Disclosure Report Cover			Amendment Yes No					
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			L my					
	1	-1/	c. ID Number					
Ke-elect Eddie 1	<u>Holbro</u>	<u>ok</u>						
b. Mailing Address (include City, State and Zip Code	e)		d. Date Filed					
adi troon pi	_		02-12-18					
shelby, NC 2815t)		e. Phone Number 704-472-8302					
2. Report Year 3. Period Start Date (mm/dd		End Date (mm/dd/yy) 5. Tre						
		1						
01-1-101-101-10	12/3	1 00 0 01						
6. Type of Committee (Check One)			f report from one category)					
Candidate Campaign Party	Municipal	State/County	Referendum					
PAC Referendum	Organizationa		Organizational					
☐ Independent Expenditure ☐ Joint Fundraiser	Thirty-five day	· I— ·	Pre-referendum					
Legal Expense Fund	Pre-primary	First	Final					
W 60 67 1 46 1 4 1	Pre-election	Second	Supplemental Final					
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual					
Booster Fund	Semi-annual	Fourth	Special Special					
☐ Building Fund	Mid Yea	_						
	Year End		10. Special Report Name					
Other:	Final	Year End						
8. Number of Fundraisers this Report	☐ Special	Final						
		Special						
		эрсеки	1					
11. Account Information	<u> </u>	11. Account Information						
11. Account Information a. Financial Institution Full Name			me					
		11. Account Information	me					
	de	11. Account Information	me c. Account Code					
a. Financial Institution Full Name Alliance Bank	ode	11. Account Information a. Financial Institution Full Na						
a. Financial Institution Full Name Alliance Bank b. Purpose Campaugn Act Research		11. Account Information a. Financial Institution Full Na	c. Account Code					
a. Financial Institution Full Name Allance Bank b. Purpose Campaugn Act. Receipts d. Period Beg	in Balance	11. Account Information a. Financial Institution Full Na	c. Account Code d. Period Begin Balance					
a. Financial Institution Full Name Alliance Bank b. Purpose Campaugn Act Research	in Balance	11. Account Information a. Financial Institution Full Na	c. Account Code					
a. Financial Institution Full Name Allance Bank b. Purpose Campaugn Act. Receipts d. Period Beg	in Balance	11. Account Information a. Financial Institution Full Na	c. Account Code d. Period Begin Balance					
a. Financial Institution Full Name Allance Bank b. Purpose c. Account Co Campacan Act. Receipts d. Period Beg FEX PENGITUTED\$ 6, 30 CERTIFICATION I certify that the Committee or Fund is in comple	in Balance	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163					
a. Financial Institution Full Name Allance Bank b. Purpose c. Account Co Campaign Act. Receipts d. Period Beg FEX PENDITUYED\$ 6,31	in Balance	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163					
a. Financial Institution Full Name Allance Bank b. Purpose c. Account Co Campacan Act. Receipts d. Period Beg FEX PENGITUTED\$ 6, 30 CERTIFICATION I certify that the Committee or Fund is in comple	in Balance OO SO iance with all apple commingled with	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclo	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this					
a. Financial Institution Full Name A MANCE BANK b. Purpose c. Account Co ACT. RECEIPTS d. Period Beg FEX PENGLEUTS CERTIFICATION I certify that the Committee or Fund is in complion of the NC General Statutes and that no funds are	in Balance OO SO iance with all apple commingled with	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclo	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this					
a. Financial Institution Full Name A MANCE BANK b. Purpose c. Account Co ACT. RECEIPTS d. Period Beg FEX PENGLEUTS CERTIFICATION I certify that the Committee or Fund is in complion of the NC General Statutes and that no funds are	in Balance OO SO iance with all apple commingled with	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclo	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this					
a. Financial Institution Full Name A MANCE BANK b. Purpose c. Account Co ACT. RECEIPTS d. Period Beg FEX PENGLEUTS CERTIFICATION I certify that the Committee or Fund is in complion of the NC General Statutes and that no funds are	in Balance OO - SO iance with all apple commingled with	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclo	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this					
a. Financial Institution Full Name A I I AN CE B AN K b. Purpose C. Account Co ACT. RECEIPTS d. Period Beg EXPENDITUTED\$ 6, 30 CERTIFICATION I certify that the Committee or Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I has BY HANY BEAM	in Balance OO - SO iance with all apple commingled with	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 a prohibited or other non-discletthe NC State Board of Election	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons.					
a. Financial Institution Full Name A I I A CE B A K b. Purpose c. Account Co ACT. RECEIPTS d. Period Beg EXPENDED TO Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I ha BY HANY BEAM Printed Name of Signer	in Balance OO - SO iance with all apple commingled with	b. Purpose icable provisions of Article 22 prohibited or other non-discletthe NC State Board of Election nature of Appointed Treasurer	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons.					
a. Financial Institution Full Name A I I A CE B A K b. Purpose C. Account Co ACT. RECEIPTS d. Period Beg FEX PENDLY TELLS (6, 3) CERTIFICATION I certify that the Committee or Fund is in complete NC General Statutes and that no funds are report is complete, true and correct and that I ha BY HAN BEAM Printed Name of Signer FOR OFFICE USE ONLY Date Received: JAN 6320	in Balance OU. SO iance with all apple commingled with ave been trained by Sig	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclethe NC State Board of Election mature of Appointed Treasurer yee:	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons. 1 / 3 / 1 9 Date Delivery Method Normal Mail Registered Mail					
a. Financial Institution Full Name A I I A CE B A K b. Purpose CAM DAUCIN ACT. RECEIPTS d. Period Beg FEX PENGLEUTS CERTIFICATION I certify that the Committee or Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I has BY HAN BEAM Printed Name of Signer FOR OFFICE USE ONLY	in Balance OO SO iance with all apple commingled with twe been trained by	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclethe NC State Board of Election mature of Appointed Treasurer yee:	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons. 1/3/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered					
a. Financial Institution Full Name A I I A CE B A K b. Purpose C. Account Co ACT. RECEIPTS d. Period Beg FEX PENDLY TELLS (6, 3) CERTIFICATION I certify that the Committee or Fund is in complete NC General Statutes and that no funds are report is complete, true and correct and that I ha BY HAN BEAM Printed Name of Signer FOR OFFICE USE ONLY Date Received: JAN 6320	in Balance OU. SO iance with all apple commingled with ave been trained by Sig	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclethe NC State Board of Election mature of Appointed Treasurer yee:	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons. 1 / 3 / 1 9 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed					
a. Financial Institution Full Name A I A C B A K b. Purpose C. Account Co ACT. RECEIPTS d. Period Beg FEX PENDLY WE \$ 6, 30 CERTIFICATION I certify that the Committee or Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I ha BY HAN BEAM Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked:	in Balance OU. SO iance with all apple commingled with ave been trained by Sig Employ	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-discletthe NC State Board of Election mature of Appointed Treasurer yee: yee: yee:	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons. 1/3/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered					
a. Financial Institution Full Name A I A C B A K b. Purpose C. Account Co ACT. RECEIPTS d. Period Beg FEX PENDLY VED \$ 6, 30 CERTIFICATION I certify that the Committee or Fund is in complion of the NC General Statutes and that no funds are report is complete, true and correct and that I ha BY HANY BEAM Printed Name of Signer FOR OFFICE USE ONLY Date Received: JAN 6320 Date Postmarked: Date Scanned:	in Balance OO SO iance with all apple commingled with two been trained by Sig Employ Employ Employ	11. Account Information a. Financial Institution Full Na b. Purpose icable provisions of Article 22 prohibited or other non-disclet the NC State Board of Election mature of Appointed Treasurer yee: yee: yee:	c. Account Code d. Period Begin Balance \$ A, 22B & 22D-22M of Chapter 163 osed funds. I further certify that this ons. 1/3/19 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training					

Amendment

Detailed Summary	Amendment Yes No		
Use this form to summarize all disclosure reporting forms and	to total mo	netary information	
I. Committee Full Name (and Fund if applicable)	2. Type of		ID Number
Re-elect Eddie Holbrook	orga	nizational	
Start of Election Cycle: January 1,	<u>-</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 6,306.80	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	S	\$
6) Contributions from Individuals	(CRO-1210)	\$ 9850,00	\$ 9850,00
7) Contributions from Political Party Committees	(CRO-1220)		\$
8) Contributions from Other Political Committees	(CRO-1230)	s	\$
9) Loan Proceeds	(CRO-1410)	\$ 2750,00	s 2750.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)		\$
11) Other Receipt Sources	·		
11a) Interest оп Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	S
11c) Outside Sources of Income	(CRO-1250)	\$	S
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,	lld and 11e)	\$12,400.00	\$ 12,600,00
<u>EXPENDITURES</u>			
13) Disbursements	ļ	47, 75, 76	12 72000
13a) Operating Expenditures	(CRO-1310)	S NOVBBONZO	\$ 18,339.76
13b) Contributions to Candidates/Political Committees	(CRO-1310)		\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	s
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	s
15) Loan Repayments	(CRO-1420)	\$ 300,00	\$ 300.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)		s
17) In-Kind Contributions	(CRO-1519)	\$ 300,00	s 300.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 18,329.04	s 18,349.01
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 577.78	s 577,78
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)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		rom Individua ndividual contributio		Pg ontributions und	ofer \$50 if form CR	Amendment Yes No RO 1205 is not used
		ne (and Fund if app				2. ID Number
Rc-	-elect	Eddie	2 HOIR	prook		
	ributor Inform			Add 🔲 Rei	move	· · · · · · · · · · · · · · · · · · ·
	ame, Mailing Addr			b. Job Title/Profe	ssion	d. Conunents
	e city, state, & zip)	Dedmor)	Presid		
142	4 Ston	egate br 28150	•	c. Employer's Nat Ded MO		
Che	Thu NO	25/20		Harves		e. Election Sum to Date
200	ADY, INC	20130		stor		\$5,000.W
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
		Check			10/24/201	18 \$500.00 8 \$4,500.00
		check			10/26/201	8 54,500.W
						\$
3. Cont	ributor Informa	ation		Add Ren	nove	· · · · · · · · · · · · · · · · · · ·
	me, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Comments
	e city, state, & zip)	4000		Retire	d	
	ris De			c. Employer's Nan	<u></u>	
	Box 11					- Floriday S
She	elby, NC	2815				e. Election Sum to Date \$500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ltion	j. Date (mm/dd/yyy	
	<u> </u>	Check				8 \$500.00
		011601			1-701 9 510 1	\$
				•		\$
3. Conti	ributor Informa	ition		Add Rer	nove	. 1
	me, Mailing Addre			b. Job Title/Profes		d. Comments
(include	e city, state, & zip)	FORCE DAG)			
NC	Keal	hodar 1	ane.	c. Employer's Nan	ne/Specific Field	
1451	II WEY	phage c			}	c. Election Sum to Date
Gre	eensbo	fors PAC bridge L ro, NC 2	7407			\$750.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
		Check			10/18/20	18 \$ 750.00
						\$
						\$
4. Tota	al only this P	age	•			s 6,250.00
		O-1210 Pages				1/2 2
		of Detailed Summary Pa	ige CRO-1100)		}	\$ 9850,00

Use this	s form to report i	rom Individua	ons over \$50 or co	Pg ontributions und	2 ler \$50 if form CI	RO 1	Amendment Yes No 1205 is not used
1. Com	mittee Full Nan	ne (and Fund if app	licable)			_	D Number
Re	relect	Eddiet	tolbood	K			
3. Cont	tributor Inform	ation			move	<u>. </u>	
ľ	ame, Mailing Addre			b. Job Title/Profe	ssion	d. C	Comments
_	le city, state, & zip)	···		Retired	は 人		
_		olomok		c. Employer's Nar	ne/Specific Field	1	
201	Troon	prace		Directo			d - Samuel Date
	elby, NC	J28150		LeGran	d enter	-	l, 000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	-	k. Amount
		check			10-29-201	8	\$1,000.00
							\$
							\$
	ributor Informa			Add 🔲 Ren	nove		
<i>7</i>	ame, Mailing Addre			b. Job Title/Profes		d. Co	omments
<u> </u>	2 ANNC.	Grayso ins Circ	\cap	owne	r		
٠٠٠ [CACC	10.	c. Employer's Nan			
115	COMIT		, –	SAM	Syurt	- Fl	ection Sum to Date
Sh	elby, NC	, 28150		'sr	utp		5 00 · 10
f, Prior		h. Form of Payment	i. In-Kind Descript	tion	j. Date (mm/dd/yyy	Щ,	k. Amount
		Check			11-5-18		s 510.W
							S
							S
	ributor Informa				nove		
/imalus/	ame, Mailing Addres e city, state, & zip)		ŀ	b. Job Title/Profes	sion	d. Co	omments
C.V.	AVIPC (arnaa	<u>r)</u>	owne	\mathscr{N}		
1,37	ar Rar	carnique ige Pd- bNC 281	·	c. Employer's Nam	te/Specific Field		
Vin	ac Mat	SMIC 28	184	hur	A.,		ection Sum to Date
	- -			λU			1, WD. W
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descript	iion	j. Date (mm/dd/yyy)	y)	k. Amount
		check	 		J. Date (dimodayyy)	118	\$ 1,000.00
			 		<u>,</u>	\Box	\$
							S
	al only this Pa					\$ 6	2500.00
		O-1210 Pages			i		

		rom Individua ndividual contributio		Pg contributions und	<u>3</u> of		Amendment Yes No 205 is not used
1. Com	mittee Full Nan	ne (and Fund if appl	licable)			_	D Number
Re	elect 8	Eddle Ho	lbnox	<u></u>			
	ributor Inform			Add Re	move	<u> </u>	
	ame, Mailing Addr			b. Job Title/Profe		d. C	omments
(includ	le city, state, & zip)	· · · · · · · · · · · · · · · · · · ·				[
\mathcal{M}	argare	t wells 1 school	Rd	c. Employer's Nat	me/Specific Field		
10:	5 21/0.		•			e. El	lection Sum to Date
Kind	zs Mntj N	IC 28081	l .			\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y)	k. Amount
		Check		· ·	11/07/2018	_	s 100.00
					! '		\$
							\$
	ributor Informa			Add 🔲 Rer	nove		
	ime, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
(пена	e city, state, & zip)	1) 7		Ret	red		
P	atnu	a Rose wood L	٠	c. Employer's Nac		l	
110	1 DOGI	wood L	ane	Hunst	1116	<u></u>	.,
ے ۱۱	in or least	A10 20	71 (<i>(</i>)	1100181	,0017		ection Sum to Date
	sherby	100 00	, 13 0			L	1000,W
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
		Check			0 407 /20	18	\$ 1000.00
							\$
							\$
3. Cont	ributor Informa	ation		Add 🔲 Rer	nove		
	ime, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. Co	omments
(inciud	e city, state, & zip)						
				c. Employer's Nan	ne/Specific Field		
						e. El	ection Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
							\$
							\$
							\$
4. Tota	al only this Pa	age				\$	1100.00
		RO-1210 Pages	***			ç	1100.00 9850, W
		of Detailed Summary Pa	ge CRO-1100)			Đ	JOSU, UCOL

TX*			
Dis	bn	rsem	ients

	B1.	Amendment	
Pg	or or	Yes	☐ No

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

	l coordinated party ex						<u> </u>	_
1. Committee 1	Fuli Name (and Fun	d if applicable)					2. ID Number	
Re-ele	ect Eddie	L HOTby	UUK	<u> </u>				
3. Type of Dist		use separate CK				<u>burser</u>	nent.)	
Operating Exp		tributions to Candida	ates/Politi	cal Committees	. Coo	ordinate	d Party Expenditures	
4. Payee Infort				Add 🔲	Remove			
a. Full Name, M	Mailing Address & Ph	one		b. Coordinat	ed Committee Name	ie c	l. Comments	
(include city, state	e, & zip)			1				
Clevelar	nd Country 1756	s club)		. 100 10			
DO 120 X	17510	0			stered (Specify)			
PU DU	, 100	- 1		Federal State	County: Municipa		. Election Sum to Date	ł
Shelby	INC 381	51		state	Widinerpa		_	
- ,	•						s 3, 11, 10	l
. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	i. Amount	k. Red	quired Remarks	
	Check	1	1 ——		\$1958.84			
	 \ 	 		1				1
	<u>Icherx</u>				\$ 1152.26	Ί		1
l. Payee Infori				Add \square	Remove			
	ling Address & Phone			b. Coordinate	ed Committee Name	e (l. Comments	1
(include city, sta	rte, & zip)			-		1		
AIN	na Maur Box 231	na Seri	nce	a Loud Bart	stered (Specify)	\dashv		
/ (L)	2 - 1 22			Federal	County:			
PO	ROX 001	,)		State	= '	ality:	. Election Sum to Date	
Clasil	by, NC 2	\$1 <i>S</i> /			памера			
21 1CI	JY, NO O	8101				Ī	s2998.49	
. Account Code	g, Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks	1
	cheak		10-5	2105-018	s a a 93.9	13	AND THE STREET, CONTROL OF SECURITION OF SEC	1
	(AICCA		1,00			+		1
					2			j
1. Payee Infort				Add 🔲	Remove			
	ling Address & Phone			b. Coordinate	ed Committee Name	e d	l. Comments	l
(include city, sta				_				
Alph	a Mailir	1a Serv	ice.	- T1 T)	stered (Specify)			
	021)	- 00	C. Level Regis	County:			ŀ
PO B	ox 231	\circ		State	Municipa	olity: le	. Election Sum to Date	1
cheih.	Y, NC 28	>1<1					.	
211010	1110 70	.101				1	s 14, 543.26	
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	juired Remarks	1
	Check		10-2	31-2018	s11,544,77	1		
	GIGGS	 	10	7 2010	s			1
		<u> </u>	<u>i </u>		٥	<u> </u>		15,186
5. Total only th	his Page						\$ 15, 79 /.54	سمراحا
6. Total of AL	L CRO-1310 Pages							1
	n line 13a of Detailed Sun						S MANDER BORDLY ME	
	n line 13b of Detailed Sun					2)	17,729.02	
	n line 13c of Detailed Sun				Expenditures)		11,107,00	I
7. Purpose C	odes (List detailed	expenditure code						
A* - Media	B* - Printi			undraising			er Candidate	1
E - Salaries	F* - Equip			litical Party			g Public Office Expenses	
I - Postage	J - Penalti	es	K* - C	Office Expen	ses Q* - Do	onatio	on to Legal Expense Fund	
O* Other			-					
* Codes requir	re detailed explanati	on in required r	remarks	s field (k)				I

CRO-1310

NC State Board of Elections

December 2009

					_		_
Disbursen	aents				p. 2	. •	Amendment D Yes No
		from the commit	tee for	operating ex	nenses, contrib	ntions _	to candidate/political
committees and	l coordinated party ex	(penditures			Princes, contro		to cultivate political
1. Committee I	Full Name (and Fun	d if applicable)					2. ID Number
Re-el	lect eda	Die He	716	NOTIC			
3. Type of Dist		use separate CI			each type of D	ishurs	ement.)
Operating Exp		tributions to Candida					ated Party Expenditures
4. Payee Inform				Add 🔲	Remove		···
	failing Address & Ph	one		b. Coordinat	ed Committee Na	me	d. Comments
(include city, state	, & zip)	Print		-			
crean	ve mg	Lintli		c Level Regi	istered (Specify)		
PO BO	ve bog x 248			Federal State	County	•	e. Election Sum to Date
Shelb	y, NC 2	8751		<u> </u>	L. Prume	ipanty.	\$ 267.22
f. Account Code	g. Form of Payment	h. Purpose Code	l: Data (mm/dd/yyyy)	T:	l _{le} p	
a recount code	Checic	n. I di pose Code	1 . 1	1/2018		. k.	lequired Remarks
 -			1111	1/000		<u> </u>	
	<u> </u>	<u> </u>	<u> </u>		\$	_l	
4. Payee Inform				Add	Remove		
a. run Name, Man (include city, sta	ing Address & Phone			b. Coordinate	ed Committee Na	me	d. Comments
				-			
KIU	Broadcast	1110j		c. Level Regi	stered (Specify)	_	1
		V		Federal	County	r:	1
				☐ State	Munic	ipality:	e. Election Sum to Date
							\$ 500, W
f. Account Code	g. Form of Payment	h, Purpose Code	i. Date (l mm/dd/yyyy)	j. Amount	lk. R	equired Remarks
	Chock				\$500,10		
	Ch Win				r <i>S00: 00</i> s	+-	<u> </u>
		<u> </u>	<u> </u>			Ш,	
4. Payee Inform	nation ing Address & Phone				Remove		
(include city, stat	_			b. Coordinate	ed Committee Na	me	d. Comments
Dracely	1000 +100	COUR		-			
ויכבאוע	on the		3 11	c. Level Regis	stered (Specify)		
1247 r	moonsnaa	ion car	18	Federal	County		
	by NC 7	8150		State	Munici	pality:	e. Election Sum to Date
	ng on the moonshad iby, NC Z						\$ 175. VO
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount	k, R	equired Remarks
	Cheac		12/1	4/2018	\$ 175. <i>I</i> V		
			•		\$		·
5. Total only th	is Page			<u> </u>			s 1,042, aa
6. Total of ALL	CRO-1310 Pages		-		-		1,0 (4,1,2
	line 13a of Detailed Sum	mary Page CRO-110	00 if Ope	rating Expense	es)		310000 REPORTED THE
(This line goes in	line 13b of Detailed Sum	mary Page CRO-116	00 if Con	trib to Candida	tes/Political Com	m)	3 (100)
	line 13c of Detailed Sum				Expendîtures)		11,127.00
	odes (List detailed						
A* - Media	B* - Printin	·g	C* - F	undraising	D - To	Anot	her Candidate

O* Other

E - Salaries

I - Postage

F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

Disbursements		-2		Amendment	-
_	Pg	<u> </u>	of	☐ Yes	\square No
Use this form to report expenditures from the committee for operating e	xpense	s. contr	ibutions to	candidate/poli	tiool

committees and	d coordinated party e	xpenditures		operating ex	penses, contribu	tions	to candidate/political		
1. Committee	Full Name (and Fur	d if applicable)	<u> </u>				2. ID Number		
Ke-e	Re-elect Eddie Holbrook								
3. Type of Dis		<u>e use separate C</u>	<u>RO-131</u>	0 forms for	each type of Dis	burse	ment.)		
Operating Ex		ntributions to Candid	lates/Polit	ical Committee	s Co	ordinat	ed Party Expenditures		
4. Payee Infor				Add 🔲	Remove				
	Mailing Address & Pr	one		b. Coordinat	ed Committee Nam	e	d. Comments		
(include city, state	e, & zip)				<u>-</u>				
Pubh's	c Poncu	1 POIN	Λ	<u></u>					
2912 -	c Poviculighwoods	JBlud	ر ۱۰	c. Level Regi	stered (Specify) County:				
Palai	an alc a	DUM		☐ State	Municipa	ality:	e. Election Sum to Date		
	g11,70c 3	-					\$1500.W		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	quired Remarks		
	Chec-			1-2018	\$ 1500.00				
				·	s				
4. Payee Infort				Add 🔲	Remove	_			
a. Full Name, Mai	ling Address & Phone	·		b. Coordinate	ed Committee Name		d. Comments		
(include city, sta	rte, & zip)								
						_			
					stered (Specify)		:		
				Federal	County:	L			
				State	Municipa	lity: 🧯	e. Election Sum to Date		
							\$		
<u> </u>		,			<u> </u>				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Red	quired Remarks		
<u> </u>			1.		S				
					\$				
4. Payee Inform	nation			Add 🔲	Remove				
a. Full Name, Mail	ing Address & Phone			b. Coordinate	d Committee Name	d	l. Comments		
(include city, sta	te, & zip)			·					
_									
				c. Level Regis	tered (Specify)	\neg			
				Federal	County:				
				☐ State	Municipa	lity: e	. Election Sum to Date		
							S		
		-		_			<u>-</u>		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r		j. Amount	k. Rec	uired Remarks		
					s				
	_				\$				
5. Total only th	is Page					\Box	\$ 15 00.W		
6. Total of ALL	CRO-1310 Pages						0		
	line 13a of Detailed Sum						UD 3390 (JUL)		
(This line goes in	line 13b of Detailed Sum	mary Page CRO-116	00 if Cont	rib to Candida	tes/Political Comm)		738 03		
	line 13c of Detailed Sum				Expenditures)		17,727,02		
7. Purpose Co	odes (List detailed								
A* - Media	B* - Printin	g		ındraising	D - To A	noth	er Candidate		
E - Salaries	F* - Equipa			itical Party	H* - Ho		Public Office Expenses		
l - Postage	J - Penaltie	s	K* - O	ffice Expens			n to Legal Expense Fund		
O* Other									
* Codes requir	e detailed explanation	m in required re	emarks	field (k)			ì		

In-Kind Contributions Use this form to report non-monetary contributions, donations, good Use CRO-1215 if In-Kind Contributions were or will be refunded.	Pg ds or services prov nded within 7 day	vided to the commit		Amendment Yes No or fund.
1. Committee Full Name (and Fund if applicable)	RCC WHITE / CL	ys.	12. j	ID Number
Re-elect Eddie Holbi	NOK			D ITEMOV
3. Contributor Information		move	<u> —</u>	
a. Full Name, Mailing Address & Phone	b. Type of Contrib	butor	c. C	Comments
(include city, state, & zip) ON V W EMPULT	✓ Individual			
316 tremont pl.	PAC Referendum		A E	Election Sum to Date
Shelby, NC 28150	Other Receipt	Source	\vdash	300.00
e. Description		f. Date (mm/dd/yyy		g. Fair Market Amount
Prime Marketing materia		10-30-201		
				\$
				ş
3. Contributor Information		nove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	outor	c. Co	omments
(Halana ang) accept accept	Candidate Party PAC Referendum Other Receipt		d. Etc	lection Sum to Date
e. Description	<u> </u>	f. Date (mm/dd/yyy)		g. Fair Market Amount
e. Description		I. Date (minerally)	y,	g. Pair Market Amount \$
	_		7	\$
				\$
····	Add Rem	nove		
	b. Type of Contrib	utor	e. Co	omments
(include city, state, & zip)	Individual Candidate Party PAC			
!	Referendum	L L	d. Etc	lection Sum to Date
	Other Receipt 5		\$	
e. Description		f. Date (mm/dd/yyy)	<u>y)</u>	g. Fair Market Amount
			\Box	S
			_	\$
				\$
4. Total only this Page			\$	300,W
5. Total of ALL CRO-1510 Pages			\$	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			j.	

Loan Proceeds			Pg _	of		Amendment Yes No
Use this form to report proceeds from a loan and loan e					_	
A loan proceeds statement must accompany each loan t 1. Committee Full Name (and Fund if applicable)	that is fro	om an ind	<u>lividual</u>			
_	17 C 1			····		2. ID Number
Re-elect Eddie Holb			_			
3. Lender Information		Add	Remov	•		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<u> </u> -		/Profession			d. Comments
Eddie Holbrook		sr D	lan)		e. Start Date (mm/dd/yyyy)
aoi Troon pl.			r's Name/S			10-30-2018
Shelby, NC 28150	JC	leve	uana nmu	d unt	4	f. End Date (mm/dd/yyyy)
		(O)		olug		
g. Rate h. Security Pledged i	i. Account	Code	j. Form (of Payment	t	k. Amount
%			<u>c</u> r	reck	<	\$1,000.00
I. Full Name of Lending Institution						m. Loan Number
4. Endorsers/Makers (The people who guarantee the loan.	.)					
a. Full Name, Mailing Address & Phone		Job Title/	Profession	I	c. En	nployer's Name/Specific Field
(include city, state, & zip)		MAA	~~/h	^ A		
A A A A A A A A A A A A A A A A A A A		V:VV&	NAVA	WIL		
201/troponal.	Ļ	1				
BORDYNACZEUSA	<u> a.</u>	Percentag	<u>ge</u>		e. An	nount
8MA A MARKONSKI				%	\$	
a. Full Name, Mailing Address & Phone	b.	Job Title/	Profession		c. En	nployer's Name/Specific Field
(include city, state, & zip)	1					
		Percentag			. Ап	nount
	***	Percenne	<u>ze</u>		-	
<u> </u>				%	S	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	<u>b.</u>	Job Title/	/Profession	<u> </u>	c. En	nployer's Name/Specific Field
(include city, state, & Ap)	·			ļ		
	d.	. Percentas	որ	<u>-</u>	e. Ar	nount
]-		<u>5</u>		s	
0 m	-	- t-mide	Cdor			nployer's Name/Specific Field
a. Full Name, Mailing Address & Phone (include city, state, & zip)	10.	, J 0D 1166,	/Profession		C. E.	nptoyer's Name/Special Field
(manacay, sans, seep)						
	<u>d.</u>	. Percentag			e. Ar	nount
			5-		s	
					· · ·	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-11	100)					\$ 002750.00

Loan Pi				Pg	2	of _		Amendment Yes	No No
A loan proc	rm to report proceeds from a loan and loan ceeds statement must accompany each loar	i endorse	er's informat	ion :	.1				
1. Commit	tee Full Name (and Fund if applicable)	l ulat ia i	HOIII all mor	Vitita	<u></u>		2. I	D Number	
Re-	elect Eddie Ho	ibn	701K						
	Information		Add 🔲	Rem	iove				
	, Mailing Address & Phone ty, state, & zip)		b. Job Title/P	rofess	ion		d. C	Comments	
	Eddie Holbruck		8Y.	De	ean		e. St	tart Date (mm/	
6	201 Troon pl.		c. Employer's		e/Specific F	ield		!-1-18	
	nelby, NC 28150		Con	nm CE	Mu Meg	Ä	f. En	nd Date (mm/d	d/yyyy)
g. Rate	h. Security Pledged	i. Accou	ınt Code	j. For	m of Paym			k. Amount	
%			Che CK			K	\$ 250,00		
l. Full Name o	of Lending Institution						m. L	oan Number	
4. Endorse	rs/Makers (The people who guarantee the load	in.)							-
	Mailing Address & Phone	1	b. Job Title/P	rofessi	ion	c. E	mploy	yer's Name/Sp	ecific Field
(include city	y, state, & zip)								
		'							
			d. Percentage	<u> </u>		e. A	moun	nt	
					c	% \$			
-	Mailing Address & Phone		b. Job Title/Profession c.			c. Er	mploy	yer's Name/Spe	ecific Field
(include city	y, state, & zip)								
			d. Percentage	,		e. Ar	moun	it	
						% \$			
	Mailing Address & Phone		b. Job Tide/P	rofessi	ion	c. Er	mploy	yer's Name/Spe	ecific Field
(include city	y, state, & zip)								
		1	d. Percentage	2		e. A	moun	ıt	
						% S			
	Mailing Address & Phone		b. Job Title/P.	rofessi	ion	c. Er	mploy	yer's Name/Sp	ecific Field
(include city	y, state, & zip)		I. D. contag						
			d. Percentage		¢	% \$	moun	1	
	of ALL CRO-1410 Pages	1700)	-				\$ 2	2750.	ับป

Loan Proceeds			<u>"</u> 3	_ c		Amendment
Use this form to report proceeds from a loan and loan	n endors	er's informati	ion	oľ		Yes No
A loan proceeds statement must accompany each loan	n that is	from an indi	vidual			
1. Committee Full Name (and Fund if applicable)	II bittet is		· rouni		2, 1	D Number
Re-elect Eddie H	olb	NUUK	<	_		
3. Lender Information		Add 🗌	Remove			·
a. Full Name, Mailing Address & Phone		b. Job Title/P			d. C	comments
(include city, state, & zip)			\ <u> </u>		- -	
Eddie Holbrook		Ket	nred		e. S	art Date (mm/dd/yyyy)
an Trum place		c. Employer's	Name/Specifi	c Field		
Shelmy, Ne 28150		Cleve	land	4 _ ` ` `		2-30-2018
Shalma NP 28157			mun		Λ f. E	nd Date (mm/dd/yyyy)
Chelled, 10 c 20130		001.	CDILL		기고	2-31-2018
·	T			\triangle	<u> </u>	
g. Rate h. Security Pledged	i. Accou	nt Code	j. Form of Pa	yment		k. Amount
%						s 1500,00
I. Full Name of Lending Institution	.1				m. I	oan Number
· · · · · · · · · · · · · · · · · · ·						
4. Endorsers/Makers (The people who guarantee the loa	m.)					
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c.	Emplo	ver's Name/Specific Field
(include city, state, & zip)						
				-		
		d. Percentage			Amoun	
		a. rereemage			- Almoun	
				%	S	
. Full Name, Mailing Address & Phone		b. Job Title/Pi	rofession	c.	Employ	yer's Name/Specific Field
(include city, state, & zip)						· · · · · ·
						
						,
		ld. Percentage		e.	Amoun	<u>t</u>
				%	\$	
a. Full Name, Mailing Address & Phone		b. Job Title/P	rofession	c.	Emplo	er's Name/Specific Field
(include city, state, & zip)						
· · · · · · · · · · · · · · · · ·						
						
		d. Percentage		<u>e.</u>	Amoun	<u></u>
•				%	S	
a. Full Name, Mailing Address & Phone		b. Job Title/Pi	rofession	e.	Emplo	ver's Name/Specific Field
(include city, state, & zip)				<u> </u> -		
				- 1		
		d. Percentage		e.	Amoun	t

5. Total of ALL CRO-1410 Pages
(This line must be on line 9 of Detailed Summary Page CRO-1100)

NC State Board of Elections

\$ 2750. Napril 200

%

. n			1 .	Amendment
Loan Repayments	unto an an arietin	ra Ioan	Pg of	Yes No
Use this form to report payment. Committee Full Name (as				2. ID Number
Re-elect 1			\mathcal{D}	
	= aurc	□ Add	Remove	
3. Lender Information a. Full Name, Mailing Address &	Phone	Add	<u> Кешоче</u>	b. Comments
(include city, state, & zip)			. <u></u> .	
Eddie Hi	c. Original Loan Date			
201 Troon Shelby, N	plac	0		<u> </u>
201 110011	pra			
Shelby A	JE 281	50		d. Original Loan Amount
	_			\$2750.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$2450.00		Check	12/31/2018	\$300.00
\$				\$
3. Lender Information		☐ Add	Remove	
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)		<u> </u>	_ 	_
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
S S	I / Iccount Cour	<u> </u>		\$
<u> </u>	-			\$
3. Lender Information	<u> </u>	☐ Add	Remove	<u> </u>
a. Full Name, Mailing Address &	Phone			b. Comments
(include city, state, & zip)			·	_
				c. Original Loan Date
				id. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
s				\$
\$				\$
4. Total only this Page				\$ 300.00
5. Total of ALL CRO	\$ 300.00			
(This line must be on line 15 of	Detaitea Summary	1 age (AU-1100)		Ducamber 200



Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Ke-elect Eddie Holbrook
Treasurer Name:	Britany Bram
Treasurer Address:	7690Ware Rd
(include city, state, & zip)	Shelby NC 28152
	,
Treasurer Phone:	704-472-8362
	<u> </u>

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

1-2-19 Date Signed

Signature