Disclosure Report Cover	Amendment Yes 🗗 No
	must be signed and submitted along with other detailed forms.
Do not use this form to update information.	ST TO ST TO STATE THE SECOND SECOND STATE STATE STATE TO A A MEN STATE AND A STATE S
1. Committee Information	c. ID Number
Committe to elect Ki	on Wood
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
104 Keen DRIVE Shelby, NC 28152	<b>'</b>
Shelly, No 2015 4	e. Phone Number
, ,	God 473-0278
2: Report Year 3. Period Start Date (mm/dd/yy) 4. Period	End Date (mm/dd/vv) 5: Treasurer Full Name
	(1)
2023 01012023	KON Wood
6. Type of Committee (Check One) 9. Type of Re Candidate Campaign Party Municipal	eport (check only one type of report from one category).    State/County   Referendum
PAC Referendum Organizatio	and the control of th
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five	
Legal Expense Fund	·  _
Pre-election	Second Supplemental Final
7. Type of Fund (if applicable, check one) . Pro-runoff	☐ Third ☐ Annual ·
Booster Fund Semi-amenta	·  -  -  -  -  -  -  -  -  -  -  -  -  -
☐ Building Fund ☐ Mid Y	
DE Other Campa' & Wal Final	and Mid'Year 10. Special Report Name
8. Number of Fundraisers this Report Special	Final
D I	Special
11. Account Information	III Account Information COU
11. Account Information	COLD TO SERVICE ACTUAL COLD IN
a. Financial Institution Full Name	11: Account Information CLEVELAND COUNTY
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  G. Account Code	a. Financial Institution Full Name SEP 27 23 AM1
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  G. Account Code	a. Financial Institution Full Name SEP 27 23 AM1
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  G. Account Code	b. Purpose c. Account Code
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  G. Account Code	a. Financial Institution Full Name SEP 27 23 AM1
a. Financial Institution Full Name  Wells Forgo Bank  b. Purpose  c. Account Code  Nontes For	b. Purpose c. Account Code
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  G. Account Code	b. Purpose c. Account Code  d. Period Begin Balance
a. Financial Institution Full Name  Walls Forgo Bank  h. Purpose  c. Account Code  con pa. 5N  d. Period Begin Balance  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap	b. Purpose c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  c. Account Code  Compa. 3N  d. Period Begin Balance  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  'of the NC General Statutes and that no funds are commingled with	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this
a. Financial Institution Full Name  Walls Forgo Bank  h. Purpose  c. Account Code  con pa. 5N  d. Period Begin Balance  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  c. Account Code  Compa. 3N  d. Period Begin Balance  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  'of the NC General Statutes and that no funds are commingled with	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  c. Account Code  Compa. Sh  Compa	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Perlod Begin Balance  substitution of Article 22A, 22B & 22D-22M of Chapter 163 in prohibited or other non-disclosed funds. I further certify that this by the NC State Board of Elections.  GEVELHING COUNTY 23 AM 1  d. Perlod Begin Balance  \$  Plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 in prohibited or other non-disclosed funds. I further certify that this by the NC State Board of Elections.  GEVELHING SEP 27
a. Financial Institution Full Name  Walls Forgo Bank  h. Purpose  c. Account Code  Con Pa. SN  d. Period Begin Balance  S  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled we  report is complete, true and correct and that I have been trained  William Ponald Wood  Printed Name of Signer	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  c. Account Code  workes For  compaign d. Period Begin Balance  Exchanged \$  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained to the complete of Signer  For Office USE ONLY	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this by the NC State Board of Elections.  L. L
a. Financial Institution Full Name  Walls Forgo Bank  h. Purpose  c. Account Code  Con Pa. SN  d. Period Begin Balance  S  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled we  report is complete, true and correct and that I have been trained  William Ponald Wood  Printed Name of Signer	a. Financial Institution Full Name  b. Purpose  c. Account Code  d. Period Begin Balance  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 ith prohibited or other non-disclosed funds. I further certify that this by the NC State Board of Elections.  L. L
a. Financial Institution Full Name  Walls Forgo Bank  h. Purpose  c. Account Code  Montres For  d. Period Begin Balance  **CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been truined to the printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  **Date Name of Signer**  Employed  Date Received:  **Date Name of Signer**  **Employed Printed Name of Signer**  **Employed Pri	Delivery Method   Delivery Method   Delivery Method   Normal Mail   Registered Mail
a. Financial Institution Full Name  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  d. Period Begin Balance  s  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Empl	Delivery Method   Delivered
a. Financial Institution Full Name  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  d. Period Begin Balance  s  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Empl	Delivery Method   Delivered
a. Financial Institution Full Name  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  b. Purpose  c. Account Code  Walls Forgo bank  d. Period Begin Balance  Statutes and the Compliance with all ap  of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained  William Portal Wood  Printed Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Empl  Date Scanned:  Empl	Delivery Method   Delivered
a. Financial Institution Full Name  Walls Forgo bank  b. Purpose  Compaignt de Period Begin Balance  Compaignt de Period Begin Balance  CERTIFICATION  I certify that the Committee or Fund is in compliance with all ap  of the NC General Statutes and that no lunds are commingled we report is complete, true and correct and that I have been truined to the Name of Signer  FOR OFFICE USE ONLY  Date Received:  Date Postmarked:  Date Scanned:  Employed  Date Data Entered:  Employed  Employed  Employed  Employed  Date Data Entered:  Employed  Employ	a. Financial Institution Full Name  SEP 27  b. Purpose  c. Account Code  d. Perlod Begin Balance  \$  plicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 in prohibited or other non-disclosed funds. I further certify that this by the NC State Board of Elections.  L. J.
a. Financial Institution Full Name  Walls Forgo Bank  b. Purpose  c. Account Code  Walls Forgo Bank  compared Compared Code  Compared Statutes and description of the NC General Statutes and that no funds are commingled we report is complete, true and correct and that I have been trained Printed Name of Signer  FOR OFFICE USE ONLY  Date Postmarked:  Date Postmarked:  Date Data Entered:  Employed  Please Note: This form cannot be used to amend compared to the content of the content o	Delivery Method   Delivered

Detailed	Summary
----------	---------

Amendment Yes No

Use this form to summarize all disclosure reporting forms and	to total mor	netary		Yes YENO	•
	2. Type of			D Number	]
Committee to elect Ron word					
Start of Election Cycle: January 1, 202	3	R	Total this eporting Period	Total this Election Cycle	]
4) Cash on Hand at Start		\$	$\mathcal{X}$	\$	
<u>RECEIPTS</u>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$		\$	
6) Contributions from Individuals	(CRO-1210)	\$	100,00	\$ (00,00	_
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$		\$	1
9) Loan Proceeds	(CRO-1410)	\$	1,314,70	\$ 1,314,70	1
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	<del></del>	\$	1.
11) Other Receipt Sources					<b>3</b>
11a) Interest on Bank Accounts	(CRO-1250)	\$		\$	1
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	·	\$	1
11c) Outside Sources of Income	(CRO-1250)	\$		\$	1
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$		\$	1
11e) Exempt Purchase Price Sales	(CRO-1265)	\$		\$	1
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	,IId and IIe)	\$	<u>-</u>	\$	]
EXPENDITURES				, <u>.</u>	]
13) Disbursements			Dinas ens		ND (
13a) Operating Expenditures	(CRO-1310)	\$		\$ SEP	<b>1</b> 7"23
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$	_
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	_
15) Loan Repayments	(CRO-1420)	\$_	717.64	\$ 717.64	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	_	\$	_
17) In-Kind Contributions	(CRO-1510)	\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)		717.64	\$	4
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	btract line 18;	\$ (	097.06	<u> </u>	4
ADDITIONAL INFORMATION					<u> </u>
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	⊢∸-			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	<u> </u>	<del></del>		
22) Debts and Obligations owed by the Committee	(CRO-1610)	—	507.06		e e
23) Debts and Obligations owed to the Committee	(CRO-1620)		·		
24) Account Transfers Within the Committee	(CRO-1720)	┈			Ž
25) Administrative Support	(CRO-1710)	<u> </u>		\$	-
26) Forgiven Loans	(CRO-1440)	<u> </u>		\$	4
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$		\$	-1
28) Contributions to be Refunded	(CRO-1215)	\$		\$	

		com Individua		Pg	of	_	nendment Yes <b>X</b> ONo	
		ndividual contributio						-
_		_ •			16 1 3 and	2. ID 1	Number	2
		to Elect		2000			. 200	
3. Cont	ributor Informa ame, Mailing Addre	ation Ad	<u> </u>	Add Rei				<u>'</u>
	ame, waning Audri le city, state, & zip)			b. Job Title/Profe	ssion	d. Comu	ments	<b>.</b>
6	2-CV 110C	den		Thorn	acist 1			
	50 Tak	den e mont Dr NC 281	<b>λ</b> ,	c. Employer's Nar	<u>-</u>	1		
<u>ئ</u> ا	Lolby	NC 281	52	Shelby	Drug	a Flecti	ion Sum to Date	-
l <sup>3</sup>	ハール	1.		'	,		ion sum to bate	
		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	91	<u> </u>		\$		1
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	(y)   k. /	Amount	<b>-</b>
		Venno	ļ		8/28/202	<u>3   \$</u>	100.00	4
						\$	3	
						\$	:	
3. Cont	ributor Informa	ation 🔞 🚉 📲 🔭 .		Add - Rei	nove 😘 🥳	- 5.	BE TO SHOW THE	
	ame, Mailing Addre		- , ,	b. Job Title/Profe	sion	d. Com	ments	_
(includ	le city, state, & zip)		<del></del>					1
				c. Employer's Nat	ne/Specific Field	1		
							CLEVELANI ion Sum to DAEP 27	ACOUNTA ROL
								700 AU 11'64 /
							ion Sum to Dale P Z I	13 WIT:21
						e. Electi \$	ion Sum to Date P Z I	73 WIT:21
f, Prior	g. Account Code	h, Form of Payment	I. In-Kind Descrip	ition	j. Date (mm/dd/yyy	\$	Amount	73 AM11:5/
f. Prior	g. Account Cöde	h, Form of Payment	l. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$	Amount	23 AM11:57
I ———	g. Account Cöde	h, Form of Payment	l. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$ (y) k. /	Amount	73 AM11:57
	g. Account Cöde	h, Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	\$ (y) k. / \$	Amoun1	33 AM11:57
		h. Form of Payment				\$ \$ \$ \$ \$	Amoun1	
3. Conta, Full N	iributor Informa	ation			nove	\$ \$ \$ \$ \$	Amount	
3. Conta, Full N	ributor Informa	ation		Add i⊟ Rei	nove	\$ \$ \$ \$ \$ \$ \$	Amount	
3. Conta, Full N	iributor Informa	ation		Add i⊟ Rei	nove sslon	\$ \$ \$ \$ \$ \$ \$	Amount	
3. Conta, Full N	iributor Informa	ation		Add   Rei	nove sslon	s s s s d. Com	Amount	
3. Conta, Full N	iributor Informa	ation		Add   Rei	nove sslon	s s s s d. Com	Amount	
3. Conta. Full N	iributor Informa nne, Mailing Addro le city, state, & zip)	ation	* *** *** *** *** *** *** *** *** ***	Add il Réi b. Job Title/Profe c. Employer's Nat	nove sslon	\$ \$ \$ \$ d. Coms	Amount	
3. Conta, Full N	iributor Informa	ation		Add il Réi b. Job Title/Profe c. Employer's Nat	nove ssion ne/Specific Field	\$ \$ \$ \$ d. Coms	Amount  ments  ion Sum to Date	
3. Conta. Full N	iributor Informa nne, Mailing Addro le city, state, & zip)	ation	* *** *** *** *** *** *** *** *** ***	Add il Réi b. Job Title/Profe c. Employer's Nat	nove ssion ne/Specific Field	s s s s s s s s s s s s s s s s s s s	Amount  ments  ion Sum to Date  Amount	
3. Conta Full N (Include	iributor Informa nne, Mailing Addro le city, state, & zip)	ation	* *** *** *** *** *** *** *** *** ***	Add il Réi b. Job Title/Profe c. Employer's Nat	nove ssion ne/Specific Field	s s s s d. Com e, Electi s y) k. A	Amount ion Sum to Date Amount	
3. Conta Full N (included)	iributor Informa nne, Mailing Addro le city, state, & zip)	h. Form of Payment	* *** *** *** *** *** *** *** *** ***	Add il Réi b. Job Title/Profe c. Employer's Nat	nove ssion ne/Specific Field	s s s s s d. Com e, Electi s s s	Amount ion Sum to Date Amount	
3. Conta. Full N (Included)  f. Prior  4. Tot  5. Tot	g. Account Code	h. Form of Payment	i. In-Kind Descrip	Add il Réi b. Job Title/Profe c. Employer's Nat	nove ssion ne/Specific Field	s s s s s d. Com e. Electi s s s	Amount ion Sum to Date Amount	

I oon Dussands					Amendment		†
Loan Proceeds		4	Pg	of _	Ves	_ <b>,}4</b> ,₩	]
Use this form to report proceeds f  A loan proceeds statement must a							
1. Committee Full Name (and F					2, ID Number	and the management	1
		٨	<u> - المحدد من المحالة ا</u>	المصفي	2, 12, 110111001	· ** * * * * * * * * * * * * * * * * *	
Committee to ele	ed Ron us	<u>ac(</u>					<b>,</b>
3. Lender Information		Add- '	Remove	5	till belief	الكواليم والمراكبة	]
a. Full Name, Mailing Address & Phone	•	b. Job Title/I	<del></del>		d. Comments	C-3: AN	
(include city, state, & zip)		K-e-t	ired		Locurs	+-	
KON MOSO	. 10				e. Start Date (mn	ATE	ł
PON Wood 104 Keen DR 5 helby, NC	116	c. Employer'	s Name/Specific	Field			
Chelby, NC	2015	<u></u>			8/29/2	o23	
0 //					f. End Date (mm	/dd/yyyy)	İ
		15.	I a an a		[]	_	l
g. Rate h. Security Pledged	<del> , /</del>	Account Code	J. Form of Payr	nent	k. Amount	./1	
0 %			Transf	es .	\$ 1,31	14.70	
f. Full Name of Lending Institution			1 (1 *** 2 *	- •	m. Loan Number	•	1
	······································						
		·	+	1		k .	l
4. Endorsers/Makers (The people			, r	n	1 Table 19 Sec. 1	200	
a. Full Name, Mailing Address & Phon	2. 🚅	b. Job Title/I	Profession	c. Ei	mployer's Name/S	REVECHNO	COUNTY BOI 3 AM 11:57
(include city, state, & zip)	<del></del>	<del></del>			_	SEP 27"	3 AM 11:57
							1
		d. Percentag	е	e. Ai	mount		1
			•	% \$			
a. Full Name, Mailing Address & Phon	2	b. Job Title/I	Profession	C.E	mployer's Name/S	pecific Field	
(include city, state, & zip)	<del></del>	<del></del>					
							ŀ
				- 1			•
		d. Percentag	e	e, A	mount		1
				% \$			
		b. Job Title/i	Panfordan	o fi	mployer's Name/S	inecific Wield	1
a. Full Name, Mailing Address & Phon (include city, state, & zip)	ę	p: Jon Tines	rolession	C. 151	inproyer's training	peciale Picia	L
(mende eny, state, & zrp)	<del></del>						
		1					
				_			1
		d. Percentag	e	e. A	mount		
				% \$			
a. Full Name, Mailing Address & Phon		b. Job Title/	Profession	c. E	mployer's Name/S	Specific Field	1
a. Full Mame, Maning Address & Frien (include city, state, & zip)	u .	B. JOB TIME	- Totalion	— <del> </del>			
American cutto manet or mile)	······						I
				1			1
							1
		d. Percentag	<u> </u>		mount		1
,				% \$			
5. Total of ALL CRO-141	) Радов	· · · · /e / ·	3% o 3 50 to	<del>- 1 .</del>		1	1
5. Total Of ALL CRO-141 (This line must be on line 9 of Detaile	d Summary Page CRO-110		7		\$ <u>1,31</u> 6	1.70	

				Amendment	1
Loan Repayments			Pg	of Yes V-No	
Use this form to report pays					•
1: Committee Full Name (	and Fund if appl	icable) 🤲 🔭 🔭 😁	<del>-like to the the</del>	2: ID Number	1.
Comm	itle to ale	et Ron Wood	<del>!</del>		j
3. Lender Information	VIII TO	y f → Add	Remove.	average and the second	Î
a. Full Name, Mailing Address &	& Phone	•	_	b. Comments	
(include city, state, & zip)	70			From Ron wood	1
2 Kelby, r	18 1 81	72		c. Original Loan Date	
Shelly, A	) C 20 L	, –		8/29/2023	
				d. Original Loan Amount	
				\$1,314.70	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy	(10) [1	
\$ 597.06	<del></del>	Payment of	9/1/201		
311400	<del>                                     </del>	Expense	1 111 20	<del> </del>	
\$				\$	
3. Lender Information		☐ Add	Remove	the state of the s	
a. Full Name, Mailing Address & (include city, state, & zip)	& Phone			b. Comments	ł
(110,100,100,100,100,100,100,100,100,100	<del></del>				
				c. Original Loan Date	COLUMNIA DO
				GLEVELANI GEP 27	COUNTY BO 23 AM 11:57
				d. Original Loan Amount	EG AMILI-O
				\$	
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mn/dd/yyyy	) i. Repayment Amount	ĺ
\$	1			\$	
\$	<del> </del>			\$	
3. Lender Information	T the search	I Add <sup>™</sup>	Remove"		
a. Full Name, Mailing Address &	<del></del> _	The filter was a second of the second	,	b. Comments	
(include city, state, & zip)		,,			1
				c. Original Loan Date	
				d. Original Loan Amount	
				\$	ŀ
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy	) i. Repayment Amount	
\$				\$	i
\$				\$	
4. Total only this Pag				\$ 717,64	
5. Total of ALL CRO			ا ما الله الما الله الله الله الله الله	\$ 717.64	
(This line must be on line 15 o. CRO-1420	f Detailed Summary	Page CRO-1100) NC State Board of E	lections	December 2007	i
CAU-144V		The space is trained of the			

Debte and Obligations Orand Prothe Com-		Amendment
Debts and Obligations Owed By the Com		of Yes The No
Use this form to report any unpaid debts or obligations owed  1. Committee Full Name (and Fund if applicable)		
		2 15 15 26 15 14 milet is a section
Committee to elect Ron We	oel	
3. Creditor Information	-Add - 🔲 Remove	A STATE OF THE STA
a. Full Name, Mailing Address & Phone		ade toward debts should be listed on form CRO-
(include city, state, & zip)		th the payee listed as this creditor.
Chief Pearson	b. Description of Credi	
1930-1 Modle Springs Church Par.	Maker	of outdoor
Chuck Pearson 1930-1 Marle Springs Church Rd. Shelby, NC 28152	Compaig	en signs
c. Beginning Balance d. Total Amount Paid	e. Total Amount Incurr	red f. Remaining Balance
\$ 500 06 \$ 0	5 600 0	5 \$507.06
* 507,00 + O	\$ 587,00	0 1.307,00
g. Incurred Debts (what the committee received this period) g1. Purchase Place Full Name, Mailing Address & Phone	g2, Date (mm/dd/yyyy)	g3. Amount
(include city, state, & zip)	gz. Date (ninedia) 3397	
Committe to elect RON Wood	1018	23 \$ 507,06
104 Keen DR.	g4. Purpose Code	g5. Required Remarks
104 KEEP 1/2 73157-		alect RON Wood
Shelby, NC 28152		slect Kon Moved
g1. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amount
(include city, state, & zip)	-	\$
ŀ	g4. Purpose Code	g5. Required Remarks
	E4. I in pose code	
		CLEVELANDICOUN
21. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	SEP 27.23 AM1
(include city, state, & zip)		
		\$
	g4. Purpose Code	g5. Required Remarks
0.70	-2 Date (sum/dd/man)	g3. Amount
gl. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	<u> </u>
(include city, state, & zlp)	-	<b>\$</b>
	g4. Purpose Code	g5. Required Remarks
		1
		<u> </u>
g1. Purchase Place Full Name, Mailing Address & Phone	g2. Date (mm/dd/yyyy)	g3. Amount
(include city, state, & zip)	-	\$
Į.	g4, Purpose Code	g5. Required Remarks
1		
4. Total only this Page	agent was a second	0 1 2 2
(This should be the sum of all items 'g3.' from this page)	1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 501.06
5 Total of ALL CRO-1610 Pages		\$ 507 06
(This line must be on line 22 of Detailed Summary Page CR		
6. Pupose Codes (List detailed expenditure code	e in (g4.) Fundraising	D - To Another Candidate
	olitical Party	H* - Holding Public Office Expenses
	Office Expenses	O* - Other
* Codes require detailed explanation in required remarks fiel		