	Amendment	
Disclosure Report Cover	Yes	No
Disclosure Report Cover	long with other deta	iled forr

ms. Use this form for general report and committee information, must be signed and submitted along

Do not use this form to update information.			
1. Committee Information			
a. Full Name			c. ID Number
Friends of Dawn	Bowla	nd	
b. Mailing Address (include City, State and Zip Co	ode)		d. Date Filed
3155 W. Zion Church	r Rd.		
Shelby, NC 28150.			e. Phone Number
5			303-335-6044
2. Report Year 3. Period Start Date (mm/	/dd/yy) 4. Period F	End Date (mm/dd/yy) 5. Tre	easurer Full Name
2020 1/14/20	2/15	5/20 Do	un Marie Bouland
6. Type of Committee (Check One)	9. Type of Rep		of report from one category)
Candidate Campaign Party	Municipal	State/County	Referendum
PAC Referendum	Organizationa	and the same of th	Organizational
☐ Independent Expenditure ☐ Joint Fundraiser	☐ Thirty-five da	2	Pre-referendum
Legal Expense Fund	Pre-primary	First	Final
	Pre-election	Second	Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual
Booster Fund	Semi-annual	Fourth	Special
Building Fund	Mid Yea		
	Year End	d Mid Year	10. Special Report Name
Other:	☐ Final	Year End	
8. Number of Fundraisers this Report	☐ Special	☐ Final	
18		Special Special	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Na	
N//_		1	
BBAT		l D	c. Account Code
b. Purpose c. Account		b. Purpose	C. Account Code
1346	008656249		1 .
	Begin Balance		d. Period Begin Balance
\$ 20	00		\$
CERTIFICATION	,		
I certify that the Committee or Fund is in con	anliance with all ann	licable provisions of Article 2	2A 22B & 22D-22M of Chapter 163
of the NC General Statutes and that no funds	are comminated with	prohibited or other non-disc	losed funds. I further certify that this
report is complete, true and correct and that I	have been trained by	the NC State Board of Electi	ions.
report is complete, true and correct and that i	have been trained by	the ive state Board of Election	1 /
D. W. R. J. J		M 1)	2/21/20
Dawn M. Dowland	Si	gnature of Appointed Treasurer	Date
Printed Name of Signer	SI	Similare of rappointed freudator	
FOR OFFICE USE ONLY	2020	10 11	Delivery Method
Date Received:	Emplo	yee: Charles	☐ Normal Mail
			Registered Mail
Date Postmarked:	Emplo	yee:	Hand Delivered
			☐ Electronically Filed
Date Scanned:	Emplo	yee:	
Date Data Entered:	Emplo	yee:	Signer has not received mandatory training
Please Note: This form cannot be u	ead to amend come	nittee information such as t	he committee address, treasurer.
riease ivote: This form cannot be u	overedien of heal	s information, or account i	nformation
You must amend the States	nent of Organization	on (CRO-2100A-E) to make	e committee changes.
Tou must amend the Staten	ment of Organization	in (Cito Libori L) to make	

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
1. Committee run Name (and rund ii applicable)	Quar		3. 1D Mulliber
Friends of Dawn Rowland	4000	(F115t)	
Start of Election Cycle: January 1,	2 202	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 20,00	\$
<u>RECEIPTS</u>			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1,428.56	\$ 1,468.56
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	(CRO-1250)	\$	\$
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)	\$ 1,428.50	\$ 1,468,56
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,277.36	\$ 1297.36
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, 13	5, 16 and 17)	\$ 1,277.36	\$ 1,297.36
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 171.20	\$ 171.20
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)	\$	\$ August 2008

		rom Individua individual contribution	ais	2 1 2020 Frontributions un	Pg of		Amendment Yes No 205 is not used
THE RESERVE AND PARTY.	District of the last of the la	ne (and Fund if app	THE RESIDENCE OF THE PARTY OF T	contributions ui	ider \$50 ii iorin Ci	Company of the last	D Number
		1		٨			D I (timber
	ributor Informa	st Dawn	Dowla	which is the second of the second	Remove		
disense in representation	ame, Mailing Addr	CONTRACTOR OF THE SECOND SECURITY OF THE SECOND SEC	/	b. Job Title/Pro		d. Co	omments
(includ	e city, state, & zip)				enator	G B Connection	
Frie	9 Beau	Ted Alexa monde Av	nder		Name/Specific Field		
-O/1	eloy, iv	28/50	Approximation of the second se			e. Ele	ection Sum to Date
*.	704-4	73-0550				\$	100.00
f. Prior		h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy)	k. Amount
		Check			1/13/202	0	\$ 100.00
					6		\$
							\$
3. Cont	ributor Informa	ation		Add R	lemove		
	ame, Mailing Addre		G	b. Job Title/Pro	fession	d. Co	omments (*
	e city, state, & zip)			Broker	10uner		
Mik	e Philbe	ck	6/		lame/Specific Field		· · · · · · · · · · · · · · · · · · ·
		xon Blvd.	A ST				
Sh	relby, N	C 28152					ection Sum to Date
	9					\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	yy) l	k. Amount
		Check)		2/7/202	10	\$ 100.00
							\$
							\$
3. Contr	ributor Informa	ation	X	Add R	emove		
	ame, Mailing Addre		V.	b. Job Title/Pro	fession	d. Co	omments
	e city, state, & zip)	A		Studen	+		2
Do	win Bou	dano	4	c. Employer's N	lame/Specific Field		
31:	55 W. C10	on Church Re - 28150	٥.	Clevelano	d Community	771	
St	relby, NC	- 28120		0.0	College '	e. Eic	ection Sum to Date
	-					\$	1,228,56
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip		j. Date (mm/dd/yyy	yy)	k. Amount
			Political		1/18/206		\$ 910.44
			Sign Sto	ikes	1/28/20	20	\$318.12
							\$
4. Tota	al only this Pa	age				\$	1,428.56 1,428.56
5. Tota	al of ALL CF	RO-1210 Pages	Page CPO-1100)			\$	1,428 56

Disbursements	, Da	1 of	-
pisour sements	Pg Pg	L of	

			Amendment	
Pg	 of	8	☐ Yes	No No

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

1. Committee 1	Full Name (and Fund	l if applicable)				2. ID Number
Frier	nds of Do	sun Bo	ul a	nd		,
3. Type of Disk		use separate Cl	RO-131	forms for a	each type of Disi	bursement.)
Operating Exp		tributions to Candid			s 🔲 Coo	ordinated Party Expenditures
4. Payee Inform			<u> </u>	Add	Remove	
	failing Address & Pho	one		b. Coordinat	ed Committee Nam	d. Comments
Overnig	nt Prints as Vegas Bl	ıd.		c. Level Regi	istered (Specify)	Business Cards
Suite 48	7	•		State	☐ County: ☐ Municip	
Las Ve	7 gas, NV 891: 677-2000	33				\$ 38.18
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	mm/dd/yyyy)		k. Required Remarks
3	credit card	\mathcal{B}	111	8 20	\$ 38.18	Business Cards
					\$	
4. Payee Inform	nation			⊘ Add □	Remove	
	ling Address & Phone			T	ed Committee Nam	ne d. Comments
(include city, sta	ite, & zip)				X X	
Shelb	west Dixon 1, NC 2815			c. Level Regi	stered (Specify) County: Municipa	
(704)	484-2077					\$ 10.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
***************************************	credit cord	0	1/23	3/20	\$ 10.62 \$	name tag (1)
4. Payee Inform	nation		LXI	Add	Remove	
	ling Address & Phone				ed Committee Nam	ne d. Comments
	ie, & zip) Concrete Proce orth Post Road , NC 28150	lucts d		c. Level Regi Federal State	stered (Specify) County: Municipa	Sign 8 takes
	4) 482-288					\$ 318,12
f. Account Code	g. Form of Payment	h. Purpose Code	The same of the same of the same of	mm/dd/yyyy)	j. Amount	k. Required Remarks
	chedit cord	0	1/2	8/20	\$ 318,15	Sign Stakes
				-1	\$	
5. Total only th	nis Page					\$ 3(40,92
6. Total of ALI (This line goes in	L CRO-1310 Pages I line 13a of Detailed Sum I line 13b of Detailed Sum I line 13c of Detailed Sum	mary Page CRO-11	00 if Con	trib to Candid	ates/Political Comm	\$ 1.277 36
7. Purpose C	odes (List detailed	expenditure code	e in (h.)	above)		
A* - Media E - Salaries I - Postage O* Other	B* - Printir F* - Equipr J - Penaltie	ng ment es	C* - F G - Po K* - C	undraising litical Party Office Expen	Н* - Н	Another Candidate Iolding Public Office Expenses Conation to Legal Expense Fund

Disbursements	2000	D _c	2	6	2	Amendment Yes
Disbut schichts	2 2020	Pg	0	of	_	Yes

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 Fur	nd if applicable)				2. ID Number
Fai	ends of	Down	B	owlan	d	
3. Type of Dis		se use separate Cl				hursement.)
Operating Ex	penses	ontributions to Candid				ordinated Party Expenditures
4. Payee Infor			X	Add	Remove	
	Mailing Address & Pl	hone		b. Coordina	ted Committee Nam	d. Comments
(include city, state	e,&zip) on the Chec	≻ ₽				yard signs
9		•		Federal	istered (Specify) County:	
				State	Municipa	ality: e. Election Sum to Date
80	06-661-96	139			4	\$ 910.44
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	credit cord	0	1/18	20	\$ 910.44	political signs
					\$	
4. Payee Infor	mation			Add	Remove	AFTER AND REPORT OF THE PARTY O
	iling Address & Phone			b. Coordinat	ted Committee Nam	e d. Comments
(include city, st	ate, & zip)					
				c. Level Reg	istered (Specify)	
				Federal	County:	
				☐ State	☐ Municipa	ality: e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
. Account code	g. I of m of Tayment	and an pose code	n. Date (iiiiiz dd/yyyy)	\$	Required Remarks
		+				
					\$	
4. Payee Infor				Add	Remove	
a. Full Name, Mai (include city, sta	iling Address & Phone			b. Coordinat	ed Committee Name	d. Comments
(include city, sta	ate, & zip)					
				c. Level Regi	istered (Specify)	
				Federal	County:	
				State	☐ Municipa	e. Election Sum to Date
						\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
			 		\$	
5 (5) () ()	•				J.	0.10.1111
5. Total only the						\$ 910.44 \$ 1,277.36
	L CRO-1310 Pages	n ene				36
	n line 13a of Detailed Su n line 13b of Detailed Su					\$ 1,277.30
	n line 13c of Detailed Sui					
	Codes (List detailed					
A* - Media	B* - Printi			undraising	D - To	Another Candidate
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses
I - Postage	J - Penalt	ies	K* - O	ffice Exper	ises Q* - De	onation to Legal Expense Fund
O* Other * Codes requi	re detailed explanat	tion in required :	comorle	field (Is)		
Codes requi	re detailed explanat	ion in required r	emarks	Held (K)		

⋈ No