Disclosure Rep					☐ Yes	
	eral report and committee in	iformation, must be s	signed and subm	nitted along with o	ther detail	ed forms.
Do not use this form t					and the same of th	
1. Committee Inform	nation			100	- ID N	-1
a. Full Name					c. ID Nu	mber
Committee to elect K	evin S. Gordon					
b. Mailing Address (inclu	de City, State and Zip Code)				d. Date	Filed
Post Office Box 340	at city same and sup cour,					10/27/2020
Waco, NC 28169-03	40					10/26/2020
					e. Phone	Number
						(704) 470-5378
						(,
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period E (mm/dd/yy)	and Date	5. Treasurer Ful	l Name	
				Sandra Canipe S	troup	
2020	07/01/2020	10/17	7/2020		•	
6. Type of Committee	ee (Check One)	9. Type of Report	(check only	v one type of repor	rt from one	category)
Candidate Campai		Municipal	State/Co		Referen	
PAC	Referendum	Organizational		organizational		rganizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	Q	uarterly	☐ F	re-referendum
Legal Expense Fu	nd					
7. Type of Fund	(if applicable, check one)	Pre-primary		First		inal
Booster Fund"		Pre-election		Second		upplemental Final
Building Fund		Pre-runoff Semi-annual		Third Fourth		nnual pecial
		Mid Year	S	emi-annual		pecial
Other:		Year End		Mid Year	10. Sp	ecial Report Name
		Final		Year End		
8. Number of Funda	aisers this Report	Special	F	inal		
	0		□ S	pecial		
11. Account Inform	ation		11. Account I	nformation	2000	
a. Financial Institution F	'ull Name		a. Financial Instit	tution Full Name		
The Fidelity Bank			DE	A) FR R RR FR FR		
b. Purpose	c. Account Code		b. Purpose	GEIVER	c. Ac	ount Code
All campaign expenses	KSC	G-1	13 00	CT O O COCC	1 march 1 marc	
expenses	d. Period Begin Balanc	e	A CONTRACTOR OF THE CONTRACTOR	CT 26 2020	d. Pe	iod Begin Balance
				L	6	
	\$ 500.00		Ву		\$	
CERTIFICATION						
I certify that the Con	nmittee or Fund is in compl	iance with all applica	ble provisions of	of Article 22A, 22l	B, & 22D-	22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	ommingled with proh	ibited or other n	non-disclosed fund	ls. I furthe	certify that this report
	correct and that I have bee		state Board of B	lections.	10/26/20	20
Sandra Can	Printed Name of Signer		ignature of Appoint	ed Treasurer	10/20/20	Date
FOR OFFICE USE O			71			
Date Received:	10/21/202	Employee:	BA			Method
Date Received.	4001 600	Employee.	10			ormal Mail
Date Postmarke	d:	Employee:				gistered Mail and Delivered
D . C					CONTRACTOR OF THE PROPERTY OF	ectronically Filed
Date Scanned:		Employee:	-			gner has not received
Date Data Enter	ed:	Employee:			m	andatory training
Date Data Biller		Employee.	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Please Note: Thi	s form cannot be used to ar	nend committee infor	mation such as	the committee add	dress, treas	urer, assistant treasurer,
		an of books informat				
I	You must amend the State	ment of Organization	(CRO-2100A-	E) to make comm	ittee chang	es.

Amendment Yes \boxtimes No

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

1. Committee Full Name (and Fund if applicable) 2.	. Type of Report		3. ID N	umber
	Third Quarter			
Start of Election Cycle: January 1,	2020	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 550.00	\$	550.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 9,116.00	\$	9,116.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$ 20,000.00	\$	20,000.00
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 Organization	ns (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)	\$ 29,116.00	\$	29,116.00
EXPENDITURES	1967 (N. 1948)			
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 29,380.61	\$	29,380.61
13b) Contributions to Candidates/Political Committ	tees (CRO-1310)	\$ 100.00	\$	100.00
13c) Coordinated Party Expenditures	(CRO-1310)		5 \$	En
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ DCT	96 \$	7 0
15) Loan Repayments	(CRO-1420)	\$ 111	\$	Lu Li
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ By	\$	To be the second of the second
17) In-Kind Contributions	(CRO-1510)	\$	\$	A C S. Decrease Will have Middle (s.)
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 29,480.61	\$	29,480.61
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 185.39	\$	185.39
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaign	(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)	\$	\$	
20) Contributions to be Refunded	(CRO-1213)	Ψ	Ψ	

		m Individuals ividual contributions	over \$5	Pg Our contributions und	of er \$50 if form CR	38 O 1205 is not	Yes No
with the second		(and Fund if applica		and the second second	er ¢s o ir ierin er	2. ID Numl	
Committ	ee to Elect Kevin	S. Gordon					
3. Contr	ibutor Informati	on	\boxtimes	Add Rei	move		(4.00mm)
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	
	city, state, & zip)						
Linda Ro	obinson oor Point Dr.			a E-malayada Nama/Sa			
	lle, N.C. 28021			c. Employer's Name/Sp	becine rieid	-	
	,					e. Election Su	m to Date
						\$	25.00
f. Prior	a Assessed Code	L F ED	T	<u> </u>			
L Prior	g. Account Code	h. Form of Payment	1. In-1	Kind Description	j. Date (mm/dd/y		k. Amount
	KSG-1	check 1661			09/04/2	2020	\$ 25.00
							\$
			1				6
:							\$
	ibutor Informati				nove		
	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession Podiatrist	E-0-1	d. Comments	
	Maskarinec			Fodiatrist			
109 Oak	Point Dr.			c. Employer's Name/Sp	ecific Field		
	lle, N.C. 28021			Foothill Podiatry			
704-487-	6672			707 N. Morgan St.	-	e. Election Su	m to Date
				Shelby, N.C. 28150	0	\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount
	KSG-1	check 5940			09/04/2	2020	\$ 250.00
							\$
							\$
3. Contr	ibutor Informati	on	\boxtimes	Add Rer	nove		Company of the Company
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	GIVED
Matthew	city, state, & zip)						CS S C CS
Wiattiicw	Jolies			c. Employer's Name/Sp	ecific Field	00	26 2020
						e. Election Sur	n to Data
							THE SECOND ACCORDING TO THE PROPERTY ASSESSMENT ASSESSM
						\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount
	KSG-1	card			09/03/2	020	\$ 50.00
							\$
							\$
4. Total	only this Pag	e				\$	325.00
5. Tota	of ALL CRO	-1210 Pages				•	
(This line	e must be on line 6 of	Detailed Summary Page (RO-1100)		\$	9116.00

		m Individuals	over \$50	0 or contr	ibutions	Pg s under	2 of \$50 if form CR	38 O 1205 is no			No No
1. Comm	ittee Full Name	(and Fund if applical	ble)					2. ID Nun	ab	er	
Committe	ee to Elect Kevin	S. Gordon									
3. Contri	ibutor Informatio	on		Add		Rem	ove				
	ne, Mailing Address	& Phone			itle/Profe			d. Commen	ts		
(include Lynn W.	city, state, & zip)			retired	farmer						
	nter Valley Rd.			c. Emple	over's Na	me/Spe	cific Field				
	NC 28150			self	•						
704-472-	8311							e. Election S	dum	to Date	
								\$		90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descr	iption		j. Date (mm/dd/yy	yy)		k. Amount	
\boxtimes	KSG-1	check								\$	50.00
	KSG-1	check					08/14/2	2020		\$	40.00
										\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add		Rem	ove	100			
	ne, Mailing Address	& Phone			itle/Profe			d. Commen	ts		
Jake Whi	city, state, & zip)			-	ighter-re tive Dir						
	Gregory Dr.						cific Field				
	NC 28150			NCAF							
980-5226	5129				x 1416	0151		e. Election S	Sun	to Date	Maria Carlo
				Shelby	y, NC 2	8131		\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/yy	yy)		k. Amount	
	KSG-1	check					08/26/2	020		\$	200.00
										\$	
										\$	
	ibutor Informatio		\boxtimes	Add		Rem	ove	DES		1 1	7)
	ne, Mailing Address	& Phone			itle/Profe	ession		d. Commen	ts -	H W Dol	
Sabrina I	city, state, & zip)			farme	r			nct	2	6 2020	
116 Roya				c. Emple	oyer's Na	me/Spe	cific Field		,,,,		4
	NC 28073			self							ALI COMPANIE DE LA CO
704-473-	9490							e. Election S	iun	to Date	
								\$		40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descr	iption		j. Date (mm/dd/yy	уу)		k. Amount	
	KSG-1	cash					08/14/2	020	\perp	\$	40.00
										\$	
	I	I	1						-1	Φ.	

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\$

280.00

9116.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

		n Individuals vidual contributions of	War \$50	Pg or contributions und	3 of	38 0 1205 is not	Yes No
***************************************		and Fund if applica		of contributions und	ier \$30 ii ioiiii CR	2. ID Numl	
			oic)			24 ID Mulli	DC1
	ee to elect Kevin S						
	butor Informatio				move		A STATE OF THE PARTY OF THE PAR
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession retired		d. Comments	
Sara Euba				retired			
305 Sunri				c. Employer's Name/S	pecific Field		
Shelby, N	IC 28150						
						e. Election Su	m to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	KSG-1	check 3652			08/14/2	020	\$ 40.00
							\$
							\$
3. Contri	butor Informatio	on	\boxtimes	Add Re	move		
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	
	city, state, & zip)						
Jimmy Ea	•			c. Employer's Name/S	pecific Field		
	rn, SC 29702			c. Employer sivame/s	peene Field		
704-913-	3696					e. Election Su	m to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	KSG-1	cash			08/14/2	020	\$ 40.00
							\$
							\$
	butor Informatio		\boxtimes	Add Re	move	Die E	
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	6 11 12 1E (n)
Kelly Del	city, state, & zip)					DO OCT	9 C 2000
104 Glen				c. Employer's Name/S	pecific Field	TI OCT	2 6 2020
	le, NC 28021					- -	lan 1
704-307-	7213				L	e. Election Su	m to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	KSG-1	cash			08/14/2	020	\$ 40.00
							\$
							\$
	only this Page					\$	120.00
5. Total	of ALL CRO	-1210 Pages				\$	0116.00
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100)		Ф	9116.00

		m Individuals		Pg	_4 of	38	Amendmen Yes	t No
		ividual contributions of		or contributions und	ler \$50 if form CR			
1. Comm	iittee Full Name	(and Fund if applica	ble)			2. ID Numb	er	
Committe	ee to elect Kevin S	S. Gordon						
3. Contri	ibutor Informati	on	\boxtimes	Add Re	move			
	ne, Mailing Address	& Phone		b. Job Title/Profession	H	d. Comments		
	city, state, & zip)			secretary				
Sandy Sta 340 Phill				c. Employer's Name/Sp	nasifia Field			
	lle, NC 28021			Waco VFD	pecine Field			
704-472-						e. Election Sur	n to Date	
						\$ 40.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Description	j. Date (mm/dd/yy	vv)	k. Amount	
	KSG-1	check 6320	1	and Description				40.00
$\vdash =$	K3G-1	CHECK 0320	-		08/10/2	020	\$	40.00
							\$	
							\$	
3. Contri	ibutor Informati	on	\boxtimes	Add Re	move	12.00		
	ne, Mailing Address			b. Job Title/Profession		d. Comments		
	city, state, & zip)							
Jeff Dulii								
	an Farms Rd. NC 28056			c. Employer's Name/S	pecific Field			
704-619-						e. Election Sur	n to Date	17.00
						\$	40.00	
e n :	1	I	T					
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy		k. Amount	
	KSG-1	check 4125			08/07/2	020	\$	40.00
							\$	
							\$	
3 Contri	butor Information		M	144 □ ₽ -		DEG	Maria de la compansión de	
	ne, Mailing Address			Add Rei	move	d. Comments	Ma III	100
	city, state, & zip)			b. 600 Thic/Trolession		U. Comments	26 702	U
Brent Go						I I I I I		L
	Goforth Rd.			c. Employer's Name/Sp	pecific Field	By		White Court
704-241-	ountain, NC 2808	6				. Flank- C.	4 D 4	
701211	0010					e. Election Sur		
			1			\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
Ш	KSG-1	check 1252	-		08/10/2	020	\$	40.00
							\$	
							\$	
4 Total	only this Do-						Ф	
	only this Pag					\$		120.00
J. Tutal	of ALL CRO	-1210 Pages				\$		9116.00

		m Individuals		Pg		38_	Yes No
		ividual contributions (and Fund if applica		0 or contributions und	der \$50 if form CR		
	ee to elect Kevin		Die)		(T) (200 (1) (1)	2. ID Num	ber
	ibutor Informati				move	T T	The second second
	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession	l Service Control	d. Comments	
Everette							
	Stubbs Rd.			c. Employer's Name/S	pecific Field		
	lle, NC 28021						
704-435-	-2937					e. Election St	um to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	KSG-1	cash			08/17/2	020	\$ 40.00
							\$
							\$
3. Contr	ibutor Informati	on	\boxtimes	Add Re	move		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	
	city, state, & zip)						
Randy K				a Ferral Name (C			
Waco, No				c. Employer's Name/S	pecific Field		
704-239-						e. Election St	ım to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	KSG-1	cash			08/17/20	020	\$ 40.00
							\$
							\$
3. Contri	butor Informatio	on	\boxtimes	Add Re	move		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	A NU LE III
	city, state, & zip)					D) OCT	0.0.2020
John Frye 704-473-				c. Employer's Name/S	if-Eid	ULI	2 6 2020 J J
				c. Employer's Name/S	pecine Field	J 6.2	
						e. Election Su	m to Date
						\$	80.00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	KSG-1	cash			08/07/20)20	\$ 40.00
							\$
							\$
4. Total	only this Pag	e			20 Car 18 14	\$	120.00
	of ALL CRO			SAR JEE			= 0
(This line	must be on line 6 of	Detailed Summary Page C	RO-1100)		\$	9116.00

		m Individuals		Pg	6 of	38	Amendment Yes No
		lividual contributions		0 or contributions und	der \$50 if form CR		
		(and Fund if applica	ble)		200	2. ID Num	ber
Committ	ee to elect Kevin	S. Gordon					
3. Contr	ibutor Informati	on		Add Re	emove	1,000	
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Comments	
Brent Gu	city, state, & zip)						
529 Cost	•			c. Employer's Name/S	pecific Field		
Besseme	r City, NC 28016				•		
						e. Election Su	m to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount
	KSG-1	card			08/14/2	020	\$ 40.00
							\$
П							\$
3. Contr	ibutor Informati	on	\boxtimes	Add Re	move		The second secon
	ne, Mailing Address		KN	b. Job Title/Profession		d. Comments	
	city, state, & zip)		70-0				
Kristy Ki							
538 Ralp Gastonia	, NC 28052			c. Employer's Name/S	pecific Field		
704-678-						e. Election Su	m to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount
	KSG-1	check 2050			8/15/20)20	\$ 40.00
							\$
							\$
3. Contri	ibutor Informatio	on		Add Re	move	655	Ziman PD and
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	L 11 12 15 11
(include Lucinda I	city, state, & zip)					П ост	2 6 2020
	thshore Dr.			c. Employer's Name/Sp	pacific Field	001	20 2020
	le, NC 28021			Campioyer s rame/of	occine Piera		
704-428-2	2039					e. Election Sur	n to Date
						\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd/yy	уу)	c. Amount
	KSG-1	check 1531			8/18/20	20	\$ 40.00
							\$
							\$
4. Total	only this Page	e				\$	120.00
5. Total	of ALL CRO	-1210 Pages		444 245	100	Φ.	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO-1100	1000		\$	9116.00

Conti	ributions fro	m Individuals			Pg 7	of	38	Amendmen Yes	t No
Use this	form to report inc	dividual contributions	over \$5	0 or contribution	s under \$50 if	form CR	O 1205 is not	used	<u> </u>
1. Com	mittee Full Name	(and Fund if applica	ible)	A STATE OF THE STA			2. ID Num		
Commit	tee to elect Kevin	S. Gordon							
	ributor Informati		\boxtimes	Add	Remove				
	me, Mailing Address	& Phone		b. Job Title/Prot	ession		d. Comments		
Tim Har	e city, state, & zip)								
	ık Grove Rd.			c. Employer's Na	me/Specific Fiel	А			
	Itn., 28086			o, zarproyer s :	me/opecine rich	u			
704-813	-3851						e. Election Su	n to Date	
							\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i In-l	Kind Description	i Data	(mm/dd/yy			
	KSG-1	check 4389	1. 111-1	Kina Description	J. Date			k. Amount	
	K5G-1	CHECK 4389				8/20/20	20	\$	40.00
								\$	
								\$	
3. Contr	ibutor Informati	on		Add 🗍	Remove			Ψ	
	me, Mailing Address			b. Job Title/Prof			d. Comments	Sept.	
(include	city, state, & zip)			7,300 7,407,101			u. Comments		
Buddy T									
	Lake Dr.			c. Employer's Na	me/Specific Field	d			
Kiligs IV.	Itn., NC 28086						a Flastian Sur	to Dota	
						-	e. Election Sur		
	1						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date	(mm/dd/yyy	/y)	k. Amount	
	KSG-1	check 2285				8/20/202	20	\$	40.00
								\$	
			+						
3 Contra	ibutor Informatio		577					\$	
	me, Mailing Address			Add	Remove			100	
	city, state, & zip)	L. T HORE		b. Job Title/Profe	SSION	100000000000000000000000000000000000000	d. Comments	U U L	5.4
Jane Hoy							n oct	6 2020	
914 Cost				c. Employer's Na	me/Specific Field	1	Ш		
5nelby, N	NC 28150						Last		
704-300-							e. Election Sun	to Date	
							\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	y)	c. Amount	
Ш	KSG-1	check 267				08/20/20	20	\$	40.00
								\$	
4 Tr-4-1	-1 41: D							\$	
	only this Page						\$		120.00
	of ALL CRO	-1210 Pages					\$		9116.00
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1. Com	mittee Full Name	(and Fund if applica	ible)	ALCOHOLD TO A MILES		2. ID Nu	mber	
Commit	ttee to elect Kevin	S. Gordon						
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	ame, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comme	nts	
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451 San	dbar Point			c. Employer's Name	/Specific Field			
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704-719	9-7029					e. Election	Sum to Date	
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David Le	e city, state, & zip)			Part-time fire figl	hter		CT 26 2020	
	rt Ledford Rd.			c. Employer's Name/	Specific Field			الا
Lawndal	e, NC 704-477-17	32		Waco VFD		Ry		
				P.O. Box 370		e. Election	Sum to Date	
				Waco, N.C. 2816	9	\$	40.00	
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	tee to elect Kevin		And the State of t			Le III I Vuin	Der	
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Glenn M								
	vmans Cove ille, NC 28021			c. Employer's Name/	Specific Field			
704-241-						- Floodon C		
	7000					e. Election St	ım to Date	
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Andrew (4		3	2.00	100
	Barn Rd.			c. Employer's Name/S	Specific Field	- 00	26 20	20
	e, NC 28090							
704-430-0	5776					e. Election Su	m to Date	
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	KSG-1	check 151			8/26/20)20	\$	40.00
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		m Individuals		P	g <u>10</u> o	f38	Amendme Ye	_
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		(and Fund if applica	ible)	STATE OF THE PARTY		2. ID Nun	nber	
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Melinda	Stroup			-				
P.O. Box	x 250			c. Employer's Name/	Specific Field			
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/04-433	-2803					e. Election S	um to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	1
	KSG-1	check 9527			08/25/	2020	\$	40.00
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	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Comment	s	
1523 Ma Kings M 704-748-	tn., NC 28086			c. Employer's Name/S	Specific Field	e. Election S	um to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y		k. Amount	
	KSG-1	check 1264			08/21/2		\$	40.00
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	ne, Mailing Address			b. Job Title/Profession	emove	d. Comments	14 1	
	city, state, & zip)			Realtor		0		020
Michael 1	Philbeck or Way Dr.			c. Employer's Name/S	nesific Field	Liu		
Shelby, N				Philbeck Propertie		By		
704-487-	1209					e. Election Su	ım to Date	
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	KSG-1	check 5066			08/18/2	2020	\$	140.00
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Commit	tee to elect Kevin	S. Gordon						
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Ellen Be	e city, state, & zip)							
	y's Grove Rd.			c. Employer's Name/	Specific Field			
	Itn. NC 28086							
704-435	-6469					e. Election St	ım to Date	
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Ted Stro 340 Phill Cherryvi 704-435-	lips Dr. ille, NC 28021			c. Employer's Name/	Specific Field	e. Election Su	um to Date	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	(vv)	k. Amount	
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177 Appi				c. Employer's Name/S	Specific Field	OCT	2 6 202	الا
	NC 28150			c. Employer's Name/	specific Field	UU		
704-418-	1710					e. Election Su	m to Date	
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1. Com	mittee Full Name	(and Fund if applica	ble)	建筑 使身		2. ID Nun	ıber	
Commit	ttee to elect Kevin	S. Gordon						
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(includ	ame, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profess	sion	d. Comment	S	
Kings M	ee Oaks Lane Itn., NC 28086			c. Employer's Nam				
704-473	-0286					e. Election S	um to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd	уууу)	k. Amount	
	KSG-1	check 3371			08/26	/2020	\$	40.00
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Andrew	t city, state, & zip)			Fire Fighter				
474 Fish				c. Employer's Nam	e/Specific Field			
	ille, NC 28021			Charlotte Fire D				
704-751	-6134					e. Election St	ım to Date	
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474 Fisher Rd.				c. Employer's Name	/Specific Field	D OCT	2 6 2020	
Cherryvi 704-898-	lle, NC 28021					OCT		الا
. 5 . 676-	0,10					e. Election Su		
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Use this	Contributions from Individuals See this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is a committee Full Name (and Fund if applicable)										
1. Com	mittee Full Name	(and Fund if applica	ble)	Parker of the second	2000年	2. ID Nur	nber				
Commit	tee to elect Kevin	S. Gordon									
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	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession	on .	d. Commen	ts				
Taylor L 474 Fish Cherryv 704-751	ille, NC 28021			c. Employer's Name							
704-731	-0134					e. Election S	40.00				
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	KSG-1	cash				/2020	\$	40.00			
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	Contributor Information Full Name, Mailing Address & Phone			Add R	emove						
1611 Bu Shelby, 1 704-472	NC 28150			c. Employer's Name/	Specific Field	e. Election S	um to Date				
						\$	40.00				
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	уууу)	k. Amount				
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	ibutor Information			T	emove	1000					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Miranda Spangler 1617 N. Oak Dr. Shelby, NC 28150 704-482-4199			b. Job Title/Profession c. Employer's Name/Specific Field		d. Comment	OCT 26 20	20				
f. Prior	- Accept 6-1	L P	1			\$	40.00				
1. 1 1101	g. Account Code KSG-1	h. Form of Payment	i. In-K	(ind Description	j. Date (mm/dd/y		k. Amount				
	130-1	cash			08/31/2	2020	\$	40.00			
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Contr	ibutions fro	m Individuals		_			Amendme	5-7
		dividual contributions	over \$5		g <u>14</u> of oder \$50 if form CF		Ye Ye	s 🛛 No
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	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
	e city, state, & zip) arie Gordon							
	rnell Ln.			c. Employer's Name/	Specific Field			
	NC 28150							
704-473-	-7310					e. Election Su	ım to Date	
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						\$	40.00	
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Kesha Ho						1 113	OCT 26	2020
Shelby, N	okwood Rd. JC 28150			c. Employer's Name/S	Specific Field			_
980-522-						e. Election Su	m to Date	
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Conti	ributions fro	m Individuals			Pg 15 of	38	Amendmo	
Use this	form to report in	dividual contributions	over \$5	0 or contributions t	inder \$50 if form CF	RO 1205 is no	ot used	.5 🔼 110
1. Com	nittee Full Name	(and Fund if applic	able)			2. ID Nur	The second secon	
Commit	te to elect Kevin S	S. Gordon						
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Elizabet	h Oliver							
	santdale Dr.			c. Employer's Name	e/Specific Field			
	NC 28150							
704-471	-0073					e. Election S	oum to Date	
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Kimberly				1				
_	34 Sperling Dr.			c. Employer's Name	/Specific Field			
	Waco, NC 28169 704-477-5199					- Florida S		
						e. Election S		
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a. Full Nan	ne, Mailing Address			b. Job Title/Profession		d. Comments		
	city, state, & zip)					10	OCT 26	2020
Vallery N 1516 Che	erryville Rd.			c. Employer's Name	Caralla Fina			1020
	le, NC 28021			c. Employer s Name/	Specific Field			
704-435-	1516					e. Election Su	im to Date	
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Commit	ttee to elect Kevin	S. Gordon						
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	le city, state, & zip) Whisnant		147		0.			
206 Lut				c Employer's Name/	c. Employer's Name/Specific Field			
Lawnda	lle, NC 28090			C. Employer s Name/	-			
704-473	3-1002							
						\$	40.00	
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	e city, state, & zip)							
	Eric Ward 603 Jess Hord Rd.			o Employed N				
	ille, NC 28021			c. Employer's Name/Specific Field				
704-349	-1183					e. Election Su	m to Date	
						\$	40.00	
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704-472-	5676					e. Election Sur	n to Date	
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		om Individuals dividual contributions	over \$5	F 50 or contributions w	Pg <u>17</u> of nder \$50 if form CR	38 30 1205 is not	Amendmen Yes	_
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Commit	ttee to elect Kevin	S. Gordon						
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	ame, Mailing Address	& Phone		b. Job Title/Professio		d. Comments		
Alex Go 124 Farr	mington Rd. NC 28150			c. Employer's Name/Specific Field				
, ,	1300					e. Election Su \$	40.00	
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	e city, state, & zip)	& Fuolic		b. Job Title/Profession	a	d. Comments		
1718 Sne Shelby, N	Mollie Swink 1718 Sneed Dr. Shelby, NC 28150 704-473-7808			c. Employer's Name/S	Specific Field	e. Election Sur	m to Date	
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	me, Mailing Address é			b. Job Title/Profession		d. Comments		
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	een kville Rd. NC 28150			c. Employer's Name/S	pecific Field	Ву		
704-472-	4562		1			e. Election Sun	n to Date	
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	KSG-1	card			08/28/20		\$	40.00
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Cont	ributions fro	m Individuals					Amendme	
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Commit	ttee to elect Kevin	S. Gordon						
3. Cont	ributor Informat	ion	\boxtimes	Add 🗌 F	Remove			
	ame, Mailing Address	& Phone		b. Job Title/Professi	on	d. Comments		
Brian Fo	e city, state, & zip)							
864-316				c. Employer's Name	/Specific Field			
						e. Election Su	m to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	KSG-1	cash			09/04/2	2020	\$	40.00
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	me, Mailing Address			b. Job Title/Profession	temove	d. Comments	Salt	
	e city, state, & zip)					u. Comments		
Jaron Gl 704-477				- F1 - 1 N				
701 177	4750			c. Employer's Name/	Specific Field	-		
						e. Election Su	n to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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Mills, Hu							CT 26	2020
704-297-	1541			c. Employer's Name/S	Specific Field	ШП		0
						e. Election Sur	to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	KSG-1	cash			09/04/20		\$	40.00
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	only this Page					\$		120.00
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Conti	ributions fro	m Individuals					Amendment	i
		dividual contributions	over \$5		of 19 of of orm CP	38 1205 is most	Yes	⊠ No
1. Com	mittee Full Name	(and Fund if applications	able)	o or contributions u	ilder \$30 II form CR	2. ID Numl		
	tee to elect Kevin							
3. Conti	ributor Informat	ion	\boxtimes	Add □ R	lemove			
	me, Mailing Address		<u> </u>	b. Job Title/Profession		d. Comments		
	e city, state, & zip)			D. GOD THE TOTESSI	, and a second	d. Comments		
Lisa Far	mer							
910-590	-9467			c. Employer's Name/	Specific Field			
						e. Election Su	n to Date	472
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
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	ibutor Informati		\boxtimes	Add R	emove			
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Comments		
Diane Fa	e city, state, & zip)							
704-915-								
704-713-	-1108			c. Employer's Name/	Specific Field			
						e. Election Sur	n to Date	
f. Prior	1.0.4		1				40.00	
I. FTIOF	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	140
	KSG-1	cash			09/04/2	020	\$	40.00
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	me, Mailing Address		<u> </u>	b. Job Title/Profession		d. Comments	Da 11 117	
(include	city, state, & zip)					00	26 202	n
Mike Gre						IUU	- 0 LOL	الا
	Post Rd.			c. Employer's Name/S	Specific Field	Ву		
704-300-	NC 28150							
704-300-	2740					e. Election Sun		
f. Prior	a Assessed Code	1	1				40.00	
. 1 1101	g. Account Code KSG-1	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	(42)
	KSU-1	cash			08/31/20)20	\$	40.00
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		Detailed Summary Page (RO-1100			\$		9116.00

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Cont	ributions fro	m Individuals		P	rg 20 of	20	Amendmen	
Use this	s form to report inc	dividual contributions	over \$5	0 or contributions un	g <u>20</u> of other \$50 if form CF	RO 1205 is no	☐ Yes t used	s 🗵 N
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Num		
Commi	ttee to elect Kevin	S. Gordon						
3. Cont	tributor Informat	ion	\boxtimes	Add R	emove			
	ame, Mailing Address	& Phone		b. Job Title/Professio		d. Comments		
	le city, state, & zip) Richard Anderson							
	derson Acres			c. Employer's Name/S	C	-		
Kings N	Atn., NC 28086			C. Employer's Name/S	Specific Field			
704-466	5-7190					e. Election Su	m to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	vvv)	k. Amount	
	KSG-1	cash			09/01/2		\$	40.00
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	ributor Informati		\boxtimes	Add Re	emove			
	ame, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profession	L	d. Comments		
	Richard Anderson	<u> </u>						
	derson Acres	•		c. Employer's Name/S	specific Field			
	Itn., NC 28086							
704-600	-7440					e. Election Su	n to Date	117
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	KSG-1	cash			09/01/2	020	\$	40.00
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			-				\$	
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	ributor Informatio		\boxtimes		move	同日间	TE 8 117	ETV.
	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	LUW	6
Tristan T						[]]] OC1	26 202	0
108 Carr				c. Employer's Name/S	pecific Field			الا
Cherryvi 704-898-	ille, NC 28021					Bv		
/04-090-	-2780					e. Election Sur	to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	KSG-1	cash			09/01/20)20	\$	40.00
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	l only this Page					\$		120.00
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Use this	form to report indi	m Individuals		0 or contribut	Pg ions unde	<u>21</u> of er \$50 if form CR		
1. Comm	ittee Full Name	(and Fund if applical	ble)	75 A 10			2. ID Num	iber
Committe	ee to elect Kevin S	S. Gordon						
3. Contri	ibutor Informatio	on	\boxtimes	Add [Ren	nove		
	ne, Mailing Address	& Phone		b. Job Title/I	Profession		d. Comment	
Darrell C	city, state, & zip)			-				
421 Ward	-			c. Employer'	s Name/Spe			
Waco, No								
704-308-	1772						e. Election S	um to Date
							\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descriptio	n	j. Date (mm/dd/yy	ууу)	k. Amount
	KSG-1	cash				09/01/2	2020	\$ 40.00
			1					\$
			+					\$
3 Contr	ibutor Information		\square	Add	Dom	nove		<u> </u>
	a. Full Name, Mailing Address & Phone			b. Job Title/l		HOVE	d. Comment	s
	city, state, & zip)							
Tony Jon								
Jones Tir 704-751-				c. Employer'	s Name/Sp	ecific Field	-	**
704-731-	0130						e. Election S	um to Date
							\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descriptio	n	j. Date (mm/dd/yy	yyy)	k. Amount
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	ibutor Information	on.	\boxtimes	Add	Ren	nove		
	ne, Mailing Address			b. Job Title/I		nove	d. Comment	O E I W E I
	city, state, & zip)						10)5	
Ruby Dil							- In o	CT 26 2020
	Fallston Rd. NC 28150			c. Employer'	s Name/Sp	ecific Field		
704-300-							e. Election S	um to Date
							\$	40.00
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Descriptio	n	j. Date (mm/dd/yy	yyy)	k. Amount
		1		•				
	KSG-1	card				08/31/2	2020	\$ 40.00
	KSG-1	card				08/31/2	2020	\$ 40.00

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Use this	s form to report inc	m Individuals		50 or contribution	Pg <u>22</u> s under \$50 if form (not used	_
	***************************************	(and Fund if applica	able)	2262	45 45 3	2. ID N	umber	
Commit	ttee to elect Kevin	S. Gordon						
	ributor Informat			Add	Remove			
	ame, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profe Owner/Opera		d. Comme	ents	
	Hutchinson			Owner/Opera	101			
P.O. Bo					me/Specific Field			
Waco, N 704-616	NC 28169 5-0310			Waco Cattle (Co.	- 15142	S (D)	
70.010	0010						Sum to Date	
f. Prior			1	, , , , , , , , , , , , , , , , , , ,		\$	200.00	
L FFIOT	g. Account Code KSG-1	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd.		k. Amount	
	KSG-1	check 5472			09/01	/2020	\$	200.00
							\$	
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3. Conti	ributor Informati	on	\boxtimes	Add	Remove		12.00	
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Profe	ession	d. Comme	ents	
Grover, 1704-215	NC 28073 -9029			c. Employer's Na	-	e. Election	Sum to Date	
		_				\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amount	
	KSG-1	cash			09/01/	2020	\$	40.00
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						DE	(T) \$= 17.00	The state of the s
3. Contr	ibutor Informati	on		Add	Remove	12-	中国用用	EM
	me, Mailing Address	& Phone		b. Job Title/Profe	ssion	d. Comme	GT 26 202	n
Keith Kis	city, state, & zip)					LUU	20 202	
429 Phill	lips Dr.			c. Employer's Nar	me/Specific Field	Ву		
Cherryvi 704-435-	lle, NC 28021							
704-433-	-2800					e. Election	Sum to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	KSG-1	cash			09/01/	2020	\$	40.00
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Cont	ributions fro	om Individuals		1	Pg 23 of	. 39	Amendment Yes	N.
Use this	form to report inc	dividual contributions	over \$5	0 or contributions u	nder \$50 if form CI	RO 1205 is no	used	⊠ No
1. Com	mittee Full Name	e (and Fund if applica	able)			2. ID Num		
Commit	ttee to elect Kevin	S. Gordon						
	ributor Informati			Add R	Remove			
	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	8	
	e city, state, & zip)							
James H	lanline Cardinal Point Rd.							
	e, NC 28269			c. Employer's Name/	Specific Field			
704-947						a Flation St	n to Dota	
S S to the one						e. Election Su	m to Date	
e v. t.						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	=
	KSG-1	card			09/01/2	2020	\$	40.00
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			+-				Ф	
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	ributor Information			Add R	lemove			
	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Professio	n	d. Comments		
Derek Pa				4				
	oneer Trail			c. Employer's Name/S	Caralla Field	-		
	on, NC 28092			c. Employer s Name/	Specific Field	-		
980-429-						e. Election Su	m to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i In-V	Kind Description	1 . D. t. (/34/		40.00	
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	K50-1	card			09/01/20	020	\$	40.00
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3. Contri	ibutor Informatio	on		Add □ Re			Þ	
	ne, Mailing Address &			b. Job Title/Profession	emove	ALLE A	IF B BB	
	city, state, & zip)			D. SOD THE/TTOICSHOP		d. Comments	BIW	FM
Dave Wh							0.0.00	~
108 Oak l				c. Employer's Name/S	Specific Field		26 2020	
704-692-7	lle, NC 28021					L _R		
104-072-	1939					e. Election Sur	n to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	yy)	k. Amount	
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		om Individuals	0.5		Pg <u>24</u> o	f <u>38</u>	Amendme	_
1. Com	mittee Full Name	dividual contributions (and Fund if application)	over \$5	0 or contributions un	nder \$50 if form C			
1	ttee to elect Kevin		inie)			2. ID Num	lber	
	ributor Informati ame, Mailing Address			T	lemove			
	e city, state, & zip)	& Phone		b. Job Title/Profession	on .	d. Comment	S	
Cindy B	Borders							
	ony Point Rd.			c. Employer's Name/	Specific Field			
704-482	NC 28150 2-9354							
	7551					e. Election Si	am to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	KSG-1	check 8966			08/30/2	2020	\$	40.00
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	city, state, & zip)	& Filone		b. Job Title/Profession	n e e e e e e e e e e e e e e e e e e e	d. Comments		
Scott Fra	anklin			1				
	m Farm Rd.			c. Employer's Name/S	Specific Field			
704-418-	tn., NC 28090							
	0237					e. Election Su	m to Date	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/y	ууу)	k. Amount	
Ш	KSG-1	cashier ch			09/01/2	2020	\$	40.00
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	ne, Mailing Address &			Add Re b. Job Title/Profession	move	INE!	11111111111111111111111111111111111111	TEN
	city, state, & zip)	a radac		Owner/President	l	d. Comments		
Jennifer l				o when I resident		00	T 26 20	120
200 Rang	ge Rd. tn., NC 28086			c. Employer's Name/S				
704-472-				Hord Services, Inc		Ву		
						e. Election Sur	n to Date	
f. Prior						\$	60.00	
FILL	g. Account Code	h. Form of Payment	i. In-Ki	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	KSG-1	card			09/02/20	020	\$	160.00
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Cont	ributions fro	om Individuals			D		Amendmo	
		dividual contributions		0 or contributions	Pg <u>25</u> of under \$50 if form Cl	f <u>38</u> RO 1205 is a	not used	es 🗵 No
1. Com	mittee Full Name	e (and Fund if applic	able)			2. ID Nu	The state of the s	
Commit	ttee to elect Kevin	S. Gordon						
3. Cont	ributor Informat	tion		Add	Remove			
	ame, Mailing Address	s & Phone		b. Job Title/Profess		d. Comme	nts	
Jason Ti	e city, state, & zip)							
	e Fire Dept.			c. Employer's Nam	e/Specific Field			
						e. Election	Sum to Date	
						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	KSG-1	cash			08/28/2	2020	\$	40.00
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3. Contr	ibutor Informat	ion		Add 🗍 I	Remove		1 3	
a. Full Na	me, Mailing Address		KN	b. Job Title/Professi		d. Commen	ıte.	
	city, state, & zip)					ui commen	113	
Heidi Go	ordon 1 Goforth Rd.							
	tn., NC 28086			c. Employer's Name	/Specific Field	4		
980-522-						e. Election S	Sum to Date	
						\$	40.00	
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	city, state, & zip)	& rnone		b. Job Title/Profession)n	d. Commen		
Гапіа Ргі	ce						CT 26 20,	20
04-828-	2020			c. Employer's Name/	Specific Field	By_		
						e. Election S		
Prior	g. Account Code	h. Form of Payment	i In V	ind Description		\$	40.00	
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		om Individuals		Pg	26 of	38	Amendment Yes	No No
Use this	s form to report in	dividual contributions	over \$5	0 or contributions und	der \$50 if form CF	RO 1205 is not	used	7 140
		e (and Fund if applic	able)			2. ID Num	ber	
Commi	ttee to elect Kevin	S. Gordon						
	ributor Informat			Add Re	move			
	ame, Mailing Address le city, state, & zip)	s & Phone		b. Job Title/Profession		d. Comments		
Dennis								
704-482	2-5535			c. Employer's Name/S	pecific Field			
						e. Election Su	m to Date	
						\$	40.00	
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\sqcup	KSG-1	cash			09/02/2	2020	\$	40.00
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			1					
3. Contr	ributor Informati	ion		144 T 2			\$	
	me, Mailing Address			Add Rei	nove	d. Comments		
(include	e city, state, & zip)			Retired		u. Comments		
Shelia G								
	505 Stony Point Rd. helby, NC 28150			c. Employer's Name/Sp Cleve. Co. Schools				
704-482				Cieve. Co. Schools		e. Election Sur	n to Dota	
f. Prior	g. Account Code	h. Form of Payment	i In E	Kind Description	I to the contract of	\$	100.00	
	KSG-1	cash	1. 111-15	and Description	j. Date (mm/dd/yy		k. Amount	
			-		08/22/20	020	\$	50.00
	KSG-1	cash			09/02/2	2020	\$	50.00
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	ibutor Informati		\boxtimes	Add Ren	nove		医面目	D.O. 100
	me, Mailing Address of city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	666	WE
Dennis B							OCT 26 2	2020
1006 W.	Sumter St.			c. Employer's Name/Sp	ecific Field	וחח		.020
Shelby, N 704-473-	NC 28150					By_		
/04-4/3-	4/30					e. Election Sun	to Date	
en.						\$	40.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yyy	/y)	k. Amount	
	KSG-1	card			09/03/20)20	\$	40.00
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		Detailed Summary Page C	RO-1100)			\$	91	16.00

Cont	ributions fro	om Individuals					Amendment	
		dividual contributions		Pg 50 or contributions un	g <u>27</u> of oder \$50 if form CI	f 38 RO 1205 is no	Yes	N N
1. Com	mittee Full Name	e (and Fund if applica	able)	The first day of the second	der \$50 ii ioiiii Ci	2. ID Num		
Commit	ttee to elect Kevin	S. Gordon						
3. Conti	ributor Informati	ion	\boxtimes	Add Re	emove			
	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	S	
(include Eddie Bl	e city, state, & zip)							
704-297				a Employente Namell	0 .16 m Li			
	0030			c. Employer's Name/S	specific Field			
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	KSG-1	cash		•	09/04/2		\$	40.00
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Dickie B				4				
704-472-				c. Employer's Name/S	pecific Field			
					promote the second			
						e. Election Su	m to Date	
						\$	40.00	
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	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	24 0000	
Jason Fall				1		UL	26 2020	
704-669-4	4700			c. Employer's Name/Sp	pecific Field			
						Ву		
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		n Individuals		Pg		38	Amendment Yes No
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704-472-	1784			c. Employer's Name/S	Specific Field		
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Andre' T				- Cui punitoi			26 2020
200 N. M	lain St.			c. Employer's Name/	Specific Field		20 2020
Waco, No	C 28169			TSI Auto Repair			
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		om Individuals		P	g <u>29</u> of	20	Amendment	
Use this	s form to report in	dividual contributions	over \$5	0 or contributions un	$\frac{29}{\text{off}}$ of $\frac{29}{\text{off}}$ of $\frac{29}{\text{off}}$	RO 1205 is no	☐ Yes used	⊠ No
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Chris Poo								
704-473-	2387			c. Employer's Name/Sp	pecific Field		0CT 26 20	12n
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Commit	ttee to elect Kevin	S. Gordon						
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	ame, Mailing Address	s & Phone		b. Job Title/Profession		d. Comments		
	le city, state, & zip)							
Casey S ₁ 704-473								
/04-4/3	-9404			c. Employer's Name	/Specific Field	4		
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	e city, state, & zip)			b. 300 The/T tolesaid	/n	d. Comments		
Chip Wil								
704-297-	-0639			c. Employer's Name/	Specific Field			
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704-692-	4190			c. Employer's Name/S	Specific Field	ППП		الا
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		om Individuals			Pg 31 of	38	Amendmer Yes	
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		e (and Fund if applica	able)			2. ID Num	ber	
	ttee to elect Kevin							
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	ame, Mailing Address le city, state, & zip)	& Phone		b. Job Title/Profess	ion	d. Comments	9	12.0
Shane A	Anderson							
704-482	5911			c. Employer's Name	e/Specific Field			
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Nancy Da	city, state, & zip)					ОСТ	£ 2020	
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		dividual contributions	over \$5	I 50 or contributions u	Pg <u>32</u> nder \$50 if form	of 38	Ye	es 🛛 No
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Commi	ttee to elect Kevin	S. Gordon				-1221144	Des	
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	ame, Mailing Address	s & Phone		b. Job Title/Profession		d. Comments		
	de city, state, & zip)			Plant Manager		u. Comments		
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	lory Court			c. Employer's Name	Specific Field			
	Mountain, N.C. 28	086		Martin Marietta	Rock Hill			
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	NC 28150			c. Employer's Name/S	Specific Field			
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Contributions from Individuals

Amendment **Contributions from Individuals** Yes 🖂 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to elect Kevin S. Gordon 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Zalton Thornburg 704-472-4688 c. Employer's Name/Specific Field e. Election Sum to Date 40.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount KSG-1 cash \$ 09/05/2020 40.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Peggy Vess c. Employer's Name/Specific Field e. Election Sum to Date \$ 40.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) Amount KSG-1 cash 09/05/2020 \$ 40.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Daniel Locklair **26** 2020 704-281-9408 c. Employer's Name/Specific Field e. Election Sum to Date \$ 0.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount KSG-1 cash 09/05/2020 \$ 40.00 \$ \$

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Lest his form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used	Cont	ributions fro	m Individuals			Do. 24		Amendmer	
Committee to elect Kevin S. Gordon	Use this	form to report in	dividual contributions	over \$5	0 or contributions u	Pg 34 0 Inder \$50 if form C	f <u>38</u> RO 1205 is no	☐ Yes	× N
Add	1. Com	mittee Full Name	(and Fund if applic	able)					
B. Job Title/Profession	Commit	tee to elect Kevin	S. Gordon						
B. Job Title/Profession	3. Cont	ributor Informat	ion	Ø	Add 🗍 I	Remove			
Nurse Practioner	a. Full Na	me, Mailing Address	& Phone				d Comments		
Megan Stephens 204 Carriage Run Shelby, NC 28150 Total only this Page Second Code Norm of Payment Lin-Kind Description J. Date (mm/dd/yyyy) L. Amount	(includ	e city, state, & zip)					u. Comments		
Huntersville Gastroenterology									
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S. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Mike Carr 704-473-1961 c. Employer's Name/Specific Field c. Election Sum to Date s 40.00 f. Prior g. Account Code h. Form of Payment cash 09/05/2020 \$ 40.00 S. S		KSG-1							90.00
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Cont	ributions fro	om Individuals					Amendmer	ıt
		dividual contributions		0 or contributions	Pg <u>35</u> 01	38	Yes	N N
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	e city, state, & zip)							
Allsion	Sikes							
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Frank Da				Instructor				
	h Shore Dr.			c. Employer's Name	Specific Field			
	lle, N.C. 28021			US Airways	opecine retu	1		
704-974-	1915					e. Election Su	n to Date	
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	ne, Mailing Address	& Phone		b. Job Title/Professio		d. Comments	5 1 W 1	FIN
Sherry Go	city, state, & zip)			School Teacher				
	ny Point Rd.			- FLL-N	0 10 5000	OCT	26 2020	
	I.C. 28150			c. Employer's Name/S		ШЦ		
704-418-2	2402			oreverana county	Schools	e. Election Sur	to Date	
						\$	1790.00	
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\boxtimes	KSG-1	check			06/192		\$	250.00
	KSG-1	check			09/17/2			
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		Petailed Summury Page C.	DA 1100			\$		9116.00

		om Individuals			Pg _36 0	f 38	Amendm	
Use this	s form to report in	dividual contributions (and Fund if applications)	over \$5	50 or contributions ι	under \$50 if form C	RO 1205 is no	used	.5 🔼 110
1	ttee to elect Kevin		able)		- 12 Alexander	2. ID Num	ber	
			_					
	ributor Informat				Remove			
	le city, state, & zip)	& Phone		b. Job Title/Profess		d. Comments		
Matt Th				Program Design	ier			
	Salisbury St.			c Employente News	/6 16 FN 11			
	,N. C. 27603			c. Employer's Name	e/Specific Field			
336-970				INCOSI WI		e. Election Su	- 4- D-4-	
						e. Election St	m to Date	
f. Prior		1				\$	100.00	
LITIOI	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	1
	KSG-1	card			08/21/2	2020	\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on	\boxtimes	Add R	Remove		Þ	
	me, Mailing Address		<u>KN</u>	b. Job Title/Profession		d. Comments		
(include	e city, state, & zip)					d. Comments		
Lawson	Propst							
				c. Employer's Name	Specific Field			
						7		
						e. Election Su	n to Date	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	KSG-1	card			08/07/2		\$	50.00
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2 Contra	The Transfer						\$	
	ibutor Informatione, Mailing Address				emove	E5 E7	V Parking A	TEIN
	city, state, & zip)	x I none		b. Job Title/Professio	in	d. Comments	7151	
Rob Can						ام آماا ا	T 26 2	2020
				c. Employer's Name/S	Specific Field	1 1111	J 1 2 0 L	اللا مادة
						e. Election Sun	to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	KSG-1	card			08/06/20		\$	25.00
								23.00
							\$	
1 Total	only this Page						\$	
	of ALL CRO-					\$		175.00
		-1210 Pages Detailed Summary Page Cl	RO-1100)			\$		9116.00

		om Individuals			Pg <u>37</u> of		Amendmo	
200000000000000000000000000000000000000		dividual contributions (and Fund if applica		0 or contributions u	nder \$50 if form CF	2. ID Nu		
	tee to elect Kevin					2. ID Nu	inder	
3. Conti	ributor Informat	ion		Add F	Remove			
	me, Mailing Address			b. Job Title/Professi		d. Commer	1te	
W. Carlotte	e city, state, & zip)			Emergency Serv		u. commer	11.5	
	Gordon							
1310 Sto	ony Point Rd.			c. Employer's Name	Specific Field			
Shelby,	N.C. 28150			Gaston County				
701-470	-5378					e. Election	Sum to Date	
						\$	2250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	t
	KSG-1	check			06/19/2	2020	\$	250.00
	KSG-1	check			08/12/	2020	\$	500.00
	KSG-1	check			09/17/	2020	\$	1500.00
3. Contr	ibutor Informati	ion		Add R	Lemove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	its	
	city, state, & zip)							
Quentin	Cush			c. Employer's Name/	Specific Field			
						e. Election S	Sum to Date	
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	KSG-1	card			09/04/2	2020	\$	25.00
							\$	
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	ibutor Informati		\boxtimes	Add R	emove	15		
	ne, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	ts [[]	MAR
	city, state, & zip)		191	Fire Chief		//กั	00	UUEIN
Jeff Cash							UCT 26	2020
411 E. Church St. Cherryville, N.C. 28021 704-435-1730		c. Employer's Name/				402U		
		City of Cherryvil	le	By		_ 4		
704-433-	1750					e. Election S		
e n .		T				\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j. Date (mm/dd/yy		k. Amount	
	KSG-1	card			09/11/2	020	\$	100.00
							\$	
							\$	
4. Total	only this Pag	e				\$		2125.00

5. Total of ALL CRO-1210 Pages

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9116.00

\$

		m Individuals lividual contributions	over \$5	0 or contributions a	Pg <u>38</u> of		Amendme Ye	
		(and Fund if applica		o or contributions (inder \$50 if form CI	2. ID Nun		
committ	tee to elect Kevin S	S. Gordon						
3. Conti	ributor Informati	on		Add 🗌	Remove			
	me, Mailing Address	& Phone		b. Job Title/Profess	ion	d. Comment	s	
	e city, state, & zip) oyle Dilling						-	
	,			c. Employer's Name	e/Specific Field			
						e. Election S	m to Data	
						\$	50.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
	KSG-1	card			09/27/2	2020	\$	50.00
							\$	
							\$	
3. Contr	ributor Informati	on	\boxtimes	Add 🔲 I	Remove			
	me, Mailing Address e city, state, & zip)	& Phone		b. Job Title/Professi	on	d. Comments		
				c. Employer's Name		e. Election St	ım to Date	
c n :	1	1				\$	50.00	
f. Prior	g. Account Code KSG-1	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy		k. Amount	50.00
$\overline{}$	K5G-1	card			10/12/2	020	\$	50.00
							\$	
3 Contr	ibutor Informatio			Add T	Remove		\$	
	me, Mailing Address &			b. Job Title/Professi		d. Comments	- O F	1.00 55
(include	city, state, & zip)					10)1		WEI
				c. Employer's Name	Specific Field	- 11	OCT 26	2020
				C. Employer sixame	Specific Field	-		L
						e. Election Su	m to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
							\$	
							\$	
							\$	
4. Total	l only this Page	e				\$		100.00

(This line must be on line 6 of Detailed Summary Page CRO-1100) CRO-1210

5. Total of ALL CRO-1210 Pages

9116.00

100.00

\$

\$



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	and moun
Name of committee to receive loan: Commit	ttee to Elect Kevin S. Gordon
• Person or committee to make loan: Kevin S	. Gordon
• Date of loan to committee: 07/02/2020	
 Name of lending institution and account num Personal funds 	nber (source):
• Amount of loan: 12,000.00	
Description (if in-kind loan): N/A	
 Names of all parties responsible for payment N/A 	t of loan (guarantors):
	DR
• Period of loan: 07/02/2020 to 12/31/2024	NE GET VI
• Rate of interest of loan: 0%	OCT 26 2020
Security pledged for loan: None	By_
, Kevin S. Gordon, aclayed provided is complete, true, and accurate. I further that has an outstanding balance to any source.	knowledge that all of the information understand I may not forgive a loan
150	07/02/2020
Signature of Lender	Date Signed
Alucha C. Stop	07/02/2020
Signature of Treasurer of Committee CRO-6100 Loan Proceeds Stateme	Date Signed

Loan Proceeds					Amendment		
		Pg andorsor's inform	<u>1</u> of	1	☐ Yes	No No)
A loan proceeds state	ort proceeds from a loan and loan ement must accompany each loan	endorser's information	ation				
1. Committee Full N	Name (and Fund if applicable)	that is nom an m		ID Num			
Committee to Elect k	Kevin S Gordon		-	2. ID Num	ber		
3. Lender Information		Add			Remove		
a. Full Name, Mailing Ad		b. Job Title/Pro	fession		d. Commen	its	
(include city, state, & zi	(p)	Director					
Kevin S. Gordon 1310 Stony Point Roa	~4	Emergency N	Management				
Shelby, NC 28150	ad	Employer's N	Carlos Field		e. Start Dat	te (mm/dd/yyy	y)
(704) 470-5378		Gaston Count	Name/Specific Field		0	7/02/2020	
		PO Box 1578				(mm/dd/yyyy	1
		Gastonia, NC)
			, 2002		17	2/31/2024	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payme	ent	k. Amount		
0 %	None	KSG-1	Check		\$ 12,00	10 00	
l. Full Name of Lending In		1100	Check			0.00	
None	Istitution			m. Loan	n Number		
110110					N/	'A	
4. Endorsers/Makers	s (The people who guarantee the	the local					
a. Full Name, Mailing Add		b. Job Title/Pr	Profession	o Empl	loyer's Name/S	C. Floid	
(include city, state, & zij		50.000	TOTESSION	C. Empio	byer's Name	pecific Fielu	11-7-3
		d. Percentage		e. Amou	int	2	
			%	\$			
a. Full Name, Mailing Add	0.01						
(include city, state, & zip		b. Job Title/Pr	rofession	c. Emplo	oyer's Name/Sp	pecific Field	
(include copy)	<i>)</i>						
		d. Percentage		e. Amour	int		
			0/-	6			
			%	\$			
i. Full Name, Mailing Add		b. Job Title/Pro	ofession	c. Emplo	oyer's Name/Sp	ecific Field	
(include city, state, & zip						S U W L	
					M ndT	2 6 2020	
				1 1	001	O COLO	U
		d. Percentage		e. Amoun			
					sy		Yes a
			%	\$			
. Full Name, Mailing Addr		b. Job Title/Pro	ofession	c. Emplo	yer's Name/Spe	poific Field	
(include city, state, & zip)					ti simming	ecinc Fiera	
		1 December					
		d. Percentage		e. Amoun	it		
			%	\$			
. Total of ALL CI	DO 1/10 Pages						
	9 of Detailed Summary Page CRO. 1100)			\$	12,000.00		



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	so otatement is to be med with the Election Board where the committee's	reports	are	filed.
•	Name of committee to receive loan: Committee to Elect K	evin S	6. G	ordon
•	Person or committee to make loan: Kevin S. Gordon			
•	Date of loan to committee: 08/12/2020			
• Pe	Name of lending institution and account number (source): ersonal funds			
•	Amount of loan: 3,000.00			
•	Description (if in-kind loan): N/A			
• N/	Names of all parties responsible for payment of loan (guara	ntors):		
•	Period of loan: 08/12/2020 to 12/31/2024	ME	G	EUWEI
•	Rate of interest of loan: 0%		ОСТ	2 6 2020
•	Security pledged for loan: None	ШЦ		
		By		_
pro	Kevin S. Gordon (Person lending money to committee) vided is complete, true, and accurate. I further understand I ma			
tna	t has an outstanding balance to any source.		J	
< Sic	mature of Landau	08/12/	/20	20
Sig		Date S	_	
Cir		08/12/	202	20
oig CRO	nature of Treasurer of Committee -6100 Loan Proceeds Statement	Date Si	igne	ed

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)	of <u>1</u>		(es No
A loan proceeds statement must accompany each loan that is from an individual 1. Committee Full Name (and Fund if applicable)	2 ID Nur		
1. Committee Full Name (and Fund if applicable)	2 ID Num		
	L. ID Null	ber	
Committee to Elect Kevin S Gordon			
3. Lender Information		Remo	ve
a. Full Name, Mailing Address & Phone b. Job Title/Profession		d. Com	
(include city, state, & zip) Director			
Kevin S. Gordon Emergency Management			
1310 Stony Point Road		e. Start	Date (mm/dd/yyyy)
Shelby, NC 28150 c. Employer's Name/Specific Field (704) 470-5378 Gaston County			08/12/2020
Guston County			
PO Box 1578 Gastonia, NG 28052		f. End l	Date (mm/dd/yyyy)
Gastonia, NC 28053			12/31/2024
g. Rate h. Security Pledged i. Account Code j. Form of Pa	sement	k. Amo	Valida 3
None None	ymene		
KSO-1 CHECK		\$ 3,	000.00
I. Full Name of Lending Institution	m. Loa	n Number	
None			37/4
			N/A
4. Endorsers/Makers (The people who guarantee the loan.)			
a. Full Name, Mailing Address & Phone (include city, state, & zip) b. Job Title/Profession	c. Empl	loyer's Nan	ne/Specific Field
(include city, state, & zip)			
d. Percentage	e. Amou	-nt	
		инс	
	% \$		
a. Full Name, Mailing Address & Phone b. Job Title/Profession	c. Empl	over's Nam	e/Specific Field
(include city, state, & zip)	C. L.	Oyer s : 141.	le/Specific Field
d. Percentage	e. Amou	int	
9	% \$		
Full Name May 1 N A St.			
a. Pull Name, Mailing Address & Phone (include city, state, & zip)	c. Emple	oyer's Nam	e/Specific Field
d. Percentage	e. Amou	nt	
0			
0/	6 \$		
a. Full Name, Mailing Address & Phone b. Job Title/Profession	c. Emplo	yer's Nam	e/Specific Field
(include city, state, & zip)		13 00	- 44
		UL	T 26 2020
		717	
d. Percentage		By	
o. r creeninge	e. Amou	nt	- CANADA - CANADA
9/6	6 \$		
5. Total of ALL CRO-1410 Pages			
(This line must be on line 9 of Detailed Sunmary Page CRO-1100)	\$	3,000.00	,



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

	minitee's reports are filed.
Name of committee to receive loan: Committee to	Elect Kevin S. Gordon
• Person or committee to make loan: Kevin S. Gord	
• Date of loan to committee: 08/30/2020	
 Name of lending institution and account number (see Personal funds) 	ource):
• Amount of loan: 3,000.00	
Description (if in-kind loan): N/A	
 Names of all parties responsible for payment of loa N/A 	n (guarantors):
	NEGEIVE
 Period of loan: 08/30/2020 to 12/31/2024 	OCT 26 2020
• Rate of interest of loan: 0%	
• Security pledged for loan: None	Ву
(Person lending money to committee)	dge that all of the information
provided is complete, true, and accurate. I further unders that has an outstanding balance to any source.	tand I may not forgive a loan
4 Sad	08/30/2020
Signature of Lender	Date Signed
Sandra C. Stray	08/30/2020
Signature of Treasurer of Committee CRO-6100 Logn Proceeds Statement	Date Signed

Loan Proceeds	S	D-			Amendment
Use this form to repo	ort proceeds from a loan and	Pg d loan endorser's informa	$\frac{1}{1}$ of ation	1	Yes No
A loan proceeds state	ement must accompany eac	ch loan that is from an inc	dividual		
Committee to Elect I	lame (and Fund if applica	able)	Array Fuel (2. ID Num	iber
Committee to Elect I	Kevin S Gordon				
3. Lender Informati	on	⊠ Add			
a. Full Name, Mailing Ad		b. Job Title/Prof	ession		Remove
(include city, state, & z		Director	CSSION		d. Comments
Kevin S. Gordon		Emergency M	lanagement		
1310 Stony Point Ro	ad				e. Start Date (mm/dd/yyyy)
Shelby, NC 28150 (704) 470-5378			me/Specific Field		08/30/2020
(704) 470-3378		Gaston Count			
		PO Box 1578			f. End Date (mm/dd/yyyy)
		Gastonia, NC	28053		12/31/2024
g. Rate	h. Security Pledged	i. Account Code	j. Form of Paym	ent	k. Amount
0 %	None	VSC 1			
		KSG-1	Check		\$ 3,000.00
I. Full Name of Lending In None	nstitution			m. Loai	n Number
None					N/A
4. Endorsers/Makers	(The monte who				14/14
a. Full Name, Mailing Add					
(include city, state, & zi		b. Job Title/Pr	ofession	c. Empl	oyer's Name/Specific Field
		d. Percentage		e. Amou	int
			%	\$	
E-Hallan Average			/0	Ф	
a. Full Name, Mailing Add (include city, state, & zij		b. Job Title/Pro	ofession	c. Emple	oyer's Name/Specific Field
(include city, state, & Zi	<u>)</u>				
		d. Percentage		e. Amou	nt
			0/		
-			%	\$	
. Full Name, Mailing Add (include city, state, & zip		b. Job Title/Pro	fession	c. Emplo	oyer's Name/Specific Field
(include city, state, & zip))				13
					OCT 26 2020
					190
		d. Percentage		e. Amour	By
			%	\$	
Full Name, Mailing Addi		b. Job Title/Pro	fession	c. Emplo	yer's Name/Specific Field
(include city, state, & zip)				оримстиц
		d. Percentage			
		- Centage		e. Amoun	
			%	\$	
. Total of ALL Cl	RO-1410 Pages				
	9 of Detailed Summary Page CR	(0-1100)		\$	3,000.00



Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

s are filed.
S. Gordon
:
GEINED
CT 2.6 2020
- 70 - 1030 B
ne information forgive a loan
5/2020
5/2020 Signed
5/2020

Loan Proceeds	S				Amendmer	ıt
Use this form to repo	rt proceeds from a loan and loan e	Pg ndorser's informa	$\frac{1}{2}$ of ation	1	∐ Yes	S No
A loan proceeds state	ment must accompany each loan tame (and Fund if applicable)	hat is from an in	dividual			
Committee to Elect I	Kevin S Gordon			2. ID Num	ber	
3. Lender Informati	on	Add			Remove	A Restrict to State
a. Full Name, Mailing Ad	dress & Phone	b. Job Title/Proj	fession		d. Comme	
(include city, state, & z	ip)	Director				
Kevin S. Gordon 1310 Stony Point Ro	ad	Emergency N	Management			
Shelby, NC 28150	au	a Employeda N	IC - 10 Ft 11		e. Start D	ate (mm/dd/yyyy)
(704) 470-5378		Gaston Count	ame/Specific Field		-	09/15/2020
		PO Box 1578	*		f. End Dat	te (mm/dd/yyyy)
		Gastonia, NC	28053			
g. Rate	h. Security Pledged					12/31/2024
	None	i. Account Code	j. Form of Paym	ent	k. Amoun	
0 %		KSG-1	Check		\$ 2,00	0.00
I. Full Name of Lending In	stitution			m. Loan	Number	to an a
None					``	T/A
4. Endorsers/Makers					ľ	J/A
a. Full Name, Mailing Add	F-F- Manual Control Dis			100000		
(include city, state, & zi		b. Job Title/Pr	ofession	c. Emplo	yer's Name/	Specific Field
a. Full Name, Mailing Add (include city, state, & zip		d. Percentage b. Job Title/Pro	% ofession	s c. Employ		Specific Field
		d. Percentage	%	e. Amoun	ıt .	
a. Full Name, Mailing Add		b. Job Title/Pro	ofession	c. Employ	er's Name/S	pecific Field
(include city, state, & zip		d. Percentage	%	e. Amoun	000	2 6 2020
. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Pro	fession	c. Employ	er's Name/S	pecific Field
		d. Percentage	%	e. Amount		
Total of ALL CI	RO-1410 Pages 9 of Detailed Summary Page CRO-1100)	22 A		\$	2,000.00	

Disbursem Use this form to	o report expenditures	from the commit	Pg tee for; operating expenses	1 of , contributions to		ves No
	l coordinated party ex	THE RESERVE THE PARTY OF THE PA				
	Full Name (and Fun Elect Kevin S Gordon		According to the second second		2. ID Nu	mber
3. Type of Dist			CRO-1310 forms for each	tung of Dickers		Account to the second
Operating			ndidates/Political Committees		Coordinated Party Expen	adituras
4. Payee Inform		× × × × × × × × × × × × × × × × × × ×	Add \	Remove	Doordinated Party Exper	iditures
	ling Address & Phone		b. Coordinated Committee N		d. Comments	
(include city, state			bi coordinated commetter:		u. Comments	
	Republican Men					
PO Box 1244	1		c. Level Registered (Specify)			
Kings Mountai	n, NC 28086		Federal 🖂	County:		
			State	Municipality:	e. Election Sum to	Date
					Φ 100.00	
					\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Rema	ırks
KSG-1	Check	G	09/26/2020	\$100.00	Donation	
1150 1	Check		07/20/2020	\$100.00		
				\$		
				Ψ		
4. Payee Inform			Add	Remove		AND SECTION SECTION
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments	
(include city, state	, & zip)		4			
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to	Date
					\$ 775.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	le Descriped Descri	2.02
a recount code	g. r orm or rayment		i. Date (min/dd/yyyy)	J. Amount	k. Required Rema	IFKS
				\$		
				\$		
4. Payee Inform	nation	П	Add 🗆	Remove		
	ling Address & Phone	- Learned	b. Coordinated Committee N		d. Comments	
(include city, state.						
			c. Level Registered (Specify)			
			Federal	County:		
			State	Municipality:	e. Election Sum to	Date
					¢.	
		_			\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Rema	rks
				\$	In E E	E I W E IN
				, D	112	
				\$	dct	2 6 2020
5. Total only th					\$ 100.00	
	CRO-1310 Pages				By	
	line 13a of Detailed Sun				\$ 100.00	
(This line goes in	time 130 of Detailed Sun	umary Page CRO-110	0 if Contrib to Candidates/Politi 0 if Coordinated Party Expenditi	cal Comm)	100.00	
				ures)		
A* - Media	les (List detailed ex B* - Printing	penditure code in C* - Fund		D	1 0 11:	
E - Salaries	F* - Equipment				ther Candidate ng Public Office Exp	oneos
I - Postage	J - Penalties		ce Expenses		ion to Legal Expens	

I - Postage
O* - Other

1. Committee F	report expenditures coordinated party ex ull Name (and Fun lect Kevin S Gordor	penditures. d if applicable)	ee for; operating expenses,		2. ID Number
Operating E			RO-1310 forms for each tyndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform		Contributions to Cal	Add \	Remove	ordinated Party Expenditures
	ng Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state, Headrick Outdo 600 South Morg Shelby, NC 281	& zip) or Media gan Street		c. Level Registered (Specify) Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,525.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	A	07/02/2020	\$1,525.00	Billboards
				\$	
4. Payee Inform	ation	\boxtimes	Add	Remove	
a. Full Name, Maili (include city, state, Strategy Perform PO Box 8950 Rocky Mount, N	nance		c. Level Registered (Specify) Federal	County:	d. Comments
•			State	Municipality:	e. Election Sum to Date
					\$ 1,153.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	О	07/02/2020	\$1,153.50	Website
				\$	
4. Payee Inform	ation		Add	Remove	DEPERMEN
a. Full Name, Maili (include city, state, Facebook Ads 1 Hacker Way Menlo Park, CA	•		c. Level Registered (Specify) Federal State	County: Municipality:	oCT 26 2020 e. Election Sum to Date \$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	A	07/03/2020	\$25.00	Advertisements
KSG-1	Debit	A	07/07/2020	\$25.00	Advertisements
5. Total only thi				19	\$ 2,728.50
(This line goes in (This line goes in (This line goes in	line 13b of Detailed Sun line 13c of Detailed Sum	nmary Page CRO-110 nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 29,380.61
7. Purpose Code	es (List detailed ex	penditure code in	(h.) above)		

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

C* - Fundraising

G - Political Party

K* - Office Expenses

A* - Media

E - Salaries
I - Postage
O* - Other

B* - Printing

J - Penalties

F* - Equipment

* Codes require detailed explanation in required remarks field (k)

					Amer	ament	
Disbursements	Pg	2	of	12		Yes	No
II d' C to some ditures from the committee for: o	nerating evnences	contribu	itions to	candi	idate/nolit	cal	

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

	ull Name (and Fund				2. ID Number
	lect Kevin S Gordon	о присавису			
3. Type of Disbu		se use separate C	RO-1310 forms for each ty	pe of Disburseme	mt.)
Operating E		Contributions to Car	ndidates/Political Committees	Coo	rdinated Party Expenditures
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ime	d. Comments
(include city, state,					
Facebook Ads	ш-гр)				
1 Hacker Way			c. Level Registered (Specify)		
Menlo Park, CA	94025		Federal 🖂	County:	
		State	Municipality:	e. Election Sum to Date	
					\$ 85.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
VSC 1	Debit	A	07/14/2020	\$35.00	Advertisements
KSG-1	Debit	A	07/14/2020	ψ33.00	
KSG-1	Debit	A	07/20/2020	\$50.00	Advertisements
K3U-1	Deoit		0772072020		
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Creative Big Pr	rint				
PO Box 248			c. Level Registered (Specify)		
Shelby, NC 28	151		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,835.00
6.1	- Farm of Barrens	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
f. Account Code	g. Form of Payment	n. r ur pose coue	i. Date (min/dwyyyy)	j. Amount	Yard Signs
KSG-1	Check	В	07/17/2020	\$1,835.00	4x3 Signs
					TAS SIGIIS
				\$	
4. Payee Inform	nation		Add	Remove	DEGERGEN
	ling Address & Phone		b. Coordinated Committee N		d. Comments 5 1 1 5 1
(include city, state					13
Lowe's	, α Δρ)				OCT 26 2020
1000 Lowes's I	Boulevard		c. Level Registered (Specify)		
Mooresville, N			Federal 🖂	County:	Ry
1,100100,1110,11			State	Municipality:	e. Election Sum to Date
					Ф. 002.40
					\$ 883.48
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Dahit	E	07/21/2020	\$883.48	Sign Frames
KSG-1	Debit	F	07/21/2020	\$003.40	
				\$	
				Ψ	
5. Total only th					\$ 2,803.48
	L CRO-1310 Pages				
(This line goes in line 13a of Detailed Summary Page CRO-1100					\$ 29,380.61
	_		00 if Contrib to Candidates/Politi		
	-		00 if Coordinated Party Expendit	tures)	
	des (List detailed ex			D T- A- 4	var Can didata
A* - Media E - Salaries	B* - Printing F* - Equipmen		ndraising iical Party	D - To Anoth	g Public Office Expenses
I - Postage	J - Penalties		fice Expenses		on to Legal Expense Fund
O* - Other	2 1 0				
* Codes requi	re detailed explana	tion in required	remarks field (k)		A CONTRACTOR OF THE PARTY OF TH

Disbursem			Pg	<u>3</u> of	Amendment 12 Yes No
committees and	to report expenditures d coordinated party ex Full Name (and Fun	expenditures.	tee for; operating expenses	s, contributions to	candidate/political
	Elect Kevin S Gordon				2. ID Number
3. Type of Dish			CRO-1310 forms for each	tung of Dishurse	mand)
Operating 1			andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform		X	Add	Remove	obtuinated Farty Experientates
	iling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state, LGCFU Credit	e, & zip) t Card				
	3600 Wake Forest Road		c. Level Registered (Specify)		
Raleigh, NC 27	/609		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 371.34
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	0	07/21/2020	\$371.34	Website
			07/21/2020	\$3/1.34	Campaign Email
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Strategy Perfor	mance				
PO Box 8950	210 07004 (050		c. Level Registered (Specify)		
Rocky Mount,	NC 27804-6950		Federal County:		
			State	Municipality:	e. Election Sum to Date
					\$ 797.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	0	07/24/2020	\$797.50	Website
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments 5 V 5
(include city, state,	& zip)				Na de la
Facebook Ads		,			OOT 26 2020
1 Hacker Way Menlo Park, CA	A 04025	,	c. Level Registered (Specify)		
MICHIO Faik, Cr	1 94023		Federal State	County:	
		!	State	Municipality:	e. Election Sum to Date
					\$ 81.53
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	A	07/20/2020	\$6.53	Advertisements
KSG-1	Debit	A	07/27/2020	\$75.00	Advertisements
5. Total only the				F E	\$ 1,250.37
	CRO-1310 Pages	5 CPO 110			
(This line goes in	line 13a of Detailed Sum	mary Page CRO-1100	0 if Operating Expenses) 0 if Contrib to Candidates/Politio		\$ 29,380.61
(This line goes in	line 13c of Detailed Sun	mary Page CKO-1100 nmarv Page CRO-110(0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu	cal Comm)	27,700.01
7. Purpose Code	es (List detailed exp	penditure code in	(h.) above)	tresj	
A* - Media	B* - Printing	C* - Fund		D - To Anoth	er Candidate

E - Salaries F* - Equipment G - Political Party I - Postage O* - Other J - Penalties K* - Office Expenses D - To Another Candidate

H* - Holding Public Office Expenses

1. Committee F Committee to E 3. Type of Disb	report expenditures coordinated party except Sull Name (and Fun Elect Kevin S Gordon ursement (Plea	xpenditures. Id if applicable) In It is a separate Commerce of the separate Commerce of the separate Commerce of the separate	Pg tee for; operating expenses	, contributions to	2. ID Number
Operating E		Contributions to Car	ndidates/Political Committees		oordinated Party Expenditures
4. Payee Inform			Add	Remove	All grand Crist of Street, and
a. Full Name, Maili (include city, state, Headrick Outdo 600 South Morg Shelby, NC 281	oor Media gan Street		c. Level Registered (Specify) Federal State	County: Municipality:	c. Election Sum to Date
					\$ 1,890.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	A	07/27/2020	\$1,890.00	Billboards
				\$	
4. Payee Inform	nation		Add	Remove	
Creative Big Pri PO Box 248 Shelby, NC 281	int		c. Level Registered (Specify) Federal State	County: Municipality:	c. Election Sum to Date \$ 2,082.73
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	0	07/31/2020	\$2,082.73	Yard Signs 4x3 Signs
				\$	
4. Payee Inform			Add	Remove	DE METERS
a. Full Name, Maili (include city, state, Facebook Ads 1 Hacker Way Menlo Park, CA			c. Level Registered (Specify) Federal State	County: Municipality:	OCT 2 6 2020 e. Election Sum to Date \$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	A	08/04/2020	\$75.00	Advertisements
KSG-1	Debit	A	08/12/2020	\$125.00	Advertisements
5. Total only thi					\$ 4,172.73
(This line goes in (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sum line 13b of Detailed Sum line 13c of Detailed Sum 28 (List detailed exp	mary Page CRO-1100 mary Page CRO-1100	if Contrib to Candidates/Politic if Coordinated Party Expenditu	al Comm) res)	\$ 29,380.61

A* - Media E - Salaries

I - Postage

O* - Other

B* - Printing

J - Penalties

F* - Equipment

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Disbursem Use this form to committees and		from the commit	Pg tee for; operating expenses,	5, contributions	Amendment of 12 Yes No to candidate/political
	full Name (and Fun				2. ID Number
	Elect Kevin S Gordon				2. III Number
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms for each t	vpe of Disbur	sement,)
Operating E			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	& zip)				
Headrick Outdo	oor Media				
600 South Morg	gan Street		c. Level Registered (Specify)		
Shelby, NC 281	51-0246		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 4,420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	A	08/13/2020	\$220.00	Billboards
NSG-1	CHECK	Λ	06/13/2020	\$320.00	
KSG-1	Check	A	08/13/2020	\$4,100.00	Billboards
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
Strategy Perform					
PO Box 8950			c. Level Registered (Specify)		
Rocky Mount, N	NC 27804-6950		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
				- Parity	
					\$ 351.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	О	08/13/2020	\$251.00	Website
130-1	CHECK	0	08/13/2020	\$351.00	
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na		d. Comments D E W E D
(include city, state,			bi coordinated committee 14	ame	d. Comments (b) Es [] E []
Facebook Ads					OCT 26 2020
1 Hacker Way			c. Level Registered (Specify)		101 101 20 2020 10)
Menlo Park, CA	94025		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
				manierpanty.	C. Election Sum to Date
					\$ 309.07
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit				Advertisements
K5U-1	Deoit	A	08/21/2020	\$134.07	
KSG-1	Debit	A	08/31/2020	\$175.00	Advertisements
5. Total only thi					\$ 5,080.07
	CRO-1310 Pages				
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)					\$ 20,200.61
(This line goes in	une 13b of Detailed Sum	mary Page CRO-1100	0 if Contrib to Candidates/Politic	al Comm)	\$ 29,380.61
7 Province Contract C	une 15c of Detailed Sum	mary Page CRO-1100) if Coordinated Party Expenditu	res)	
A* - Media	B* - Printing	c* - Fund			other Candidate

* Codes require detailed explanation in required remarks field (k) CRO-1310

E - Salaries

I - Postage

O* - Other

B* - Printing F* - Equipment

J - Penalties

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Disbursen	nents		p_{α}	·	Amendment
Use this form to	to report expenditures	s from the commit	Pg tee for; operating expenses,	$\frac{6}{6}$ of s, contributions to	10 Yes No candidate/political
committees and	d coordinated party ex	expenditures.	, 1 0 1	, •••••••••••••••••••••••••••••••••••••	canaratte political
1. Committee	Full Name (and Fun	nd if applicable)			2. ID Number
and the second s	Elect Kevin S Gordon				
3. Type of Dist		ase use separate C	CRO-1310 forms for each t		
4. Payee Inform		Contributions to Car	andidates/Political Committees		Coordinated Party Expenditures
	iling Address & Phone		Add D. Coordinated Committee N.	Remove	I. C.
(include city, state			D. Coordinated Committee IV.	ame	d. Comments
Glantz	, C Lip)		4		
2501 Constant	Comment Place		c. Level Registered (Specify)		
Louisville, Ker	ntucky 40299		Federal 🖂	County:	1
			State	Municipality:	e. Election Sum to Date
					\$ 378.64
f. Account Code	g. Form of Payment	h. Purpose Code	1.5.4.4		
			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	F	08/20/2020	\$340.78	Sign Frames
KSG-1	Debit	F	08/31/2020	\$37.86	Sign Frames
4. Payee Inform			Add	Remove	
	iling Address & Phone		b. Coordinated Committee Na		d. Comments
Creative Big Pr PO Box 248	rint		c. Level Registered (Specify)		
Shelby, NC 281	151	,	Federal 🖂	County:	7
			State	Municipality:	e. Election Sum to Date
30					\$ 448.35
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	В	08/28/2020	\$448.35	Yard Signs
	Circuit		00/20/2020	\$448.33	4x3 Signs
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na		d. Comments 5 5 W 5
(include city, state,	& zip)				THY P P P W E MI
US Plastic	~ 1				OCT 26 2020
1300 Neubrech Limo, OH 4580		1	c. Level Registered (Specify)		
Lillo, On 4360	/1		Federal State	County:	
		ļ	State	Municipality:	e, Election Sum to Date
					\$ 35.54
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Debit	F	08/31/2020	\$35.54	Bolts for
					Sign Frames
				\$	
5. Total only thi	is Page				\$ 862.53
o. Total of ALL	CRO-1310 Pages				\$ 602.55
(This line goes in	line 13a of Detailed Sum	ımary Page CRO-1100	if Operating Expenses)		6 20 200 (1
(This line goes in	line 13b of Detailed Sum	mary Page CRO-1100) if Contrib to Candidates/Politica	al Comm)	\$ 29,380.61
Purpose Code	les (List detailed exp	mary Page CRO-1100	if Coordinated Party Expenditur	res)	
A* - Media	B* - Printing	C* - Fundi		D. To Anoth	
E - Salaries	F* - Equipment	G - Politica		D - To Anothe	er Candidate g Public Office Expenses
- Postage O* - Other	J - Penalties		e Expenses	Q* - Donatio	on to Legal Expense Fund
	e detailed explanation	on in required re	marks Cald (IV		
Contract of the Contract of th	Committee of the particular of	on mirequired ter	marks neid (k)		

Disbursem Use this form to		from the committee	Pg ee for; operating expenses.	7 o	Amendment f 12
committees and	coordinated party ex	xpenditures.	ee for, operating expenses.	, continutions	to candidate/political
	ull Name (and Fun				2. ID Number
	lect Kevin S Gordon				
3. Type of Disb			RO-1310 forms for each t	type of Disburs	rement.)
Operating E	-	Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	The spirit of the same of the same
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, Headrick Outdo					
600 South Morg			c. Level Registered (Specify)		
Shelby, NC 281			Federal 🖂	County:	<u> </u>
			State	Municipality:	e. Election Sum to Date
					£ (05.00
					\$ 695.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	A	09/01/2020	\$695.00	Billboards
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
Creative Big Pri PO Box 248 Shelby, NC 281	int		c. Level Registered (Specify) Federal	County:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			State	Municipality:	e. Election Sum to Date
					\$ 960.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amount	k. Required Remarks
				1	4x3 Banners
KSG-1	Check	В	0903/2020	\$960.75	TAS Bainers
				\$	
4. Payee Inform			Add	Remove	加退货度非常信息
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					DCT 26 2020
Strategy Perform PO Box 8950	nance		. I I D -2-4 1 (S)		
Rocky Mount, N	NC 27804-6950		c. Level Registered (Specify) Federal	County:	By
	10 27 00 1 05 50		State	Municipality:	e. Election Sum to Date
				Training party.	\$ 205.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check				Website
N3U-1	Спеск	0	09/03/2020	\$205.00	W Costic
				\$	
5. Total only thi					\$ 1,860.75
	CRO-1310 Pages line 13a of Detailed Sum	mary Page CPO 1100	if Operating Evpanson		
			if Contrib to Candidates/Politic	al Comm	\$ 29,380.61
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	
	es (List detailed exp			E 1977	The second of the second of the second

A* - Media
E - Salaries
I - Postage
O* - Other

B* - Printing

J - Penalties

F* - Equipment

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Disbursem	ents			Pg	<u>8</u> o	f <u>12</u>	Yes No
	report expenditures		ee for; operating exp	enses,	contributions	to candidate/politica	d –
	coordinated party ex						
	Cull Name (and Fun Elect Kevin S Gordor					2. ID Nu	mber
3. Type of Disb			RO-1310 forms for	anch ti	ing of Dichur	amant)	4.00
Operating E			ndidates/Political Commit		pe of Disburs	Coordinated Party Exper	nditures
4. Payee Inform			Add		Remove	Coordinated Fairly Paper	Martares
	ing Address & Phone		b. Coordinated Comm	ittee Na		d. Comments	
(include city, state,							
South Mountain							
351 Flat Rock F	Road		c. Level Registered (S	pecify)			
Lawndale, NC	28090		Federal	\boxtimes	County:		
			State		Municipality:	e. Election Sum to	Date
						\$ 1,280.30	
		h Down Code	1		1		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	(y)	j. Amount	k. Required Rema	arks
KSG-1	Check	C	09/03/2020		\$1,280.30	Meat for BBQ	
					\$		
4. Payee Inform	nation		Add	П	Remove	Sec.	
	ing Address & Phone		b. Coordinated Comm	nittee Na		d. Comments	
(include city, state,							
Creative Big Pr							
PO Box 248			c. Level Registered (S	pecify)			
Shelby, NC 281	151		Federal	\boxtimes	County:		
			State		Municipality:	e. Election Sum to	Date
						\$ 250.00	
		L D					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	(y)	j. Amount	k. Required Rema	arks
KSG-1	Check	В	09/09/2020		\$250.00	4x3 Banners	
					\$		
4. Payee Inform	nation		Add	П	Remove	and the second	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Comn	nittee Na		d. Comments	FIMEDI
(include city, state,	& zip)					13	
Lowe's						OCT	26 2020
1000 Lowes's B			c. Level Registered (S				- 0 - 0 - 0 0
Mooresville, No	C 28117		Federal	\boxtimes	County:	Ro	7
			State		Municipality:	e. Election Sum to	Date
						\$ 815.89	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	vv)	j. Amount	k. Required Rema	arks
VSC 1		F				Sign Frames	
KSG-1	Debit	F	09/06/2020		\$554.64		
KSG-1	Debit	F	09/13/2020		\$261.25		
		_ *	07/13/2020		\$201.23		
5. Total only th			7 2 2 2 2 2			\$ 2,346.1	9
	CRO-1310 Pages	umam, Paga CRO 110	O if On anotine F				
(This line goes in line 13a of Detailed Summary Page CRO-110 (This line goes in line 13b of Detailed Summary Page CRO-110				s/Politic	al Comm)	\$ 29,380.	.61
	line 13c of Detailed Sun						
	es (List detailed ex	Market and the second s		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	/		
A* - Media	B* - Printing	C* - Fund			D - To An	nother Candidate	A STATE OF THE STA
E - Salaries	F* - Equipment	G - Politic	cal Party		H* - Hold	ling Public Office Exp	
I - Postage O* - Other	J - Penalties	K* - Offic	ce Expenses			ation to Legal Expens	
Charles and the control of the contr	e detailed evalenat	ion in roominal w	amarka field (la)				

Disbursements

Disbursements Use this form to report expenditures from the concommittees and coordinated party expenditures.	mmitte	ee for; operating	Pg expenses,	9 of contributions to c		Amendment Yes No te/political
1. Committee Full Name (and Fund if applicab	ole)			412		2. ID Number
Committee to Elect Kevin S Gordon						
3. Type of Disbursement (Please use separ	ate C.	RO-1310 forms	for each t	pe of Disbursem	ent.)	And the second second
Operating Expenses Contributions	to Can	ndidates/Political Cor	nmittees	Coo	ordinated	Party Expenditures
4. Payee Information	X	Add		Remove		
a. Full Name, Mailing Address & Phone		b. Coordinated C	ommittee Na	ame	d. Cor	nments
(include city, state, & zip)						
Waco Community VFD						
PO Box 370		c. Level Registere	d (Specify)			
Waco, NC 28169-0370		Federal	\boxtimes	County:		
		State		Municipality:	e. Elec	ction S <mark>u</mark> m to Date
					\$ 8	34.00

	report expenditures		Pg ee for; operating expenses,	10 of contributions to	Amendment 12 Yes No candidate/political
	coordinated party exull Name (and Fund				2. ID Number
	ect Kevin S Gordon				2. ID Rumber
3. Type of Disbu			RO-1310 forms for each t	vpe of Disburser	nent.)
Operating Ex		ALLOWA CONTRACTOR AND ADDRESS OF THE PARTY O	ndidates/Political Committees		oordinated Party Expenditures
4. Pavee Inform			Add	Remove	The second of the second of the second
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Westmoreland P	ronters				
2020 E. Dixon E	Boulevard		c. Level Registered (Specify)		<u> </u>
Shelby, NC 281:	52		Federal 🖂	County:	
			State	Municipality:	e. Election Sum to Date
					\$ 1,006.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	В	09/16/2020	\$1,006.38	Push Cards
				\$	
4. Payee Inform	ation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
Creative Big Pri	nt				
PO Box 248	<i>5</i> 1		c. Level Registered (Specify)	0	
Shelby, NC 281	51		Federal State	County: Municipality:	e. Election Sum to Date
			State	Within Cipanty.	
					\$ 982.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	В	09/17/2020	\$684.07	4x3 Banners
KSG-1	Check	В	09/22/2020	\$298.90	4x3 Banners
4. Payee Inform	ation		Add	Remove	acoe on men
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				D 0CT 0 0 2000
Strategy Perform	nance				OCT 26 2020
PO Box 8950			c. Level Registered (Specify)		
Rocky Mount, N	NC 27804-6950		Federal 🖂	County:	By
			State	Municipality:	e. Election Sum to Date
					\$ 376.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KSG-1	Check	О	09/16/2020	\$376.00	Website
				\$	
5. Total only th	is Page				\$ 2,365.35
**************************************	CRO-1310 Pages				
(This line goes in	line 13a of Detailed Sur	nmary Page CRO-110	00 if Operating Expenses)		\$ 29,380.61
and the same of th			00 if Contrib to Candidates/Politi		Ψ 29,000.01
·			00 if Coordinated Party Expendit	ures)	
7. Purpose Cod A* - Media	es (List detailed ex			D 7 1	
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fun G - Politi	Ö		ther Candidate ng Public Office Expenses
I - Postage	J - Penalties		ice Expenses		tion to Legal Expense Fund

E - Salaries I - Postage O* - Other

* Codes require detailed explanation in required remarks field (k)

Disburseme Use this form to		s from the committ	Pg ee for; operating expenses,		Amendment 12 Yes No andidate/political					
	coordinated party e									
	ull Name (and Fu		A RESIDENCE STATE OF THE SECOND		2. ID Number					
	lect Kevin S Gordo		IDO 1310 C C 1	cn: I						
3. Type of Disbu			RO-1310 forms for each to indidates/Political Committees	_	ordinated Party Expenditures					
4. Payee Inform		Continuations to Car	Add	Remove	rumated Farty Experiantures					
	ng Address & Phone		b. Coordinated Committee N		d. Comments					
(include city, state,										
Facebook Ads										
1 Hacker Way Menlo Park, CA 94025			c. Level Registered (Specify)							
			Federal 🛛	County:						
			State	Municipality:	e. Election Sum to Date					
					\$ 48.72					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
KSG-1	Debit	A	09/21/2020	\$48.72	Advertisements					
K5G-1	Deoit	A	09/21/2020	\$40.72						
				\$						
4 Passas In Course	4.00		Add	Remove						
4. Payee Inform	ng Address & Phone		b. Coordinated Committee N		d. Comments					
(include city, state,			b. Coordinated Committee 14	ame	u. commens					
Community Firs										
503 N. Lafayette	e Street		c. Level Registered (Specify)							
Shelby, NC 281	50		Federal 🖂	County:						
			State	Municipality:	e. Election Sum to Date					
					\$ 1,987.50					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks					
	-			1	Paper Ad					
KSG-1	Check	A	09/23/2020	\$1,987.50	Shelby and KM					
				\$						
4. Payee Inform			Add	Remove						
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments					
(include city, state, of Lowe's	& Zip)				3					
1000 Lowes's B	oulevard		c. Level Registered (Specify)		OCT 26 2020					
Mooresville, NC 28117			Federal 🖂	County:						
			State Municipality:		e, Election Sum to Date					
					\$ 491.58					
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	1 : A						
	•			j. Amount	k. Required Remarks Sign Frames					
KSG-1	Debit	F	09/22/2020	\$491.58	Sign Frances					
				\$						
5. Total only thi	e Dago				¢ 2.507.90					
	CRO-1310 Pages				\$ 2,527.80					
			0 if Operating Expenses)		Φ 20 200 61					
(This line goes in	\$ 29,380.61									
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)										
7. Purpose Code A* - Media		xpenditure code in		р. т. :						
A* - Media E - Salaries	B* - Printing F* - Equipmen	C* - Fun G - Politic		D - To Anothe	er Candidate Public Office Expenses					
I - Postage	J - Penalties		ce Expenses	n to Legal Expense Fund						
O* - Other										
* Codes require	e detailed explana	tion in required r	emarks field (k)		The state of the s					

Disburseme				Pg	<u>12</u> of	200000000000000000000000000000000000000	Yes No
			ee for; operating expe	enses,	contributions to	o candidate/pol	itical
	coordinated party ex					2 15	
	ull Name (and Fund					2. 11	Number
	lect Kevin S Gordon			• .			
3. Type of Disbu			CRO-1310 forms for e				11.
Operating Ex		Contributions to Can	ndidates/Political Committe	ees		Coordinated Party I	expenditures
4. Payee Inform			Add	THE N	Remove	I a Commont	
	ng Address & Phone		b. Coordinated Commi	ittee Na	ame	d. Comments	
(include city, state, o			4				
Westmoreland P			V 10 1/6 16)				
2020 E. Dixon E			c. Level Registered (Specify)				
Shelby, NC 281:	52		Federal State	\boxtimes	County:	e. Election St	to Data
			State Municipality:		e. Election S	am to Date	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	77)	j. Amount	k. Required	Damarks
		-		y)		2x3 cards	Actial as
KSG-1	Check	В	10/07/2020		\$482.96	Business C	ards
						Dusiness	arus
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4. Payee Inform	ation		Add	П	Remove		
	ing Address & Phone	V	b. Coordinated Commi	ittee Na		d. Comments	8
(include city, state,							
WOHS - KTC B			1				
1416 Shelby Hig			c. Level Registered (Sp	necify)			
Cheryville, NC	-		Federal County:				
Cherj,	20021		State		Municipality:	e. Election S	um to Date
						\$ 775.00)
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required	Remarks
VCC 1	Cl1-	_	00/17/2020		\$775.00	Radio Ads	
KSG-1	Check	A	09/17/2020		\$775.00		
9					0		
					\$		
4. Payee Inform	ation		Add		Remove		
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Name		d. Comment		
(include city, state,	& zip)					SUV EM	
					13	1.11.18	
			c. Level Registered (Sp	pecify)		OCT	26 7020
			Federal		County:	Juu	
			State		Municipality:	e. Election S	um to Date
						0	COMPANIES AND ADDRESS OF THE PARTY OF THE PA
						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyy	y)	j. Amount	k. Required	Remarks
					\$		
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<u></u>					J.		
5. Total only thi						\$ 1,2	57.96
	CRO-1310 Pages						
			00 if Operating Expenses)			\$ 29,	,380.61
			00 if Contrib to Candidates/Political Comm)			Ψ,	,560.01
			0 if Coordinated Party Exp	penditu	ires)		
7. Purpose Code A* - Media	es (List detailed ex				D T 4		
E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic				other Candidate ing Public Office	
I - Postage	J - Penalties		ce Expenses			tion to Legal Ex	
O* - Other			et Expenses		Q - Dona	tion to Legal Ex	pense rana

* Codes require detailed explanation in required remarks field (k)