 |

| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2020 | 07-01-2020 | 10-17-2020 | DAWN MARIE BOWLAND |

| 6. Type of Committee (Check One) | | 9. Type of Report <small>(check only one type of report from one category)</small> | | |
|---|---|--|---|---|
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund <small>(if applicable, check one)</small> | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input checked="" type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | 10. Special Report Name |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | | | |
| 0 | | | | |

| 11. Account Information | |
|--|--|
| a. Financial Institution Full Name BB&T | a. Financial Institution Full Name |
| b. Purpose CAMPAIGN FINANCE | b. Purpose CAMPAIGN FINANCE |
| c. Account Code 01 | c. Account Code 01 |
| d. Period Begin Balance \$ 1,251.87 | d. Period Begin Balance \$ |

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.

DAWN BOWLAND _____ 10-26-2020 _____
 Printed Name of Signer Signature of Appointed Treasurer Date

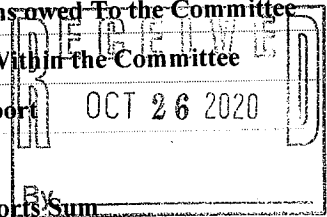
| FOR OFFICE USE ONLY | | | |
|--------------------------|-----------------|--|--|
| Date Received: _____ | Employee: _____ | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training | |
| Date Postmarked: _____ | Employee: _____ | | |
| Date Scanned: _____ | Employee: _____ | | |
| Date Data Entered: _____ | Employee: _____ | | |

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 monetary information.

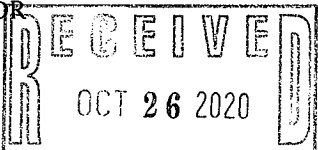
| | | | | | |
|--|--|--|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable) FRIENDS OF JOEL SHORES | | 2. Type of Report QUARTERLY - THIRD | | 3. ID Number | |
| Start of Election Cycle: January 1, <u>2020</u> | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 1,251.87 | | \$ | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 3,550.00 | | \$ 5250.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ 100.00 | | \$ 100.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 25.00 | | \$ 25.00 | |
| 9) Loan Proceeds (CRO-1410) | | \$ 500.00 | | \$ 500.00 | |
| 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 (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) | | \$ 4,175.00 | | \$ 5,875.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 3,074.46 | | \$ 3,522.59 | |
| 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) | | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 3,074.46 | | \$ 3,522.59 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 2,352.41 | | \$ 2,352.41 | |
| 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) | | \$ | | \$ | |



Contributions from Individuals

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

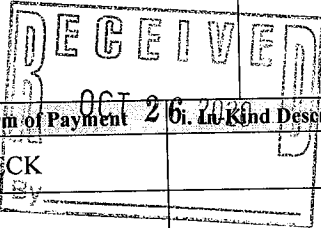
| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| FRIENDS OF JOEL SHORESMOT | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MOT DAVIS 504 W WARREN ST, A-1 SHELBY, NC 28150 704-692-8345 | | | c. Employer's Name/Specific Field | | e. Election Sum to Date \$ 25.00 | |
| | | | | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 07-02-2020 | \$ 25.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DAVID SETTLE 2224 HOLLY LANE SHELBY, NC 28150 980-721-6586 | | | c. Employer's Name/Specific Field | | 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 | |
| <input type="checkbox"/> | | CHECK | | 07-02-2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GENE RAMSEY 125 DEER BROOKE DR SHELBY, NC 28150 | | | c. Employer's Name/Specific Field | | 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 | |
| <input type="checkbox"/> | | CHECK | | 07-02-2020 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 225.00 | |
| 5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | \$ 3,550.00 | |



Contributions from Individuals

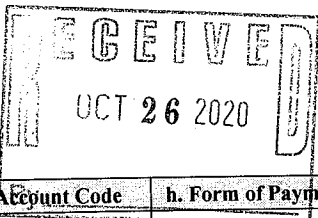
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
|--|-----------------|--------------------|------------------------|-----------------------------------|--|--------------|--|
| FRIENDS OF JOEL SHORES | | | | | | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| ALAN NORMAN 568 OAKGROVE CLOVER HILL CHURCH RD LAWNDALE, NC 704-472-6480 | | | | SHERIFF | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 1,250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 09-09-2020 | | \$ 750.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| RICK JOLLEY 2440 JENKINS RD SHELBY, NC 28150 704-473-9974 | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 09-09-2020 | | \$ 500.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| RUNELL LAPLANTE 583 DICK SPANGLER RD SHELBY, NC 28150 | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | e. Election Sum to Date | | | |
| | | | | | | \$ 25.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 10-08-2020 | | \$ 25.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1,275.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 3,550.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |



Contributions from Individuals

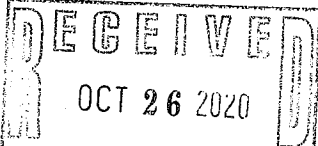
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--------------------------------|------------------|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF JOEL SHORES | | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| PAM KELLER 107 COUNTRY CLUB RD KINGS MOUNTAIN, NC 28086 704-747-5003 | | | | | | c. Employer's Name/Specific Field | |
| | | | | | | | |
| | | | | | | 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 | | |
| <input type="checkbox"/> | | CHECK | | 10-08-2020 | \$ 50.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DOUG BROWN 1300 S DEKALB ST SHELBY, NC 704-692-2865 | | | | | | c. Employer's Name/Specific Field | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date \$ 2,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | CHECK | | 10-15-2020 | \$ 2,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
|  | | | | | | c. Employer's Name/Specific Field | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 2050.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 3,550.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Political Party Committees

Use this form to report contributions from a political party

| | | | | | | | |
|---|---------------------------|-------------------------------|--|--|--------------------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| FRIENDS OF JOEL SHORES | | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | b. Comments | | |
| WEROCC 2502 PARNELL DRIVE SHELBY, NC 28150 | | | | | | | |
| | | | | | c. Election Sum to Date | | |
| | | | | | \$ 100.00 | | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | | | g. Date (mm/dd/yyyy) | h. Amount | |
| | CHECK | | | | 10-08-2020 | \$ 100.00 | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | b. Comments | | |
| | | | | | | | |
| | | | | | c. Election Sum to Date | | |
| | | | | | \$ | | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | | | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | | b. Comments | | |
| | | | | | | | |
| | | | | | c. Election Sum to Date | | |
| | | | | | \$ | | |
| d. Account Code | e. Form of Payment | f. In-Kind Description | | | g. Date (mm/dd/yyyy) | h. Amount | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1220 Pages <i>(This line must be on line 7 of Detailed Summary Page CRO-1100)</i> | | | | | | \$ 100.00 | |



Contributions from Other Political Committees

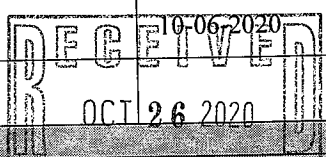
Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | | |
|--|---------------------------|--|-----------------------------|--------------------------------|---------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| FRIENDS OF JOEL SHORES | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | | |
| CAMPAIGN TO ELECT BETSY HARNAGE | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | | |
| | | <input type="checkbox"/> Referendum | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | \$ 25.00 | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | | |
| | CHECK | | 10-08-2020 | \$ 25.00 | | |
| | | | | \$ | | |
| | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | | |
| | | <input type="checkbox"/> Referendum | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Type of Committee | | d. Comments | | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED OCT 26 2020 </div> | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC | | | | |
| | | <input type="checkbox"/> Referendum | | | | |
| | | c. Level Registered (Specify) | | e. Election Sum to Date | | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: | | \$ | | |
| | | <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | | |
| | | | | \$ | | |
| | | | | \$ | | |
| | | | | \$ | | |
| 4. Total only this Page | | | | \$ 25.00 | | |
| 5. Total of ALL CRO-1230 Pages | | | | \$ 25.00 | | |
| <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Disbursements

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

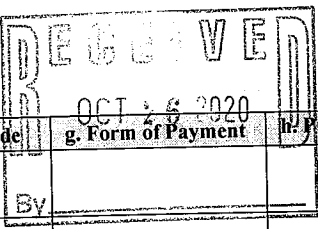
| | | | | | | |
|--|---------------------------|---|--|---|---|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) FRIENDS OF JOEL SHORES | | | | | | 2. ID Number |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) MY CAMPAIGN STORE 304 WHITTINGTON PKWY., #201 LOUISVILLE, KY 40222 | | | b. Coordinated Committee Name | | d. Comments YARD SIGNS | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 877.68 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CREDIT CARD | B | 08-18-2020 | \$877.68 | YARD SIGNS | |
| | | | | \$ | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 70.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CREDIT CARD | A | 10-04-2020 | \$70.00 | ADVERTISING | |
| | | | | \$ | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) TY OLIVER 102 LAKEWOOD DR KINGS MOUNTAIN, NC 280876 704-472-3636 | | | b. Coordinated Committee Name | | d. Comments CHECK 1026 | |
| | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 360.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | K | 0-06-2020 | \$360.00 | WEBSITE CREATION | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 1,307.68 |
| 6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | \$ 3,074.46 |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |



Disbursements

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

| | | | | | | |
|---|---------------------------|---|--|---|--------------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| FRIENDS OF JOEL SHORES | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| WESTMORELAND PRINTERS 2020 E DIXON BLVD SHELBY, NC 28152 | | | | | CHECK #1028 | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 971.78 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | B | 10-13-2020 | \$971.78 | MAILER | |
| | | | | \$ | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| COMMUNITY FIRST MEDIA 503 N LAFAYETTE ST SHELBY, NC 28150 | | | | | CHECK #1027 | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 795.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | A | 10-13-2020 | \$795.00 | ADVERTISING | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | | \$ 1,766.78 |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 3,074.46 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |



Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
 A loan proceeds statement must accompany each loan that is from an individual

| | | | | | |
|--|--|--|--|---|--|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| FRIENDS OF JOEL SHORES | | | | | |
| 3. Lender Information | | | | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | d. Comments | |
| JOEL SHORES 818 CROWDER RD SHELBY, NC 28150 | | | | e. Start Date (mm/dd/yyyy) | |
| | | | | 10-08-2020 | |
| | | c. Employer's Name/Specific Field | | f. End Date (mm/dd/yyyy) | |
| | | | | | |
| g. Rate | | h. Security Pledged | | i. Account Code | |
| 0 % | | | | CHECK | |
| | | | | j. Form of Payment | |
| | | | | CHECK | |
| | | | | k. Amount | |
| | | | | \$ 500.00 | |
| l. Full Name of Lending Institution | | | | m. Loan Number | |
| | | | | | |
| 4. Endorsers/Makers <i>(The people who guarantee the loan.)</i> | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | d. Percentage | |
| | | | | % | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | d. Percentage | |
| | | | | % | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | d. Percentage | |
| | | | | % | |
| | | | | \$ | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | | c. Employer's Name/Specific Field | |
| | | | | d. Percentage | |
| | | | | % | |
| | | | | \$ | |
| 5. Total of ALL CRO-1410 Pages | | | | \$ 500.00 | |
| <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i> | | | | | |

