Disclosure Report Cover		Amendment
Use this form for general report and committee information	must be signed and submitted alo	□ Yes □ No □ With other detailed forms
Do not use this form to update information. 1. Committee Information		and strict detailed forms.
a. Full Name		to a supplied to the second
Ilon FIL FOR MIL		c. ID Number
b. Mailing Address (Include City, State and Zip Code)	nan	
word old Orchard R		d. Date Filed
	d	7-10-2019
Kernersville, NC 2	1728 Y	e. Phone Number
	\	336-978-0041
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period 3. Period 3. Period Start Date (mm/dd/yy) 4. Period 3. Period 3. Period Start Date (mm/dd/yy) 4. Period 3. Peri		
10 2019 1-	24 - 2019 Charle	s Kevin Bugg
Candidate Campaign Party Purity Municipal	Oort (check only one type of repo	
PAC Referendum Organization		Referendum Organizational
Independent Expenditure I Joint Fundraiser I Thirty-five da		Pre-referendum
Legal Expense Fund Pre-primary	First	Final
7. Type of Fund (if applicable, check one) Pre-monff	Second	Supplemental Final
7. Type of Fund (if applicable, check one) Pre-monoff Booster Fund Semi-annual	Third	Annual
Building Fund Mid Yea	Fourth Semi-annual	Special Special
Year End		10. Special Report Name
Other. Final	Year End	10. Special Report Name
8. Number of Fundraisers this Report	Final	
-	☐ Special	201
	11. Account Information	A CONTRACTOR OF THE CONTRACTOR
	11. Account Information a. Financial Institution Full Name	
Financial Institution Full Name Fidelity Bank		000 21 001 21
a. Financial Institution Full Name Fidelity Bank	a. Financial Institution Full Name	c. Account Code
a. Financial Institution Full Name Fidelity Bank b. Purpose c. Account Code	a. Financial Institution Full Name	c, Account Code
a. Financial Institution Full Name Fidelity Bank b. Purpose C. Account Code Campaign ABC 0041	a. Financial Institution Full Name b. Purpose	c, Account Code
a. Financial Institution Full Name Fidelity Bank b. Purpose c. Account Code Campaign ABC 0041 d. Period Begin Balance	a. Financial Institution Full Name b. Purpose	c, Account Code
a. Financial Institution Full Name Fidelity Bank b. Purpose C. Account Code Campaign Fund d. Period Begin Balance \$ 42.56	a. Financial Institution Full Name b. Purpose	c. Account Code
a. Financial Institution Full Name Fidelity Bank b. Purpose Campaign Fund d. Period Begin Balance \$ 42.56	a. Financial Institution Full Name b. Purpose	c. Account Code d. Period Begin Balance
a. Financial Institution Full Name Fidelity Bank b. Purpose C. Account Code ABC 0041 d. Period Begin Balance \$ 42.56 CERTIFICATION I certify that the Committee or Fund is an compliance with all appli	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B	c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163
c. Account Code Carpaign Leriof Begin Balance \$ 42.56 CERTIFICATION 1 certify that the Committee or Fund is an compliance with all applies of the NC General Statutes and that no funds are commingled with	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed fur	c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163
a. Financial Institution Full Name Fidelity Bank b. Purpose C. Account Code ABC 0041 d. Period Begin Balance \$ 42.56 CERTIFICATION I certify that the Committee or Fund is an compliance with all appli	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed fur	c, Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 ands. I further certify that this
a. Financial Institution Full Name Fidelity Bank b. Purpose Carpaign L. Account Code Carpaign d. Period Begin Balance \$ 42.56 CERTIFICATION I certify that the Committee or Fund is an compliance with all appli of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Kevin Bugg	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed fur	c. Account Code d. Period Begin Balance \$ 22D-22M of Chapter 163
a. Financial Institution Full Name Fide 1: Bank b. Purpose Carpaign L. Account Code Certify that the Committee or Fund is an compliance with all applies of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Review Bugg Printed Name of Signer Sign	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed fur	c, Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 ands. I further certify that this
a. Financial Institution Full Name Fide 1:4 Bank b. Purpose c. Account Code Carpaign d. Period Begin Balance \$ 42.55 CERTIFICATION I certify that the Committee or Fund is in compliance with all applied the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Revin Bugg Printed Name of Signer FOR OFFICE USE ONLY	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections.	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 ands. I further certify that this \[\begin{array}{ c c c c c c c c c c c c c c c c c c c
a. Financial Institution Full Name Fide 1: Bank b. Purpose Carpaign L. Account Code Certify that the Committee or Fund is an compliance with all applies of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Review Bugg Printed Name of Signer Sign	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. ature of Appointed Treasurer Deli	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 ands. I further certify that this \[\begin{array}{ c c c c c c c c c c c c c c c c c c c
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a. Financial Institution Full Name Fidelity Bank b. Purpose C. Account Code Carpaign d. Period Begin Balance \$ 42.56 CERTIFICATION I certify that the Committee or Fund is an compliance with all appli of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Revin Buck Printed Number Signer FOR OFFICE USE ONLY	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. ature of Appointed Treasurer ee: Deli ee:	c. Account Code d. Period Begin Balance & 22D-22M of Chapter 163 ands. I further certify that this O - 2 - 9 Date very Method Normal Mail Registered Mail Hand Delivered
2. Financial Institution Full Name Fide 1: Bank D. Purpose Carpaign L. Account Code Carpaign L. Period Begin Balance \$ 42.55 CERTIFICATION 1 certify that the Committee or Fund is in compliance with all applies of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Printed Number of Signer FOR OFFICE USE ONLY Date Received: L. L. S.	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. ature of Appointed Treasurer ee: Deli ee:	c. Account Code d. Period Begin Balance & 22D-22M of Chapter 163 ands. I further certify that this \[\begin{array}{c c c c c c c c c c c c c c c c c c c
a. Financial Institution Full Name Fide 1:4 Bank b. Purpose Carpaign L. Account Code Certify that the Committee or Fund is an compliance with all applies of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employ	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. atture of Appointed Treasurer ee: Deli ee:	c. Account Code d. Period Begin Balance \$ & 22D-22M of Chapter 163 ands. I further certify that this \[\begin{align*}
a. Financial Institution Full Name Fide 1 it Bank b. Purpose Carpaign L. Account Code ABC 0041 d. Period Begin Balance \$ 42.55 CERTIFICATION I certify that the Committee or Fund is in compliance with all applie of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Revin Bugg Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employ Date Scanned: Employ Employ Date Data Entered: Employ	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. ature of Appointed Treasurer ee: Deli ee:	c. Account Code d. Period Begin Balance & 22D-22M of Chapter 163 ands. I further certify that this O - 2 - 9 Date Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training
a. Financial Institution Full Name Fide 1: Bank D. Purpose C. Account Code Carpaign L. Period Begin Balance \$ 42.56 CERTIFICATION I certify that the Commutee or Fund is in compliance with all appli of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by Printed Number of Signer Sign	a. Financial Institution Full Name b. Purpose cable provisions of Article 22A, 22B prohibited or other non-disclosed furthe NC State Board of Elections. atture of Appointed Treasurer ee: ce: ce: cttee information such as the comme	c. Account Code d. Period Begin Bulance & 22D-22M of Chapter 163 ands. I further certify that this O - 2 - 9 Date very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training nittee address, treasurer,

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information. Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	2 YD 81 1
Jenny Fulton for Alderman		Day	3. ID Number
Start of Election Cycle: January 1, 2019		Total this	Total this
4) Cash on Hand at Start	<u>, </u>	Reporting Period	Election Cycle
RECEIPTS		s 42.56	\$ -0-
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$
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	(0.00-1240)		\$
11a) Interest on Bank Accounts	(CRO-1250)	\$	TO CANADA CONTRACTOR OF THE CO
11b) Contributions from Not-For-Profit Organizations	´	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	-	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,1)a,11b,11c.		\$292.56	\$
EXPENDITURES	710)	*a-120	1
13) Disbursements		And the second of the second	
13a) Operating Expenditures	(CRO-1310)	\$	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	<u> </u>	\$
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 sub	tract line 18)	\$	\$
ADDITIONAL INFORMATION			
	(CRO-1330)	\$	
	(CRO-1430)	\$	
-	(CRO-1610)	\$	
-	(CRO-1620)	\$	
	(CRO-1720)	\$	10 July 10 Jul
	(CRO-1710)	<u> </u>	\$
	(CRO-1440)	§	\$
	CRO-2220) \$	<u> </u>	\$
28) Contributions to be Refunded (CRO-1100 NC State Board	CRO-1215) \$		\$
14C 219fc DOM	OF ETOCHORS		August 2008

Contributions from Individuals	-		Amendment
Use this form to report individual contributions over \$5	e O or contributions ur	g of _ nder \$50 if form C	Yes No
1. Committee Full Name (and Fund if applicable)			2. ID Number
Jenny tulton for A	Idermar		
3. Contributor Information	STREET, SQUARE,	emove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Proj	THE RESERVE OF THE PARTY OF THE	d. Comments
			-
NC Realtors PAC	c. Employer's Na	ame/Specific Field	
	PD	\cap	e. Election Sum to Date
	1		\$ 250.00
f. Prior g. Account Code h. Form of Payment i. In-Kind I	Description	j. Date (mm/dd/yy	J \(\sigma \sigma \cdot \).
- ABC 0041 Check		9-11-20	19 \$ 250.00
			\$
			\$
3. Contributor Information	☐ Add ☐ Re	move	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profe	ession	d. Comments
(mende city, state, & 21p)			
	c. Employer's Na	me/Specific Field	
			e. Election Sum to Date
f. Prior g. Account Code h. Form of Payment it to Wind D.			\$
f. Prior g. Account Code h. Form of Payment i. In-Kind De	escription	j. Date (mm/dd/yyy	y) k. Amount
			\$
			\$
			\$
3. Contributor Information	Add Rer	nove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profes	ssion	d. Comments
(include city, state, & zip)			
	c. Employer's Nan	ne/Specific Field	
			e. Election Sum to Date
			\$
Prior g. Account Code h. Form of Payment i. In-Kind De	scription	j. Date (mm/dd/yyyy	y) k. Amount
			\$
			\$
			\$
. Total only this Page	Troff with the		\$ 250.00
. Total of ALL CRO-1210 Pages			\$ NEW 00
(This line must be on line 6 of Detailed Summary Page CRO-1100)	AND ROLL OF THE PARTY OF THE PA	10000000000000000000000000000000000000	$\sim \sim \sim \sim$