Disclosure Report C Use this form for general repo	ort and committee in	formation, must be sign	gned and subr	nitted along with	other detailed forms.
Do not use this form to update	e information				
1. Committee Information a. Full Name					c, ID Number
FRIENDS OF JOEL SHORE	ES				
	7:- Codo				d. Date Filed
b. Mailing Address (include City, 5 818 CROWDER RD	State and Zip Code)		<u>, 30, 10, 150   3 10, 1600 100 100 100 100 100 100 100 100 10</u>		10-26-2020
SHELBY, NC 28150					e. Phone Number
					704-418-4155
2. Report Year 3. Perio	od Start Date (mm/d	d/yy) 4. Period El (mm/dd/yy)		5. Treasurer F	Pull Name TE BOWLAND
2020	07-01-2020	10-17	-2020	DAWN	
6. Type of Committee (Che	ek One)	9. Type of Report	(check or	ly one type of rep	port from one category)
Candidate Campaign	Party	Municipal	State/C		Referendum Organizational
PAC [	Referendum	Organizational		Organizational	Pre-referendum
Independent Expenditure	Joint Fundraiser	Thirty-five day		Quarterly	The receionadan
Legal Expense Fund	icable, check one)	Pre-primary		First	Final
7. Type of Fund (if apple "Booster Fund"	itanie, check one)	Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third Fourth	Annual Special
		Semi-annual Mid Year		Semi-annual	
Other:		Year End		Mid Year	10. Special Report Name
		Final	님	Year End Final	
8. Number of Fundraisers	this Report	Special		Special	
11. Account Information	C. Newscare		11. Account	Information	
a. Financial Institution Full Nan	je			stitution Full Name	
BB&T			6. Purpose		c. Account Code
b. Purpose CAMPAIGN	c. Account Code			<b>26</b> . UZO	
FINANCE	0	1	)	in the second	d. Period Begin Balance
	d. Period Begin Balanc	e	Ву	aan ayaana gaarin waxay dhiga an ariga ya ayaa gaga gaarin ayaa ayaa ah a	
	\$ 1,251.87			_	\$
CERTIFICATION					
The state of the s	e or Fund is in comp	liance with all applica	able provision	s of Article 22A,	22B, & 22D-22M of Chapter 163 of Gunds I further certify that this report
the NC General Statutes and is complete, true and corre	d that no funds are c	ommingled with prof	libited of onic	i iloli-disclosed i	funds. I further certify that this report
DAWN BOWLA	ci and mai i nave occ		La WI.	ر المسال	10-26-2020
Prin	ted Name of Signer		ignature of Appo	ointed Treasurer	Date
FOR OFFICE USE ONLY  Date Received:		_ Employee:			Delivery Method Normal Mail
Data Britandiladi		Employee:			Registered Mail Hand Delivered
Date Postmarked:  Date Scanned:		_ _ Employee:			Electronically Filed Signer has not received
Date Data Entered:		Employee			mandatory training
			<u>,</u>		anddress treasurer assistant treasurer
	custo	amend committee info dian of books informa tement of Organizatio	ation, or accou	unt mnormation.	e address, treasurer, assistant treasurer

Amendment

No

**Detailed Summary** 

Amendment No

Use this form to summarize all disclosure reporting forms and to total monetary information.

Jse this form to summarize all disclosure reporting forms and . Committee Full Name (and Fund if applicable) 2.	Type of Report		3. ID Number
FRIENDS OF JOEL SHORES	UARTERLY - TH	IIRD	
Start of Election Cycle: January 1,	2020	Total this Reporting Period	
4) Cash on Hand at Start		\$ 1,251.87	\$
RECEIPTS	erang balangan paga	A service of the serv	Control of the Contro
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 5250.00
6) Contributions from Individuals	(CRO-1210)	\$ 3,550.00	\$ 5250.00 \$ 100.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 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 Organizatio		\$	\$
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		to January 1997	
13) Disbursements	-	2.054.46	\$ 3,522.59
13a) Operating Expenditures	(CRO-1310)	\$ 3,074.46	
13b) Contributions to Candidates/Political Commit	tees (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, 1	5, 16 and 17)	\$ 3,074.46	\$ 3,522.59
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ 2,352.41	\$ 2,352.41
ADDITIONAL INFORMATION		Angulatin ki aliku ang kanada ang	The second secon
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	THE CASE OF SAME OF SAME
21) Outstanding Loans (incl. ones from other campaig	ns) <i>(CRO-1430)</i>	\$	The second secon
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	A CONTRACTOR OF THE
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support OCT 2 6 2020	(CRO-1710)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
Bv6	(CRO-2220)	\$	\$
	(CRO-1215)	\$	\$
28) Contributions to be Refunded	(0.10 1210)	<u> Linnara a a a a a a a a a a a a a a a a a </u>	August 200

						Amendment		
Contril	butions from	<b>Individuals</b>	Pg	_1 of	3_	Yes		No
Use this fo	orm to report indiv	idual contributions ov	ver \$50 or contributions und	er \$50 if form CRO	) 1205 is no	ot used		
. Commi	ttee Full Name (a	nd Fund if applicab	le)		2. ID Nun	<u>nber</u>		
FRIENDS	OF JOEL SHOR	ESMOT						
	outor Informatio	The formal and a few or of the formal and the first of th	Add Re	move	d. Commen	ts		
	e, Mailing Address &	Phone	b. Job Title/Profession		<b>9</b> , 99,		71. 71. CLAR	20.00
MOT DA	ity, state, & zip) VIS		- 4.5.2 × 10° x4.00.000					
504 W W	ARREN ST, A-1		c. Employer's Name/S	pecific Field				
SHELBY,	NC 28150				e. Election	Sum to Date		
704-692-8	3345				\$	25.00		
f, Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount		
	ge 🗩 ration to a movie V r <sub>e</sub> in movie V. re	CHECK		07-02-2	020	\$	25.	00
						\$		
						\$		
2 Contri	butor Informatio		Add Ro	emove				
9 S. C.	ie, Mailing Address &	The second secon	b. Job Title/Professio	1	d. Comme	nts		
(include	city, state, & zip)							
DAVID S			c. Employer's Name/	Specific Field				
	LLY LANE T, NC 28150		<u> </u>	S. B. Control of the		2.50 · 10 / 2000 ( ) 1 · 10 · 10 · 10 · 10 · 10 · 10 · 10	W 17800/85315 W	885.78F?
	, 110 2010				e. Election	Sum to Date		
980-721-	6586				\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y	ууу)	k. Amount		
		CHECK		07-02-2	2020	\$	100	.00
						\$		
$\overline{\Box}$						\$		
3. Contr	ibutor Informati	on	🛛 Add 🗌 R	emove	1			
3.4.00	ne, Mailing Address	ALL REPORTS OF THE CONTRACTOR STREET	b. Job Title/Profession	n	d. Comme	ents		19418 <u>23728</u>
	city, state, & zip)							
GENE R	AMSEY ER BROOKE DÆ		c, Employer's Name	Specific Field				
	7, NC 28150	IE @ E I W E						204.08
-		OCT GG 2000	Manufacture of the Control of the Co		e. Election	Sum to Date		
	Annual Control of the	OCT <b>26</b> 2020			\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/y		k, Amount		
		CHECK		07-02-	2020	\$	100	0.00
						\$		
						\$		

(This line must be on line 6 of Detailed Summary Page CRO-1100)

CRO-1210

NC State Board of Elections

April 2007

4. Total only this Page

5. Total of ALL CRO-1210 Pages

\$

\$

225.00

3,550.00

Contrib	outions from	Individuals	er \$50 (	Pg or contributions under	2 of \$50 if form CRO	3 1205 is not	Yes used	No No
Use this for	rm to report marvi	nd Fund if applicabl	e)	a time in	as many	2. ID Numb	ier	
	OF JOEL SHORE							
3. Contrib	utor Information			Add Remo	ove	10		
	, Mailing Address &			b. Job Title/Profession		d. Comments		
(include ci	ty, state, & zip)			SHERIFF				
ALAN NO	ORMAN		,	c. Employer's Name/Spec	cific Field			
568 OAKO LAWNDA		HILL CHURCH RD	<b>^</b>	File and the Section of the Section		10000 CW 2000 CM 1000 / 1000		5. A ( 5.
LAWNDA	ILE, NC					e. Election Su	m to Date	
704-472-6	480					\$	1,250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
		CHECK			09-09-20	020	\$	750.00
							\$	
							\$	
	I formation			Add Rem	iove			
	butor Informatio e, Mailing Address &			b. Job Title/Profession		d. Comment	S	
Company (1997) 1997 (1997) 1997 (1997)	city, state, & zip)							
RICK JO	LLEY			, 10 M	caific Field			
	KINS RD			c. Employer's Name/Sp	eeme Field	<u>.</u>		
SHELBY	, NC 28150					e. Election S	um to Date	
704-473-	9974					\$	500.00	
£ Prior	g. Account Code	h. Form of Payment	j. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
		CHECK			09-09-2	2020	\$	500.00
							\$	
							\$	
3 Contr	 ibutor Information	 on		Add 🔲 Rer	nove	State State		
	ne, Mailing Address	A CONTRACTOR OF THE PROPERTY O		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)							
	LAPLANTE			c. Employer's Name/Sp	necific Field			
	K SPANGLER RI Y, NC 28150	D		C.E.III QUASISSANISS	See The See The Control of the Contr			
SHELD	1, NC 20130	DEMI	Т П П	77 (3) [		e. Election	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	2 6i. 2d	Kind Description	j. Date (mm/dd/	уууу)	k. Amoun	
		СНЕСК			10-08-	2020	\$	25.00
		Section 100 March 100 Marc		And the state of t			\$	
							\$	
4. Tota	al only this Pa	ge	1			\$		1,275.00
5. Tota	al of ALL CRO	<b>D-1210 Pages</b>	i.			\$		3,550.00
(This li	ine must he on line 6 o	of Detailed Summary Page	CRO-11	00)				April 2007

Amendment

				:	A	mendment	
Contri	butions fron	n Individuals	Pg	<u>3</u> of	3	Yes	No No
Use this fo	orm to report indiv	vidual contributions over	\$50 or contributions under	\$50 if form CRO 120	)5 is not us	sed	
1. Comm	ittee Full Name (	and Fund if applicable)		2.1	D Numbe	r	
FRIENDS	OF JOEL SHOR	RES					
	butor Informatio	**	Add Remo		Comments		
	e, Mailing Address &	& Phone	b. Job Title/Profession		Ommenso		
(include of	city, state, & zip)						
	NTRY CLUB RE	)	c. Employer's Name/Spec	cific Field			
KINGS M	OUNTAIN, NC	28086	·	e. I	Election Sum	to Date	
704-747-	5003				\$	50.00	
	g. Account Code	h. Form of Payment	. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
f. Prior	g. Account Couc	CHECK	201 A 2 1 1 2 20 1 1 1 2 1 2 1 2 1 2 1 2 1 2	10-08-2020		\$	50.00
						\$	
						\$	
LJ_			⊠ Add □ Rem	OVA			
TO THE RESERVE OF THE	ibutor Informati	V	Add Rem b. Job Title/Profession		Comments		
TO 1 1 THE RESERVE OF THE PARTY	ne, Mailing Address city, state, & zip)	& rnone	9.00	Small Sylvest in Stronger and Section 1		-	
DOUG F			100 100 100 100 100 100 100 100 100 100				
1300 S E	DEKALB ST		c. Employer's Name/Spo	ecific Field			
SHELBY	Y, NC			(e.	Election Sur	n to Date	
704-692	-2865				\$	2,000.00	
		h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
f. Prior	g, Account Code	CHECK	J. III CHING Strongers	10-15-2020		\$	2,000.00
		CILECT				\$	
						\$	
		•	Add Ren	nove			
# x 3000000 8450 0550 0500	ributor Informat me, Mailing Address		b. Job Title/Profession		Comments		
	e city, state, & zip)						
	Processor Annual	THIS WE SELECT THE THE THE THE THE THE THE THE THE TH	c. Employer's Name/Sp	secific Field			
İ	F G		c. Employer's Name/Sp	etine Meta			
		Contract of Contra		e.	. Election Su	m to Date	
		<b>26</b> 2020			\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j, Date (mm/dd/yyyy)		k. Amount	
	Barrier and the second second	The Control of the Co				\$	
						\$	
						\$	
	1 1 41 to D		<u> </u>		\$	•	2050.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

3,550.00

\$

## Contributions from Political Party Committees

of 1 Pg

Amendi	nent	t	
	Yes	$\boxtimes$	No

Use this form to report contributions from a political party

1. Committee Full FRIENDS OF JOE	Name (and Fund if a	pplicable)		2. ID N	lumber
3. Contributor Infa. Full Name, Mailing	Address & Phone	✓ Add 🔲 Ren	nove	b. Comi	nents
WEROCC 2502 PARNELL I SHELBY, NC 28	DRIVE			∕c. Electi \$	on Sum to Date
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	1)	h. Amount
<u>. TREET WERKEN IN FIRE WORLD IN 1983</u>	CHECK	AND RECOGNICATION OF THE RECOG	10-08-2		\$ 100.00
					\$
					\$
3. Contributor In	formation	Add Re	move	I.	
a. Full Name, Mailing (include city, state,	Address & Phone			b. Com	ments
(include city, state,	œap)	PRESENTATION OF THE PROPERTY O			
					ijon Sum to Date
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	у)	h. Amount
					\$
					\$
					\$
3. Contributor In		Add Re	move	h C==	7
a. Full Name, Mailing (include city, state,	THE RESERVE THE PERSON OF THE RESERVE TO THE RESERVE TO THE RESERVE THE RESERVE THE RESERVE THE RESERVE THE RES			b. Con	inchs
<u> </u>	DECEN	WED			
	OCT <b>26</b> 2	\$ \$\$ E\$		20,20,000,000	tion Sum to Date
and the second s			g. Date	\$	
d. Account Code	el Form of Payment	f. In-Kind Description	g. Date (mm/dd/yy	уу)	h, Amount
					\$
· .					\$
					\$
4. Total only	this Page			\$	100.00
	L CRO-1220 Pag on line 7 of Detailed Summ			\$	100.00

							Amendment	1 -
Contributions from Other Political	Comm	ittees	Pg		of .	1	☐ Yes ⊠	No
se this form to report contributions from other cand	lidate, refe	erendum (	or PAC comm	ittees		2. ID N	lum her	
Committee Full Name (and Fund if applicable)						2. LD 1	(MILDE)	
FRIENDS OF JOEL SHORES								
Contributor Information		Add		emove	100			
Full Name, Mailing Address & Phone			f Committee	<del>- 17</del>	PAC	d. Comr	nents	
(include city, state, & zip)			Candidate Referendum		FAC			
CAMPAIGN TO ELECT BETSY HARNAGE		c. Level F	tegistered (Spec					
			Federal		County: Municipality:	e Electi	on Sum to Date	
		<u> </u>	State		Within Cipatity.	538.128.555.0.1855		CON RECEIPTION
						\$	25.00	s ja njasti
Account Code g. Form of Payment	h, In-Kin	d Description	on .	i. Dat	e (mm/dd/yyy	y)	j. Amount	
CHECK					10-08-202	0	\$ 25.00	
Cibox							\$	
							\$	
		Add	П	Remove				
6. Contributor Information 1. Full Name, Mailing Address & Phone	الله الله		of Committee			d. Com	iments	
(include city, state, & zip)			Candidate		PAC			
		c Level	Referendum Registered (Spe	eify)				
			Federal		County:			
			State		Municipality	: e. Elec	tion Sum to Date	
						\$		
f. Account Code g. Form of Payment	h. In-Ki	nd Descript	ion	i. D	ite (mm/dd/yy	уу)	j. Amount	
							\$	
							\$	
							\$	
With the same			7	Remove				
3. Contributor Information a. Full Name, Mailing Address & Phone		Add b. Type	of Committee	COHON		d. Co	mments	
(include city, state, & Zip)			Candidate		PAC			
Sales Control			Referendum	or or havened stated to the				
DEGETVET OCT <b>26</b> 2020		c. Leve	l Registered (Sp Federal		County:	3110.2		
OCT 26 2020	And the second s		State		Municipalit	y: e. Ele	ction Sum to Dat	2
2020	J					\$		
	h In-K	ind Descrip	tion	i. I	ate (mm/dd/y	ууу)	j. Amount	
f. Account Code g. Form of Payment	3	2 55611	<u>19-7-22 i 19-</u>		39008		\$	
							\$	·
							\$	
						-		
4. Total only this Page						\$	25.00	

5. Total of ALL CRO-1230 Pages

(This line must be on line 8 of Detailed Summary Page CRO-1100)

25.00

\$

n	ich	11	rs	em	en	ts
1,	19 N	u	יכ ו			u

Ame	ndment		
	Yes	$\boxtimes$	No

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

committees and c	coordinated party exp	enditures.			2. ID Number
	ull Name (and Fund				
FRIENDS OF JO	OEL SHOKES  (Please	e use senarate Cl	RO-1310 forms for each typ	<u>je of Disbursemen</u>	<u>(t)</u>
		Contributions to Can	didates/Political Committees	Coord	linated Party Expenditures
Operating E		X	Add	Remove	and the second s
4. Payee Inform	ng Address & Phone		b. Coordinated Committee Nat	ne .	d. Comments  YARD SIGNS
(include city, state,					TARD SIGNS
MY CAMPAIG	IN STORE				
304 WHITTING	GTON PKWY., #201		c. Level Registered (Specify)	County:	·
LOUISVILLE,	KY 40222		Federal	Municipality:	e: Election Sum to Date
			State	Widinesparisy	\$3000 ( 10000 \$400 0 000 0 0 0 0 0 0 0 0 0 0 0 0
					\$ 877.68
		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment			¢977.69	YARD SIGNS
	CREDIT CARD	В	08-18-2020	\$877.68	
				\$	
			Add	Remove	
4. Payee Infort			b. Coordinated Committee Na		d. Comments
A TOTAL SAME DATE OF THE SAME OF THE SAME	ling Address & Phone				
(include city, state FACEBOOK	<u>, &amp; zip)</u>		·		
1 HACKER W	ΙΔV		c. Level Registered (Specify)		
MENLO PAR			Federal	County:	
MENEOTAR	,		State	Municipality:	e. Election Sum to Date
					\$ 70.00
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of rayment			\$70.00	ADVERTISING
	CREDIT CARD	A	10-04-2020	\$70.00	
				\$	
Ì					The Marie St.
4. Payee Infor	mation		Add L	Remove	d. Comments
a. Full Name, Ma	iling Address & Phone		b. Coordinated Committee N	аше	CHECK 1026
(include city, stat	e, & zip)				Cinden 1020
TY OLIVER			c. Level Registered (Specify)		
102 LAKEW		•	Federal	County:	
KINGS MOU	NTAIN, NC 280876	)	State	Municipality:	e. Election Sum to Date
704-472-3636	<u> </u>			· · · · · · · · · · · · · · · · · · ·	\$ 360.00
				j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	ACC 2017	WEBSITE
	CHECK	K ME	@ E10F0672020	\$360.00	CREATION
			<del>-                                      </del>		
			OCT 26 2020	\$	
5. Total only	this Page		061120 2020 1		\$ 1,307.68
6 Total of Al	I. CRO-1310 Page:	5			
(This line and	in line 13a of Detailed S	ummary Page CRO-L	100 if Operating Expenses)		\$ 3,074.46
(This line goes	s in line 13b of Detailed S	ummary Page CRO-1	100 if Contrib to Candidates/Polit	tical Comm)	
(This line goes	s in line 13c of Detailed S	ummary Page CRO-1	100 if Coordinated Party Expendi	tures)	
	odes (List detailed o	expenditure code i	in (h.) above)	D - To Anot	her Candidate
A* - Media	B* - Printing F* - Equipme		undraising litical Party	H* - Holdin	g Public Office Expenses
E - Salaries I - Postage	F* - Equipme J - Penalties		office Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other					
* Codes rea	uire detailed explan	ation in required	l remarks field (k)		B 1 2000

Die	hu	rsem	ents
1718	31) U	126111	CILLO

Ame	ndment		
	Yes	$\boxtimes$	No

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

committees and c	coordinated party exp	if applicable)			2. ID Number		
	III Name (and Fund						
FRIENDS OF JO	JEL SHUKES	se use separate C	RO-1310 forms for each ty	pe of Disburseme	nt.)		
	renses	Contributions to Can	ndidates/Political Committees	Coo	rdinated Party Expenditures		
Operating Ex  4. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee Na	me	d. Comments		
include city, state, (					CHECK #1028		
WESTMORELA	AND PRINTERS						
2020 E DIXON			c. Level Registered (Specify)				
SHELBY, NC 2	28152		Federal	County: Municipality:	e. Election Sum to Date		
			State	Municipanty.			
					\$ 971.78		
The state of the s		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
f. Account Code	g. Form of Payment	II, I ui pose couc		#071.70	MAILER		
	CHECK	В	10-13-2020	\$971.78			
				\$			
				J.			
4. Payee Inform	nation	X	Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments CHECK #1027		
(include city, state,					CHECK #1027		
COMMUNITY	FIRST MEDIA		•••				
503 N LAFAY			c. Level Registered (Specify)	County:			
SHELBY, NC	28150		Federal	Municipality:	e. Election Sum to Date		
			State	(viumorpanty)			
					\$ 795.00		
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
f, Account Code	g, rorm or rayment	2 (A. 11 (10 A. 15) (10 ₹A. 16 (10 A. 16 (10		\$795.00	ADVERTISING		
	CHECK	Α	10-13-2020	\$795.00			
				\ <b>\$</b>			
4. Payee Infor	mation		Add	Remove	d. Comments		
a. Full Name, Mai	iling Address & Phone		b. Coordinated Committee I	vaine			
(include city, state	e, & zip)						
			c. Level Registered (Specify				
			Federal	County:			
CALLED TO	3-22	FN	State	Municipality:	e. Election Sum to Date		
Topicalist	TE G G V				\$		
# # # # # # # # # # # # # # # # # # #	1 001 - 8 2021						
f. Account Code		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	The state of the s			\$			
8	3			<u> </u>			
lance	CALLED TO THE SECURITY OF THE PROPERTY OF THE			\$			
					\$ 1,766.78		
5. Total only	this Page	- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15					
6. Total of Al	L CRO-1310 Page	Summary Page CRO-1	1100 if Operating Expenses)		\$ 3,074.46		
(This line goes	in tine 13a of Detailed S in line 13h of Detailed S	Summary Page CRO-1	1100 if Contrib to Candidates/Pol	itical Comm)	\$ 3,074.46		
(I nis line goes	s in line 13c of Detailed S	Summary Page CRO-1	1100 if Coordinated Party Expend	litures)			
7 Purpose C	odes (List detailed	expenditure code	in (h.) above)				
A* - Media	B* - Printing	C* - F	ungraising	D - To And	other Candidate ing Public Office Expenses		
E - Salaries	F* - Equipme	e <b>nt G</b> -Po	olitical Party	H" - HOIG	tion to Legal Expense Fund		
I - Postage	J - Penalties	K* - C	Office Expenses	Q 20			
O* - Other	. 14 14 4 5 5 5 6 5	sation in require	d remarks field (k)				

		,				An	endment		
Loan Proceeds			Pg	1	of		Yes	No No	
130tti I I Color	 1	d laan andare	or's informati	ion					

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

A loan proceeds statement must accompany each loan tha 1. Committee Full Name (and Fund if applicable)	t is from an indivi	dual 2. II	Numbe	Programme and the control of the con		
FRIENDS OF JOEL SHORES						
3. Lender Information  a. Full Name, Mailing Address & Phone	Add Remove b. Job Title/Profession d. Comments					
(include city, state, & zip)  JOEL SHORES				e. Start Date (mm/dd/yyyy)		
818 CROWDER RD SHELBY, NC 28150	c. Employer's Name/Specific Field 10-08-2020  f. End Date (mm/dd/yyyy)					
g. Rate h. Security Pledged	. Account Code	j. Form of Payment		k. Amount		
0 %		СНЕСК		\$ 500.00		
I. Full Name of Lending Institution			m. Loan	Number		
4. Endorsers/Makers (The people who guarantee th	e loan.) b. Job Title/Prof	fession	c. Empl	oyer's Name/Specific Field		
a. Full Name, Mailing Address & Phone (include city, state, & zip)						
	d. Percentage		ė. Amoi	unt		
		%	\$			
a. Full Name, Mailing Address & Phone	b. Job Title/Pro	fession	c. Emp	loyer's Name/Specific Field		
(include city, state, & zip)						
	d. Percentage		e. Amo	unt		
		%	\$			
a. Full Name, Mailing Address & Phone	b. Job Title/Pro	ofession	c. Emp	lloyer's Name/Specific Field		
(include city, state, & zip)	17.62 S. 48.63 					
DEGENVEN						
OCT <b>26</b> 2020 [3]	d. Percentage		e. Amo	ount		
By		<u>%</u>	\$			
a. Full Name, Mailing Address & Phone	b. Job Title/Pr	ofession	e. Emj	ployer's Name/Specific Field		
(include city, state, & zip)	<u> </u>					
	d. Percentage	0.7	e. Am	ount		
		%	\$			
5. Total of ALL CRO-1410 Pages  (This line must be on line 9 of Detailed Summary Page CRO-1	100)			\$ 500.00		