Disclosure Report Cover			Amendment				
Use this form for general report and committee information, must be signed and submitted along with other detailed forms.							
Do not use this form to update information.							
1. Committee Information							
a. Full Name							
Kirbytor Clur							
b. Mailing Address (include City, State and Zip Cod	d. Date Filed						
5900 Alani Ct.							
Winston-Salem,	e. Phone Number						
2. Report Year 3. Period Start Date (mm/de	336-7668594 er Full Name						
2019	mh& Corbin						
6. Type of Committee (Check One)	Q Type of Reno	ort (check only one type of rep	TOC.				
Candidate Campaign Party	Municipal	State/County	Referendum				
PAC Referendum	Organizational	Organizational	Organizational				
Independent Expenditure Joint Fundraiser	Thirty-five day	·	Pre-referendum				
Legal Expense Fund	Pre-primary	☐ First	Final				
	Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable, check one)	Pre-runoff	Third	Annual				
Booster Fund	Semi-annual	Fourth	Special				
☐ Building Fund	Mud Year	Semi-annual					
	Year End	Mid Year	10. Special Report Name				
Other:	Fina)	Year End					
8. Number of Fundraisers this Report	Special	☐ Final					
-0-	1						
-0-		Special					
11. Account Information a. Financial Institution Full Name	men	Special  11. Account Information					
11. Account Information  a. Financial Institution Full Name  LOCAL GOVERN  Federal Cres	Ment :	Special  11. Account Information  a. Financial Institution Full Name	c. Account Code				
a. Financial Institution Full Name  LGFGU FP DEVALOR  b. Purpose c. Account Co	Ment :	Special  11. Account Information	c. Account Code				
a. Financial Institution Full Name  LGFGU FP DEVALOR  b. Purpose c. Account Co	Ment dit Union ode	Special  11. Account Information  a. Financial Institution Full Name					
b. Purpose  Campagn  Conations  d. Period Beg	Ment dit Union ode	Special  11. Account Information  a. Financial Institution Full Name	d. Period Begin Balance				
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b. Purpose Campagn d. Period Beg  CERTIFICATION  Location Full Name  Campagn CERTIFICATION  Location Compiler or Fund is in complete.	Munit Union ode the print Balance	Special  11. Account Information  a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this				
a. Financial Institution Full Name  LGFGU FREED  b. Purpose  CAMPAIGN  d. Period Beg  \$  CERTIFICATION  1 certify that the Committee or Fund is in complete, true and correct and that I have the committee of the NC General Statutes and that no funds are report is complete, true and correct and that I have the committee or Fund is in complete.	Mit union ode  Harin Balance  liance with all applice commingled with a gave been trained by the same and the same been trained by the same been t	Special  11. Account Information  a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163				
11. Account Information a. Financial Institution Full Name  LGFGW FREE C. Account C. b. Purpose c. Account C. d. Period Beg \$  CERTIFICATION 1 certify that the Committee or Fund is in compl of the NC General Statutes and that no funds ar report is complete, true and correct and that I have  Printed Name of Signer	Mit union ode  Harin Balance  liance with all applice commingled with a gave been trained by the same and the same been trained by the same been t	Special  11. Account Information  a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this				
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11. Account Information a. Financial Institution Full Name  LGFGU FREED b. Purpose c. Account Control d. Period Beg \$  CERTIFICATION 1 certify that the Committee or Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I have been printed Name of Signer  FOR OFFICE USE ONLY  Date Received:	dit union ode  Fin Balance  liance with all applice e commingled with pave been trained by the sign.  Sign.	Special  11. Account Information a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.  Laboratory Company Co	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  10-31-19 Date  elivery Method Normal Mail Registered Mail				
11. Account Information a. Financial Institution Full Name  LGFGU FREE C. Account C. b. Purpose c. Account C. d. Period Beg \$  CERTIFICATION 1 certify that the Committee or Fund is in complete of the NC General Statutes and that no funds ar report is complete, true and correct and that I have the Committee of Signer  FOR OFFICE USE ONLY	dit Union ode  A gin Balance  liance with all applic e commingled with a give been trained by the sign of the sign	Special  11. Account Information a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.  Laboratory Company Co	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  10-31-19  Date  etivery Method Normal Mail Registered Mail Hand Delivered				
11. Account Information a. Financial Institution Full Name  LGFGU FREED b. Purpose c. Account Control d. Period Beg \$  CERTIFICATION 1 certify that the Committee or Fund is in complete of the NC General Statutes and that no funds are report is complete, true and correct and that I have been printed Name of Signer  FOR OFFICE USE ONLY  Date Received:	dit union ode  Fin Balance  liance with all applice e commingled with pave been trained by the sign.  Sign.	Special  11. Account Information a. Financial Institution Full Name  b. Purpose  cable provisions of Article 22A, 2: prohibited or other non-disclosed the NC State Board of Elections.  Language Language Company Com	d. Period Begin Balance \$ 2B & 22D-22M of Chapter 163 funds. I further certify that this  10-31-19 Date  elivery Method Normal Mail Registered Mail				

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.

NC State Board of Elections

CRO-1000

August 2008

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and   1. Committee Full Name (and Fund if applicable)	to total mor		3. ID Number
1/ 1 / 11	2. Type of	keport 1	3. 1D Number
Kirby for Clemmons Mayor	HIM	a	
Start of Election Cycle: January 1,		Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 400.00	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources		The state of the s	
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)	\$	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1090,2	\$
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)	\$	\$
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then su	otract line 18)	\$	\$
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)	\$	等于1000000000000000000000000000000000000
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)	\$	\$ -0 -

Disbursem	ents				Pg	of	Yes  No	
			ee for o	perating exp	enses, co	ntribution	ns to candidate/political	
committees and coordinated party expenditures  15. Committee Full Name (and Fund if applicable)								
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_ Sirl	ou tor C	lemmor	<u>15</u>	11 lu	Or ·			
							rsement.)	
Operating Expe		ributions to Candida					inated Party Expenditures	
	iation (**) ailing Address & Pho		البال	Add L			d. Comments	
(include city, state,		μe		p. Con uman	eu Commun	CE MAINE	u. Comments	
		1 (11						
Clemmons Fire Dept. Cadets P.O. BOX36			c. Level Regi	y: e. Election Sum to Date				
Clemmons, NC 27012			State	<u>    -   -   -     -                    </u>	viumeipani,	\$		
					Ti ·	<del></del>		
f. Account Code	g. Form of Payment	_ <del>-</del>	·	nm/dd/yyyy)			. Required Remarks	
DDA	Ch#1010	A	10-2	26-19	\$ 200.	-		
					\$			
	iation ( )	Commence of the second			Remove	*****		
a. Full Name, Maili (include city, stat	ng Address & Phone			b. Coordinate	ed Committ	ec Name	d. Comments	
	,							
Diana	. Kuby Alani C	_		c. Level Regi				
5900	Alani C	<del>(</del>		Federal	=	County:	A Floation Sum to Data	
10	on-Sale	m $NC 2$	7103	State	<u> </u>	viumcipani	y: e. Election Sum to Date	
Winst	711- Succe							
f. Account Code 🕆	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k	. Required Remarks	
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	F -	<del></del>			\$			
4. Pavee Inform	nation	PER TOUR TO SERVICE TO		Add	Remove	بارچونستان الکورندون	The state of the s	
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ed Committ		d. Comments	
(include city, sta	te, & zip)			-				
Diama	. Kirby			c. Level Regi	stered (Spe	cifv)	-	
1000		r		Federal		County:	_	
5900	Alani G	NC 27	コハス	☐ State		Municipalit	y: e. Election Sum to Date	
Winst	n-Salem	1, 100 21	עטו				\$	
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<u> </u>	C# 1015		_! !	<del></del>	\$	1.00		
		Marie Carlo de Carlo	a grand in the second	-	a marine market		\$ S	
5. Total only th	Charles and the Charles of Section 1		<u> </u>	english Office of the Paris Hannan der um sale in mage in da	e promie da la facilità di	, John State of S	<u> </u>	
	CRO-1310 Pages line 13a of Detailed Sun	Page CPO 11	no is One	rating France	7.5, . [1]			
(1 nis une goes in (This line goes in	tine 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-11	00 if Con	trib to Candid	ates/Politica	ıl Comm)	\$	
(This line goes in	line 13c of Detailed Sum	mary Page CRO-11	00 if Coo	rdinated Party	Expenditur	res)	من المنافعة	
7. Púrpose G	odes (List detailed					- 3:3-45		
A* - Media	B* - Printi			undraising			nother Candidate	
E - Salaries	F* - Equip			litical Party Office Exper			ding Public Office Expenses nation to Legal Expense Fund	
<ul><li>I - Postage</li><li>O* Other</li></ul>				_		<del></del>	-	
* Codes requir	e detailed explanati	on in required r	émark.	field (k)			The second secon	

Amendment

Disbursen	nents				Pg of		Amendment  Yes No
Use this form t	o report expenditures	from the commi	ttee for	operating ex			
committees and	d coordinated party e	xpenditures			and the second s	o Similar	
Kirb (	Full Name (and Fun	(MMA)	M	eyor			2. ID Number
3. Type of Dis	hursement (Pleas	use sengrate C			each type of Dist	- L	
Operating Ex		ntributions to Candid	The state of the s				
4. Payee Infor				Add	Remove	rumate	d Party Expenditures
	Mailing Address & Ph	ione		b. Coordinat	ted Committee Nam	e d	I. Comments
(include city, state	e, & zip)				STATE OF THE STATE		
Dia 5900 Wir	ne Kirba Alani Ch Iston — Sale	I., Lm, NC 3	710	Federal State	istered (Specify)  County:  Municipa	ality: e	. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Rea	uired Remarks
ACC	Ch# 1014	^	11-	7-19	\$ 320,00	1110-1110	
	C11# 10 17		111	1 11	\$		
4. Payee Inform	nation			Add	Remove		
Description of the Control of the Co	ling Address & Phone				ed Committee Name	, la	. Comments
(include city, sta				b. Coordinat	ed committee Name	-  u	. Comments
Clernr	nons Cad Box 36	ets		☐ Federal	stered (Specify)  County:	l'e	D
	mons, NO	27012	7	State	Municipa		Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
DDA	Ch# 1015	close acct.	12.	-3-19	\$ 41.55		
	5111. 1075		10	0 / 1	\$		
4 D T C		avarte di Besallo di Braniano					
4. Payee Inform	ling Address & Phone		L	Add   Coordinate	Remove ed Committee Name	la	. Comments
(include city, sta				b. Coordinate	ed Committee Name	u.	. Comments
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f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount \$	k. Req	uired Remarks
					\$		
5. Total only th	nic Page						\$
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(This line goes in (This line goes in	C CRO-1310 Pages  I line 13a of Detailed Sun I line 13b of Detailed Sun I line 13c of Detailed Sun	nmary Page CRO-11	00 if Con	trib to Candida	ates/Political Comm		\$

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

7. Purpose Codes (List detailed expenditure code in (h.) above)

F\* - Equipment

B\* - Printing

J - Penalties

A\* - Media

E - Salaries

I - Postage

O\* Other

C\* - Fundraising

G - Political Party

K\* - Office Expenses

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

		om individua	_ <del></del>	Pg	of		☐ Yes ☐ No	
	s form to report in							
Krby For Clemmons May						2. I	D Number	
9	cbu tor							
	tributor Informa	****** * * * * * * * * * * * * * * * *		Add Rei				
	ame, Mailing Addre le city, state, & zip)	ss & Phone		b. Job Title/Profes	ssion '	d. Comments		
				-	•			
La	nnyam	lary rary	ner.	c. Employer's Nan	ne/Specific Field			
Lanny+ Mary Farmer 3467 Tangkwood Trail Clemmons NC 27012					e. Election Sum to Date			
Clem mons NC 27012						\$ 3075,00		
f. Prior			otion	j. Date (mm/dd/yyy				
	DDA -	Ch# 9360			10-29-19		\$ 100,00	
					, , ,		\$	
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	ame, Mailing Addre	ss & Phone	·	b. Job Title/Profes	ssion	d. C	omments	
	le city, state, & zlp)			-				
5h	noaf Coal	4 Sand Co 462 + Street e NC 2	"Inc	c. Employer's Name/Specific Field				
P	O. BOX	462					e. Election Sum to Date	
<b>1</b>	18 Depo	+ Street	G			•	2275 M	
11	10Cr2nil	e NC 2	7028	<u>l</u>	l. n		52 15,W	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	j. Date (mm/dd/yyy			k. Amount	
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- Zincine	le city, state, & zip)			-				
-		and Com	- 61 V	c. Employer's Na	me/Specific Field	]		
14	ungew	ood farms	, rhephouse	ł		a 1671	lection Sum to Date	
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	g. Account Code	WOIDED			11-11-19	,		
□ □ □ 43:4160	DDA tallonly this P	UOIDED Ch# 1009 age		المنتجة	11-11-19	\$	\$	
	DDA tal only this P	U01Ded Ch# 1009		Salas is 1,000 services against expenses of the Park State of the Stat	11-11-19	\$	\$	

Amendment