Amendment Disclosure Report Cover ☐ Yes No. Use this form for general report and committee information, must be signed and submitted allong with other detailed forms. Do not use this form to update information. 1. Committee Information a. Full Name 2018 JAN 29 PM 2: 310 Number Jennu b. Mailing Address (include City, State and Zip Code) 6104 Old Orchard Rd 1-29-2018 Kernersville, NC 27284 e. Phone Number 336-978-0041 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2017 10-31-2017 - 2DIT 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one ediegory) Candidate Campaign Party Municipal State/County Referendum PAC Referendum Organizational Organizational Organizational Independent Expenditure Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary Final First Pre-election Supplemental Final Second Pre-runoff 7. Type of Fund (if applicable, check one) Third Annual Booster Fund Special Semi-annual Fourth Building Fund Mid Year Semi-annual X 10. Special Report Name Year End Mid Year Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name b. Purpose c. Account Code b. Purpose c. Account Code d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

1-29-2018

August 2008

Printed Name of Signer	Signature of Appointed Treasure	r Date
FOR OFFICE USE ONLY	a ka	Delivery Method
Date Received:	Employee:	Delivery Method Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	☐ Electronically Filed
Date Data Entered:	Employee:	Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

KEVIN BUGG

Detailed Summary

Amendment ☐ Yes X No

Use 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 Number tulton tor, derman End Total this Start of Election Cycle: Total this 2017 January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 10.00 6) Contributions from Individuals (CRO-1210) \$ 00 84 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 8) Contributions from Other Political Committees (CRO-1230) \$ \$ 250.00 9) Loan Proceeds (CRO-1410) \$ \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ \$ 11e) Exempt Purchase Price Sales (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) 00 24L \$ EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$3,791 44 \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures \$ (CRO-1310) 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements from the Committee \$ (CRO-1320) \$ 17) In-Kind Contributions (CRO-1510) \$ \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 56 \$3844 52. ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans \$ (CRO-1440) 27) 48-Hour Notice Reports Sum \$ (CRO-2220) 28) Contributions to be Refunded (CRO-1215) \$

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Pg	of	3	☐ Yes	No.

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

	'ull Name (and Fund					2. ID Number	
Jenny	SCAMUB						
3. Type of Disb		use separate Ch	20-1310	forms for e	each type of Disbur	rsement.)	
Operating Exp	the same of the sa	tributions to Candida	ates/Politi	cal Committees	THE RESERVE OF THE PERSON NAMED IN	nated Party Expenditures	
4. Payee Inform				Add	Remove	以外的是是特別的	
	ailing Address & Pho	one		b. Coordinate	ed Committee Name	d. Comments	
(include city, state,	& zip)						
Pura	Vida Gralin Stre			c. Level Regi	stered (Specify) County:		
				State		e. Election Sum to Date	
Kerner:	svilk, NC	27284				\$ 1,445.68	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount k.	Required Remarks	
ABC DOLL	checking	Signs	11-0	6-2017	\$ 1445.68		
11000	crearing	2.912			\$		
1 Power Tub				Add \square	Remove		
4. Payee Inform	ing Address & Phone		لا	Janes Landa - Janes - Landa -	ed Committee Name	d. Comments	
(include city, stat				b. Coordinate	ed Committee Name	u. Comments	
Last 1	Forsyth o W. Mount	ABC.		c. Level Regis	stered (Specify)		
2500	W. Mount	ain St.		Federal	County:		
1	11 010	0110		State	Municipality	e. Election Sum to Date	
Kerner	sville, NC	, 27284				\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount k.	Required Remarks	
ABC 0041	checking	Ad	11-D	7-2017	\$ 100.00		
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4. Payee Inforn	nation			Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments	
(include city, stat	te, & zip)						
Smithy	i's Grilles. Main St	-		c. Level Regis	stered (Specify) County:		
030 0). 11 July 01	•		State	Municipality	e. Election Sum to Date	
Kerner	sville, NC	27284				\$ 190.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	9	Required Remarks	
ABC 0041	checking	other	11-0:	8-2017	\$ 190.00		
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5. Total only th	S. Down	The state of the s				\$	
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	CRO-1310 Pages	e con l	00:50				
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(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
	odes (List detailed		ALC: UNKNOWN	ASSES CHIEF THE PARTY OF			
A* - Media	B* - Printi			undraising	D - To Ar	nother Candidate	
E - Salaries	F* - Equip			litical Party	1	ding Public Office Expenses	
I - Postage	J - Penalti			office Expen		ation to Legal Expense Fund	
O* Other							
A STATE OF THE PARTY OF THE PAR	re detailed explanat	ion in required	remark	field (k)			

E.					7.
Dis	PARE	rece	m	OB	10
1010	vu	130		СП	13

	0			Amendment	
Pg	4	of	2	☐ Yes	🔯 No

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

1. Committee Full Name (and Fund if applicab	ole)	2. ID Number
Jenny Fulton Jor	Alderman.	SCQM48
3. Type of Disbursement (Please use separate	e CRO-1310 forms for each type of Disburs	ement.)
Operating Expenses Contributions to Ca		ated Party Expenditures
4. Payee Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments
(include city, state, & zip)		
Jacebook	c. Level Registered (Specify) Federal County:	
	State Municipality:	s 297 04
f. Account Code g. Form of Payment h. Purpose Co	1 1 2	
0.00		Required Remarks
ABC 2041 Checking An	11-06-2017\$ 49.77	
ABC OOHI Checking Ad	12-01-2017 \$ 10.01	
4. Payee Information	Add Remove	
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments
(include city, state, & zip)		
Facebook	c. Level Registered (Specify) Federal County:	
	State Municipality:	e. Election Sum to Date
		\$ See Above
f. Account Code g. Form of Payment h. Purpose Co	de i. Date (mm/dd/yyyy) j. Amount k. R	lequired Remarks
ABC 0041 Checking Ad	12-01-2017 \$ 237.26	***************************************
4. Payee Information	\$ Add Remove	
a. Full Name, Mailing Address & Phone	b. Coordinated Committee Name	d. Comments
(include city, state, & zip)		
CAR Graphics 605 Woodlawn Road	c. Level Registered (Specify) Federal County:	-
High Point, NC	State Municipality:	e. Election Sum to Date
2721	υ5	\$ 273.82
f. Account Code g. Form of Payment h. Purpose Cod		equired Remarks
ABC 0041 Checking Signs	11-06-2017 \$273.82	
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5. Total only this Page		\$
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO (This line goes in line 13b of Detailed Summary Page CRO (This line goes in line 13c of Detailed Summary Page CRO	9-1100 if Contrib to Candidates/Political Comm)	\$
7. Purpose Codes (List detailed expenditure of		
A* - Media B* - Printing E - Salaries F* - Equipment I - Postage J - Penalties O* Other * Codes require detailed explanation in require	G - Political Party K* - Office Expenses H* - Holdin Q* - Donat	ther Candidate ng Public Office Expenses ion to Legal Expense Fund

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DIS	υu	13	em	en	w

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Pg	3	of	3	☐ Yes	X No

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

	Full Name (and Fund					75	2. ID Number
Jenny Fulton For Alderman							SCQMY8
3. Type of Disb		use separate Ch	RO-1310	forms for e	each type of Dis	burse.	ment.)
Operating Exp		tributions to Candida	ates/Politi	cal Committees	Co	ordinat	ed Party Expenditures
4. Payee Inform				Add	Remove	10	
	failing Address & Pho	one		b. Coordinate	ed Committee Nam	ne	d. Comments
(include city, state,	, & zip)						
JTV	Oakview	Drive		c. Level Regis	stered (Specify) County:	3	
2142	0	TOTAL		State	☐ Municip	ality:	e. Election Sum to Date
Belews	creek,	27000	1				\$ 200.00
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Charles and the state of the st	ing Address & Phone		ne/apt		ed Committee Nam	e I	d. Comments
(include city, stat				N. S. S. M. S.			
Kerners	ville New	15		c. Level Regis	stered (Specify) County:		
POB	10x 337			State	☐ Municip	ality:	e. Election Sum to Date
Kerner	sville, NO	27285					\$1,245.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
ABC 0041	checking	Ad	11-2	2-2017	\$1,245,00		
	7				\$		
4. Payee Inforn	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Nam	ie	d. Comments
(include city, stat	te, & zip)						
USPS		0.1		personal contract of the contr	stered (Specify)		
325 \	N. Mount	tain St.		Federal State	County:	ality.	e. Election Sum to Date
Kerne	rsville, N	C 2728	34	State	manup	uny.	\$ 39.90
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
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HOC WY	Deceling	10seuge			\$15.00	1	
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	CRO-1310 Pages						
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(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							\$
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media	B* - Printin			undraising	D - To	Anot	her Candidate
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penaltic			ffice Expen			on to Legal Expense Fund
O* Other				-			
* Codes requir	e detailed explanati	on in required i	emarks	field (k)		100	