

# Disclosure Report Cover

Amendment  
☒ Yes ☐ No

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

<b>1. Committee Information</b>	
a. Full Name KIM RONEY FOR ASHEVILLE	c. ID Number
b. Mailing Address (include City, State and Zip Code) 30 WESTGATE PKWY #149 ASHEVILLE, NC 28806	d. Date Filed 11/18/2019
	e. Phone Number

2. Report Year 2017	3. Period Start Date (mm/dd/yy) 02/17/2017	4. Period End Date (mm/dd/yy) 06/30/2017	5. Treasurer Full Name KIM RONEY
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> 1		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name SELF-HELP CREDIT UNION	a. Financial Institution Full Name PAYPAL	b. Purpose CAMPAIGN	c. Account Code 1
b. Purpose CAMPAIGN	c. Account Code 1	b. Purpose WEBSITE	c. Account Code 2
d. Period Begln Balance \$ 216		d. Period Begln Balance \$ 0	

**CERTIFICATION**

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.

Kim Roney Printed Name of Signer [Signature] Signature of Appointed Treasurer 11/18/17 Date

**FOR OFFICE USE ONLY**

Date Received: NOV 18 2019 Employee: V. Puckett

Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_

Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_

**Delivery Method**  
☐ Normal Mail  
☐ Registered Mail  
☒ Hand Delivered  
☐ Electronically Filed  
☐ 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.

# Detailed Summary

Amendment

☐ Yes ☐ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
KIM RONEY FOR ASHEVILLE		2017 Mid-Year			
<b>Start of Election Cycle:</b>		<b>January 1,</b>		<b>2017</b>	
		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 216		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 8391.00		\$ 8447	
6) Contributions from Individuals (CRO-1210)		\$ 9724.24		\$ 9884.24	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 18115.24		\$ 18331.24	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 6814.87		\$ 6814.87	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 460.41		\$ 460.41	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 40		\$ 40	
17) In-Kind Contributions (CRO-1510)		\$ 6112.24		\$ 6112.24	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 13427.52		\$ 13427.52	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4903.72		\$ 4903.72	
<b>ADDITIONAL INFORMATION</b>					
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)		\$ 6500			
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)		\$		\$	

# Contributions from Individuals

Page 1 of 9

Amendment  
☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>						
<b>3. Contributor Information</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MAX ADAMS 41 OREGON AVE ASHEVILLE, NC 28806 (248) 462-0012				<b>b. Job Title/Profession</b> POTTER		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> EAST FORK POTTTERY		
				<b>e. Election Sum to Date</b> \$ 65.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	Credit Card		03/09/2017	\$ 5.00	
<input type="checkbox"/>	2	Credit Card		03/09/2017	\$ 60.00	
<input type="checkbox"/>					\$	
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>						
<b>3. Contributor Information</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ELE ANNAND 178 A WESTWOOD PLACE ASHEVILLE, NC 28806 (828) 279-2885				<b>b. Job Title/Profession</b> PRINTER		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> 7TON LETTER PRESS		
				<b>e. Election Sum to Date</b> \$ 150.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>		In-Kind	STATIONARY	05/05/2017	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>						
<b>3. Contributor Information</b>						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SABAN AYALA-TORRES 28 EDMONT AVE ASHEVILLE, NC 28801 (818) 602-8411				<b>b. Job Title/Profession</b> BOTTLE SLINGER		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> FUNKATORIUM		
				<b>e. Election Sum to Date</b> \$ 80.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	Credit Card		02/27/2017	\$ 40.00	
<input type="checkbox"/>	2	Credit Card		02/27/2017	\$ 40.00	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 295.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,724.24	

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) EVELYN BREZINER 164 HILLSIDE ST ASHEVILLE, NC 28801 (404) 108-8694				<b>b. Job Title/Profession</b> SERVER		<b>d. Comments</b>  
				<b>c. Employer's Name/Specific Field</b> SONOR RESTAURANT		
				<b>e. Election Sum to Date</b> \$ 80.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	Credit Card		03/09/2017	\$ 80.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LIZ BRITTON 81 SWANNANOVA AVE ASHEVILLE, NC 28806 (803) 479-8845				<b>b. Job Title/Profession</b> CPA		<b>d. Comments</b>  
				<b>c. Employer's Name/Specific Field</b> DHG		
				<b>e. Election Sum to Date</b> \$ 60.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	Credit Card		03/01/2017	\$ 40.00	
<input type="checkbox"/>	1	Cash		03/10/2017	\$ 20.00	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MATTHEW BURD 1975 RIVERSIDE DR ASHEVILLE, NC 28806 (828) 989-4611				<b>b. Job Title/Profession</b> BARISTA/OWNER		<b>d. Comments</b>  
				<b>c. Employer's Name/Specific Field</b> PENNY CUP COFFEE CO		
				<b>e. Election Sum to Date</b> \$ 65.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	2	Credit Card		03/08/2017	\$ 25.00	
<input type="checkbox"/>	2	Credit Card		03/08/2017	\$ 40.00	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 205.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 9,724.24	

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GREG CARTWRIGHT 7 LOWELL ST ASHEVILLE, NC 28803 (828) 505-5005	<b>b. Job Title/Profession</b> MUSICIAN  <b>c. Employer's Name/Specific Field</b> SELF-EMPLOYEED	<b>e. Election Sum to Date</b> \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	PERFORMANCE	03/10/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JEFF CLARK 787 EAST LONGBAY DR INMAN, SC 29349 (864) 431-3371	<b>b. Job Title/Profession</b> INSURANCE AGENT  <b>c. Employer's Name/Specific Field</b> SELF-EMPLOYEEER	<b>e. Election Sum to Date</b> \$ 140.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/>	1	Cash		03/10/2017	\$ 100.00
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DREW FINDLEY 101 DUNWELL AVE ASHEVILLE, NC 28806 (828) 423-1480	<b>b. Job Title/Profession</b> OWNER  <b>c. Employer's Name/Specific Field</b> SUBJECT MATTER STUDIOS	<b>e. Election Sum to Date</b> \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	POSTERS	03/07/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 340.00

**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)

\$ 9,724.24

CRO-1210

NC State Board of Elections

April 2007

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) URSULA FINLEY 104 ALPINE WAY ASHEVILLE, NC 28805 (803) 370-3278		<b>b. Job Title/Profession</b> ADMIN		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> ECS		<b>e. Election Sum to Date</b> \$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	2	Credit Card		03/04/2017	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LILIANA HUDGENS 2 CALEDONIA RD ASHEVILLE, NC 28803 (404) 993-7068		<b>b. Job Title/Profession</b> SELF EMPLOYEED		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> SELF EMPLOYEED		<b>e. Election Sum to Date</b> \$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	2	Credit Card		03/03/2017	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JON LARABEE 36 BRUCEMONT CIRCLE ASHEVILLE, NC 28806 (503) 706-9183		<b>b. Job Title/Profession</b> OBGYN		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> WOMEN'S MEDICAL CENTER		<b>e. Election Sum to Date</b> \$ 60.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	2	Credit Card		02/28/2017	\$ 40.00
<input type="checkbox"/>	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/>					\$

**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)

CRO-1210

NC State Board of Elections

April 2007

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TODD LESTER 37 FAIRFAX AVE ASHEVILLE, NC 28806 (646) 220-1810	<b>b. Job Title/Profession</b> MEDIATOR	
	<b>c. Employer's Name/Specific Field</b> SELF EMPLOYEED	
		<b>e. Election Sum to Date</b> \$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		02/18/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) EMILY MCDANIEL 101 VERMONT AVE ASHEVILLE, NC 28806 (339) 298-9629	<b>b. Job Title/Profession</b> GARDEN EDUCATOR	
	<b>c. Employer's Name/Specific Field</b> HOMEGROWN GARDENING	
		<b>e. Election Sum to Date</b> \$ 290.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/>	1	Check		03/01/2017	\$ 250.00
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ELLIOTT MOSS 162 COXE AVE ASHEVILLE, NC 28801 (803) 730-1480	<b>b. Job Title/Profession</b> CHEF	
	<b>c. Employer's Name/Specific Field</b> BUXTON HALL	
		<b>e. Election Sum to Date</b> \$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	FOOD FOR PARENT FORUM	03/26/2017	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**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)

\$ 840.00  
\$ 9,724.24

CRO-1210

NC State Board of Elections

April 2007



# Contributions from Individuals

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Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
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<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ANGEL OLSEN 82 CUMBERLAND AVE ASHEVILLE, NC 28806 (312) 952-8121	<b>b. Job Title/Profession</b> MUSICIAN	
	<b>c. Employer's Name/Specific Field</b> SELF-EMPLOYEED	
		<b>e. Election Sum to Date</b> \$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	PERFORMANCE	03/10/2017	\$ 5,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) RENEE OWEN 63 GARDEN CIRCLE ASHEVILLE, NC 28806	<b>b. Job Title/Profession</b> EXECUTIVE DIRECTOR	
	<b>c. Employer's Name/Specific Field</b> RAINBOW COMMUNITY SCHOOL	
		<b>e. Election Sum to Date</b> \$ 1,540.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		03/10/2017	\$ 40.00
<input type="checkbox"/>	1	Check		03/11/2017	\$ 500.00
<input type="checkbox"/>	1	Check		06/14/2017	\$ 1,000.00

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DONNA PAGE 11 E EUCLID PKWY ASHEVILLE, NC 28804 (828) 712-3849	<b>b. Job Title/Profession</b> PEDIATRICIAN	
	<b>c. Employer's Name/Specific Field</b> ASHEVILLE PEDIATRICS	
		<b>e. Election Sum to Date</b> \$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		04/04/2017	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**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)

\$ 6,740.00

\$ 9,724.24



# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Pg 7 of 9

Amendment

☐ Yes ☒ No

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
---	---------------------

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LYNN RAPP 127 RIVERVIEW DR APT 1 ASHEVILLE, NC 28806	<b>b. Job Title/Profession</b> NURSE	
	<b>c. Employer's Name/Specific Field</b> BUNCOMBE COUNTY	
		<b>e. Election Sum to Date</b> \$ 82.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Cash		05/07/2017	\$ 82.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GARY RAY 18 SANDON DR ASHEVILLE, NC 28804	<b>b. Job Title/Profession</b> N/A	
	<b>c. Employer's Name/Specific Field</b> RETIRED	
		<b>e. Election Sum to Date</b> \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		02/25/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LANE REED 83 BLUE RIDGE AVE ASHEVILLE, NC 28806 (828) 691-9502	<b>b. Job Title/Profession</b> OWNER	
	<b>c. Employer's Name/Specific Field</b> IMAGE 420	
		<b>e. Election Sum to Date</b> \$ 462.24

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>		In-Kind	STICKERS	03/08/2017	\$ 462.24
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**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)

\$ 644.24

\$ 9,724.24

# Contributions from Individuals

Pg 8 of 9

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
---	---------------------

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TYLER SHIPP 95 VIRGINIA AVE ASHEVILLE, NC 28806 (252) 221-5049			<b>b. Job Title/Profession</b> SELF EMPLOYEED		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> SELF EMPLOYEED		
					<b>e. Election Sum to Date</b> \$ 80.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	2	Credit Card		03/05/2017	\$ 20.00
<input type="checkbox"/>	2	Credit Card		03/06/2017	\$ 20.00
<input type="checkbox"/>	2	Credit Card		03/10/2017	\$ 40.00

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DYLAN SHROCK 93 BUCHANAN AVE ASHEVILLE, NC 28801 (239) 465-6811			<b>b. Job Title/Profession</b> CARPENTER		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> RED BARK COLLECTIVE		
					<b>e. Election Sum to Date</b> \$ 60.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Cash		03/10/2017	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) CLAUDETTE SILVER 426 APPLEDOOM CR ASHEVILLE, NC 28806 (828) 318-3233			<b>b. Job Title/Profession</b> OWNER		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> SILVER MUSE PRODUCTIONS		
					<b>e. Election Sum to Date</b> \$ 100.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	1	Check		05/15/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

**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)

NC State Board of Elections

April 2007

CRO-1210

# Contributions from Individuals

Pg 9 of 9

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE	<b>2. ID Number</b>
---	---------------------

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MEREDITH SINGER 12 RIDGWAY AVE ASHEVILLE, NC 28806 (828) 335-2717	<b>b. Job Title/Profession</b> NURSE PRACTICIONER	
	<b>c. Employer's Name/Specific Field</b> Carolina Spine & Neurosurgery Center	
		<b>e. Election Sum to Date</b> \$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	Check		06/10/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) KATE TETTEMER 24 WESTGATERD ASHEVILLE, NC 28806 (267) 884-4977	<b>b. Job Title/Profession</b> SALES	
	<b>c. Employer's Name/Specific Field</b> LEXINGTON GLASSWORKS	
		<b>e. Election Sum to Date</b> \$ 60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		03/07/2017	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		<b>d. Comments</b>
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) TIFFANY WHITE 238 COURTLAND PL ASHEVILLE, NC 28801 (828) 713-6484	<b>b. Job Title/Profession</b> E911	
	<b>c. Employer's Name/Specific Field</b> BUNCOMBE COUNTY	
		<b>e. Election Sum to Date</b> \$ 80.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		03/08/2017	\$ 40.00
<input type="checkbox"/>	2	Credit Card		03/08/2017	\$ 40.00
<input type="checkbox"/>					\$

<b>4. Total only this Page</b>	\$ 240.00
<b>5. Total of ALL CRO-1210 Pages</b>	\$ 9,724.24

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

CRO-1210

NC State Board of Elections

April 2007

# In-Kind Contributions

Pg 1 of 2

Amendment  
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE		<b>2. ID Number</b>	
<div style="text-align: right;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove                 </div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ELE ANNAND 178 A WESTWOOD PLACE ASHEVILLE, NC 28806 (828) 279-2885		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 150.00
<b>e. Description</b> STATIONARY	<b>f. Date (mm/dd/yyyy)</b> 05/05/2017	<b>g. Fair Market Amount</b> \$ 150.00	
		\$	
		\$	
<div style="text-align: right;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove                 </div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GREG CARTWRIGHT 7 LOWELL ST ASHEVILLE, NC 28803 (828) 505-5005		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 100.00
<b>e. Description</b> PERFORMANCE	<b>f. Date (mm/dd/yyyy)</b> 03/10/2017	<b>g. Fair Market Amount</b> \$ 100.00	
		\$	
		\$	
<div style="text-align: right;"> <input type="checkbox"/> Add <input type="checkbox"/> Remove                 </div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) DREW FINDLEY 101 DUNWELL AVE ASHEVILLE, NC 28806 (828) 423-1480		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 100.00
<b>e. Description</b> POSTERS	<b>f. Date (mm/dd/yyyy)</b> 03/07/2017	<b>g. Fair Market Amount</b> \$ 100.00	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 350.00	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 6,112.24	

# In-Kind Contributions

Pg 2 of 2

Amendment  
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE		<b>2. ID Number</b>	
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ELLIOTT MOSS 162 COXE AVE ASHEVILLE, NC 28801 (803) 730-1480		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 300.00
<b>e. Description</b> FOOD FOR PARENT FORUM	<b>f. Date (mm/dd/yyyy)</b> 03/26/2017	<b>g. Fair Market Amount</b> \$ 300.00	
		\$	
		\$	
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ANGEL OLSEN 82 CUMBERLAND AVE ASHEVILLE, NC 28806 (312) 952-8121		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 5,000.00
<b>e. Description</b> PERFORMANCE	<b>f. Date (mm/dd/yyyy)</b> 03/10/2017	<b>g. Fair Market Amount</b> \$ 5,000.00	
		\$	
		\$	
<div style="text-align: right;"><input type="checkbox"/> Add <input type="checkbox"/> Remove</div>			
<b>3. Contributor Information</b> <b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LANE REED 83 BLUE RIDGE AVE ASHEVILLE, NC 28806 (828) 691-9502		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 462.24
<b>e. Description</b> STICKERS	<b>f. Date (mm/dd/yyyy)</b> 03/08/2017	<b>g. Fair Market Amount</b> \$ 462.24	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 5,762.24	
<b>5. Total of ALL CRO-1510 Pages</b>		\$ 6,112.24	
(This line must be on line 17 of Detailed Summary Page CRO-1100)			

# Account Transfers Within the Committee

Page 1 of 1

Amendment

☐ Yes ☒ No

Use this form to transfer money between multiple bank, depository or credit accounts.

1. Committee Full Name (and Fund if applicable)

KIM RONEY FOR ASHEVILLE

2. ID Number

## 3. Transfer Information

a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	1	02/27/2017	\$ 500.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	1	03/06/2017	\$ 2,000.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	1	03/24/2017	\$ 3,000.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	1	05/15/2017	\$ 1,000.00
				\$ 6,500.00

4. Total only this Page

5. Total of ALL CRO-1720 Pages

(This line must be on line 24 of Detailed Summary Page CRO-1100)

\$ 6,500.00

CRO-1720

NC State Board of Elections

December 2007

# Aggregated Contributions from Individuals

Page 1 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KIM RONEY FOR ASHEVILLE					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		05/30/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/06/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/05/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 20.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 625.00
5. Total of ALL CRO-1205 Pages					\$ 8,391.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

CRO-1205

NC State Board of Elections

April 2007



# Aggregated Contributions from Individuals

Page 2 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KIM RONEY FOR ASHEVILLE					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/05/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Check		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/09/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		06/17/2017	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		04/20/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 11.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 671.00
5. Total of ALL CRO-1205 Pages					\$ 8,391.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

CRO-1205

NC State Board of Elections

April 2007

# Aggregated Contributions from Individuals

Page 3 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
KIM RONEY FOR ASHEVILLE	

3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/06/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/06/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 15.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 5.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		06/24/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/25/2017	\$ 10.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/28/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					

4. Total only this Page	\$ 620.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)	\$ 8,391.00

CRO-1205

NC State Board of Elections

April 2007

# Aggregated Contributions from Individuals

Page 4 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		04/16/2017	\$	11.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/04/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/01/2017	\$	24.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/04/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		04/17/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/10/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<b>4. Total only this Page</b>					\$	\$625.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 5 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/11/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/06/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		04/15/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/09/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/04/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<b>4. Total only this Page</b>					\$	\$655.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 6 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KIM RONEY FOR ASHEVILLE					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/05/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/06/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/01/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/28/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/08/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/06/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$ 20.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$ 40.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$ 20.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 720.00
5. Total of ALL CRO-1205 Pages					\$ 8,391.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)					

CRO-1205

NC State Board of Elections

April 2007

# Aggregated Contributions from Individuals

Page 7 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
KIM RONEY FOR ASHEVILLE						
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
					\$	\$605.00
4. Total only this Page					\$	\$8,391.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 8 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE						
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/26/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/31/2017	\$	25.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/05/2017	\$	20.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		02/27/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	\$575.00
<b>5. Total of ALL CRO-1205 Pages</b>					\$	\$8,391.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)						



# Aggregated Contributions from Individuals

Page 9 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	1.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/05/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	40.00
<b>4. Total only this Page</b>					\$	\$646.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 10 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/29/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/17/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Check		03/01/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/06/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		05/07/2017	\$	25.00
<b>4. Total only this Page</b>					\$	\$705.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 11 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	3.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	5.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<b>4. Total only this Page</b>					\$	\$583.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 12 of 14

Amendment  
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE					<b>2. ID Number</b>	
<b>3. Contributor Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		04/15/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/06/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/07/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/27/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/24/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/04/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/03/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/11/2017	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/04/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/05/2017	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$	17.00
<b>4. Total only this Page</b>					\$	\$687.00
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$8,391.00

# Aggregated Contributions from Individuals

Page 13 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$ 8.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$ 30.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/09/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$ 6.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		02/28/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/08/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/01/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		03/10/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$ 40.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		06/17/2017	\$ 10.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/02/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$ 20.00	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Credit Card		03/10/2017	\$ 40.00	
<b>4. Total only this Page</b>					\$ 634.00	
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 8,391.00	

**Aggregated Contributions from Individuals**Page 14 of 14

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE					
<b>3. Contributor Information</b>					
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
<input type="checkbox"/> Add	2	Credit Card		03/02/2017	\$ 40.00
<input type="checkbox"/> Remove					
<b>4. Total only this Page</b>				\$	\$40.00
<b>5. Total of ALL CRO-1205 Pages</b>				\$	\$8,391.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections

April 2007

# Disbursements

Pg 1 of 7

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<div style="display: flex; justify-content: space-between;"> <div> <b>4. Payee Information</b>  <b>a. Full Name, Mailing Address &amp; Phone</b>            (include city, state, &amp; zip)            7 TON LETTER PRESS            178 WESTWOOD PLACE            ASHEVILLE, NC 28806         </div> <div> <b>b. Coordinated Committee Name</b>   <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:         </div> <div> <b>d. Comments</b>   <b>e. Election Sum to Date</b>            \$ 112.35         </div> </div>							
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	B	05/07/2017	\$ 112.35	THANK YOU CARDS		
<div style="display: flex; justify-content: space-between;"> <div> <b>4. Payee Information</b>  <b>a. Full Name, Mailing Address &amp; Phone</b>            (include city, state, &amp; zip)            AMAZON            PO Box 81226            SEATTLE, WA 98108         </div> <div> <b>b. Coordinated Committee Name</b>   <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:         </div> <div> <b>d. Comments</b>   <b>e. Election Sum to Date</b>            \$ 160.71         </div> </div>							
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	K	03/20/2017	\$ 142.15	LABELS, PENCILS, SHARPIES, TABLETOP		
<div style="display: flex; justify-content: space-between;"> <div> <b>4. Payee Information</b>  <b>a. Full Name, Mailing Address &amp; Phone</b>            (include city, state, &amp; zip)            AMERICAN BUTTON MACHINES            1845 Summit Ave #408            PLANO, TX 75074         </div> <div> <b>b. Coordinated Committee Name</b>   <b>c. Level Registered (Specify)</b>  <input type="checkbox"/> Federal    <input type="checkbox"/> County:  <input type="checkbox"/> State    <input type="checkbox"/> Municipality:         </div> <div> <b>d. Comments</b>   <b>e. Election Sum to Date</b>            \$ 241.49         </div> </div>							
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	03/17/2017	\$ 241.49	BUTTON PARTS		
<b>5. Total only this Page</b>					\$ 495.99		
<b>6. Total of ALL CRO-1310 Pages</b> (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)					\$ 6,515.27		
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							



# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b>				<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) MAX COOPER 10 ENKA CRESCENT ST CANDLER, NC 28715				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 125.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	O	02/27/2017	\$ 125.00	PROFESSIONAL SERVICES		
				\$			
<b>4. Payee Information</b>				<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 30.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	AO	06/01/2017	\$ 10.00	FACEBOOK BOOST		
				\$			
<b>4. Payee Information</b>				<input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) GENENE CURRY ACCOUNTING PO BOX 17456 ASHEVILLE, NC 28816				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 65.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	O	05/18/2017	\$ 65.00	ACCOUNTING		
				\$			
<b>5. Total only this Page</b>						\$ 200.00	
<b>6. Total of ALL CRO-1310 Pages</b> (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)						\$ 6,515.27	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Pg 3 of 7

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HENCO 54 BROADWAY ASHEVILLE, NC 28801				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 207.05	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Check	B	03/06/2017	\$ 134.82	POSTERS AND MAGNETS		
1	Debit Card	B	05/02/2017	\$ 72.23	POSTERS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOLA MEDIA WOODFIN PO BOX 5146 ASHEVILLE, NC 28813				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 98.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	06/25/2017	\$ 98.67	TABLING AT HOLA ASHEVILLE		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOME DEPOT 127 ACTON CIRCLE ASHEVILLE, NC 28806				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 206.37	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	Debit Card	O	04/30/2017	\$ 206.37	POSTS & SCREWS FOR SIGNS		
<b>5. Total only this Page</b>						\$ 512.09	
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 6,515.27	
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i> A* - Media    B* - Printing    C* - Fundraising    D - To Another Candidate E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses I - Postage    J - Penalties    K* - Office Expenses    Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k)							

# Disbursements

Pg 4 of 7

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) EMMA HUTCHENS NC				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 140.37	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	C	03/23/2017	\$ 140.37	FELT AND MATERIALS FOR SIGNAGE		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) IMAGE 420 420 HAYWOOD RD ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,678.97	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	B	03/17/2017	\$ 763.98	SHIRTS		
1	Debit Card	B	04/18/2017	\$ 310.84	SHIRTS		
<b>4. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) IMAGE 420 420 HAYWOOD RD ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,678.97	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	B	05/03/2017	\$ 574.55	DOOR HANGERS		
1	Debit	B	5/3/2017	\$ 299.60	SHIRTS		
<b>5. Total only this Page</b>						\$ 1,789.74	
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 6,515.27	
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i> A* - Media    B* - Printing    C* - Fundraising    D - To Another Candidate E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses I - Postage    J - Penalties    K* - Office Expenses    Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k)							

# Disbursements

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LIGHTNING BOLT INC. 100 N LEXINGTON ASHEVILLE, NC 28801				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 571.26	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Check	B	03/17/2017	\$ 218.16	SHIRTS		
1	Check	B	03/22/2017	\$ 353.10	SHIRTS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) LOWES 95 SMOKEY PARK HWY ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 137.78	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	O	05/06/2017	\$ 54.92	SIGNS: PAINT SUPPLIES		
1	Debit Card	O	05/07/2017	\$ 57.74	SIGNS: SCREWS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ORANGE PEEL 101 BILTMORE AVE ASHEVILLE, NC 28801				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,000.00	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
2	Electric Funds Tran	C	02/24/2017	\$ 300.00	VENUE RENTAL DEPOSIT		
1	Check	C	03/10/2017	\$ 700.00	ROOM RENTAL		
<b>5. Total only this Page</b>					\$ 1,683.92		
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 6,515.27		
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

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Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) PAYPAL 2211 North First Street San Jose, CA 09513				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 330.42	
<b>f. Account Code</b> 2	<b>g. Form of Payment</b> Electric Funds Tran	<b>h. Purpose Code</b> C	<b>i. Date (mm/dd/yyyy)</b> 06/30/2017	<b>j. Amount</b> \$ 330.42	<b>k. Required Remarks</b> CREDIT CARD		
				\$	COLLECTION FEES		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SHERWIN WILLIAMS 1068 PATTON AVE ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 111.89	
<b>f. Account Code</b> 1	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> O	<b>i. Date (mm/dd/yyyy)</b> 05/01/2017	<b>j. Amount</b> \$ 111.89	<b>k. Required Remarks</b> PAINT FOR SIGNS		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) SOW TRUE SEED 146 CHURCH ST ASHEVILLE, NC 28801				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1,366.80	
<b>f. Account Code</b> 1	<b>g. Form of Payment</b> Check	<b>h. Purpose Code</b> B	<b>i. Date (mm/dd/yyyy)</b> 04/06/2017	<b>j. Amount</b> \$ 1,366.80	<b>k. Required Remarks</b> SEED PACKETS		
				\$			
<b>5. Total only this Page</b>					\$ 1,809.11		
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 6,515.27		
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above) A* - Media    B* - Printing    C* - Fundraising    D - To Another Candidate E - Salaries    F* - Equipment    G - Political Party    H* - Holding Public Office Expenses I - Postage    J - Penalties    K* - Office Expenses    Q* - Donation to Legal Expense Fund O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Disbursements

Page 7 of 7

Amendment  
☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> KIM RONEY FOR ASHEVILLE						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) UNITED STATES POSTAL SERVICE 1302 PATTON AVE ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 19.60	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	I	05/25/2017	\$ 19.60			
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) UPS STORE 30 WESTGATE PKWY ASHEVILLE, NC 28806				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 47.56	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>		
1	Debit Card	I	04/18/2017	\$ 4.82			
				\$			
<b>5. Total only this Page</b>					\$ 24.42		
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 6,515.27		
<b>7. Purpose Codes</b> (List detailed expenditure code in (h) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

CRO-1310

NC State Board of Elections

December 2009

6814.87



# Aggregated Non-Media Expenditures

Page 1 of 2

Amendment  
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KIM RONEY FOR ASHEVILLE							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	F	04/17/2017	\$ 8.51	CLIP BOARDS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/07/2017	\$ 17.63	SIGNS: PAINT SUPPLIES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/11/2017	\$ 13.35	SIGNS: PAINT	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	05/15/2017	\$ 18.56	LABELS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/19/2017	\$ 26.25	REGISTER ASSUMED NAME	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/19/2017	\$ 21.41	SIGNS: PAINT	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	03/10/2017	\$ 8.96	PENS AND INDEX CARDS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/01/2017	\$ 8.33	POSTER BOARD/SPONGES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/25/2017	\$ 18.41	UMBRELLA AND CANDY FOR	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	05/05/2017	\$ 3.95	CANVASING: DOG TREATS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Electric Funds Tran	K	03/03/2017	\$ 6.00	THANK YOU CARD - BRAILLE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	05/25/2017	\$ 6.00	THANK YOU CARD IN BRAILLE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/30/2017	\$ 20.00	FACEBOOK BOOST	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electric Funds Tran	K	02/23/2017	\$ 22.42	CHECKS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	05/02/2017	\$ 29.60	SHIRTS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	03/20/2017	\$ 1.85	MASKING TAPE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	03/25/2017	\$ 16.16	CANDY FOR PARENT FORUM TABLES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/01/2017	\$ 25.12	SIGNS: PAINT	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/01/2017	\$ 3.84	SIGNS: STENCIL	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	03/10/2017	\$ 29.00	WEBSITE	
<b>4. Total only this Page</b>					\$	305.35	
<b>5. Total of ALL CRO-1315 Pages</b> (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	490.01	
6. Purpose Codes (List detailed expenditure code in (d) above)							
B* - Printing		C* - Fundraising		D - To Another Candidate			
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses			
I - Postage		J - Penalties		K* - Office Expenses			
O* - Other				Q* - Donations to Legal Expense Fund			
* Codes require detailed explanation in required remarks field (g)							



# Aggregated Non-Media Expenditures

Page 2 of 2

Amendment  
☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable) KIM RONEY FOR ASHEVILLE					2. ID Number	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	04/10/2017	\$ 29.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	05/10/2017	\$ 29.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	06/10/2017	\$ 29.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	05/31/2017	\$ 15.00	BANK ACCOUNT FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Draft	O	06/30/2017	\$ 15.00	BANKING FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	04/17/2017	\$ 24.92	OFFICE SUPPLIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	03/09/2017	\$ 18.40	BUTTONS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	03/10/2017	\$ 12.84	COPIES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	04/29/2017	\$ 11.50	COPIES
4. Total only this Page					\$	184.66
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	490.01
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		G - Political Party		H* - Holding Public Office Expenses		
I - Postage		K* - Office Expenses		Q* - Donations to Legal Expense Fund		
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

460.41

# Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment  
☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE					
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>g. Comments</b>	
TARA O'LOUGHLIN 33 CLOYES ST ASHEVILLE, NC 28806 (828) 231-7679		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		<b>e. Level Registered (Specify)</b>		<b>h. Original Receipt Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		03/07/2017	
				<b>i. Original Receipt Amount</b>	
				\$ 40.00	
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose Code</b>	
TEACHER		SELF EMPLOYED		L	
				<b>j. Election Sum to Date</b>	
				\$ 40.00	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
2	Electric Funds Tran			03/07/2017	\$ 40.00
<b>4. Total only this Page</b>					\$ 40.00
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 40.00
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>					
L - Returned to Contributor    M - Overpayment for Service    N - Exceeded Contribution Limit P* - Reimbursement of In-Kin    O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007