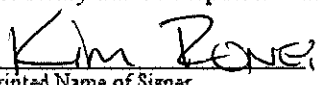
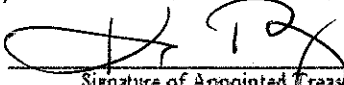
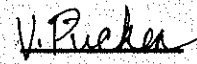


# Disclosure Report Cover

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>			
<b>a. Full Name</b> KIM RONEY FOR ASHEVILLE		<b>c. ID Number</b>	
<b>b. Mailing Address (include City, State and Zip Code)</b> 30 WESTGATE PKWY #149 ASHEVILLE, NC 28806		<b>d. Date Filed</b> 09/05/2017	
		<b>e. Phone Number</b>	
<b>2. Report Year</b> 2017	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/2017	<b>4. Period End Date (mm/dd/yy)</b> 08/29/2017	<b>5. Treasurer Full Name</b> KIM RONEY
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b>	
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special
<b>8. Number of Fundraisers this Report</b> 1		<b>10. Special Report Name</b>	
<b>3. Account Information</b>		<b>3. Account Information</b>	
<b>a. Financial Institution Full Name</b> SELF-HELP CREDIT UNION		<b>a. Financial Institution Full Name</b> PAYPAL	
<b>b. Purpose</b> FOR CAMPAIGN RELATED ACTIVITY	<b>c. Account Code</b> 1	<b>b. Purpose</b> FOR WEBSITE PURPOSES	<b>c. Account Code</b> 2
	<b>d. Period Begin Balance</b> \$ 4903.72 <sup>0.00</sup>		<b>d. Period Begin Balance</b> \$ 0.00
<b>CERTIFICATION</b> 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			
 Printed Name of Signer		 Signature of Appointed Treasurer	
		Date 11/18/19	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	NOV 18 2019	Employee	
Date Postmarked:		Employee	
Date Scanned:		Employee	
Date Data Entered:		Employee	
		<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> 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 Thirty-Five			
<b>Start of Election Cycle:</b> January 1, 2017		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
4) Cash on Hand at Start		\$ 4903.72		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 328.00		\$ 8775	
6) Contributions from Individuals (CRO-1210)		\$ 275		\$ 10159.24	
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)		\$ .18		\$ 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)		\$ 603.18		\$ 18934.42	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 580.99		\$ 7395.86	
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)		\$ 257.02		\$ 717.43	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 40	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 6112.24	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 838.01		\$ 14265.53	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4668.89		\$ 4668.89	
<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)		\$ 0			
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)		\$		\$	

# Aggregated Contributions from Individuals

Page 1 of 1

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		08/10/2017	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		08/11/2017	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 13.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 5.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 5.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 5.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 10.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		07/29/2017	\$ 20.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		08/08/2017	\$ 25.00	
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$ 328.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 328.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Page 1 of 3

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) KEN ABBOTT 271 FAIRWAY DR ASHEVILLE, NC 28805				<b>b. Job Title/Profession</b> LOW ALTITUDE AERIAL PHOTOGRAPHY <b>c. Employer's Name/Specific Field</b> KEN ABBOTT PHOTOGRAPHY		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 75.00	
<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		08/13/2017	\$ 50.00		
<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) TODD LESTER 37 FAIRFAX AVE ASHEVILLE, NC 28806				<b>b. Job Title/Profession</b> MEDIATOR <b>c. Employer's Name/Specific Field</b> SELF EMPLOYED		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 260.00	
<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		07/29/2017	\$ 10.00		
<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) 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>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 1,545.00	
<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		07/29/2017	\$ 5.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>					\$ 65.00		
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 275.00		

# Contributions from Individuals

Pg 2 of 3

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) ESTHER CARTWRIGHT 7 Lowell Street ASHEVILLE, NC 28803				<b>b. Job Title/Profession</b> Controller		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> AVL Technologies			
						<b>e. Election Sum to Date</b> \$ 110.00	
<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		07/29/2017		\$ 10.00	
<input checked="" type="checkbox"/>	1	Check		02/15/2017		\$ 100.00	
<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) NOAH PRINSEN 21 GRAIL ST APT 3 ASHEVILLE, NC 28801				<b>b. Job Title/Profession</b> TRAINED MONKEY		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> HORSE & HERO			
						<b>e. Election Sum to Date</b> \$ 70.00	
<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		08/17/2017		\$ 50.00	
<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) CHRIS SCHMIDT 128 WESTWOOD RD ASHEVILLE, NC 28804				<b>b. Job Title/Profession</b> TEACHER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> BUNCOMBE COUNTY			
						<b>e. Election Sum to Date</b> \$ 70.00	
<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		08/18/2017		\$ 50.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 110.00	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 275.00	

# Contributions from Individuals

Page 3 of 3

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) JOSEPH KINCADE 2384 BURNT CREEK RD DECAUTER, GA 30033				<b>b. Job Title/Profession</b> RETIRED		<b>d. Comments</b>
				<b>c. Employer's Name/Specific Field</b> RETIRED		
				<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		08/20/2017		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>						\$ 100.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 275.00

CRO-1210

NC State Board of Elections

April 2007

# Other Receipt Sources

Page 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE					
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
SELF-HELP CREDIT UNION 391 SOUTH FRENCH BROAD AVE ASHEVILLE, NC 28801			<b>c. Outside Source Explanation</b>		
					<b>e. Election Sum to Date</b>
					\$ 0.18
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
1	Electronic Funds Tra		07/31/2017	\$ 0.18	
				\$	
<b>5. Total only this Page</b>					\$ 0.18
<b>6. Total of ALL CRO-1250 Pages</b>					\$ 0.18
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

CRO-1250

NC State Board of Elections

December 2007

# Disbursements

Pg 1 of 3

Amendment

☐ Yes ☒ No

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

## 1. Committee Full Name (and Fund if applicable)

KIM RONEY FOR ASHEVILLE

## 2. ID Number

## 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

## 4. Payee Information

☐ Add ☐ Remove

### a. Full Name, Mailing Address & Phone (include city, state, & zip)

BUNCOMBE COUNTY BOARD OF ELECTIONS  
77 MCDOWELL ST  
ASHEVILLE, NC 28801  
(828) 250-4200

### b. Coordinated Committee Name

### d. Comments

### c. Level Registered (Specify)

☐ Federal ☐ County:  
☐ State ☐ Municipality:

### e. Election Sum to Date

\$ 75.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	O	08/15/2017	\$ 75.00	FILING
				\$	

## 4. Payee Information

☐ Add ☐ Remove

### a. Full Name, Mailing Address & Phone (include city, state, & zip)

GENENE CURRY ACCOUNTING LLC  
341 EMMA RD  
APT 2  
ASHEVILLE, NC 28806  
(404) 932-9811

### b. Coordinated Committee Name

### d. Comments

### c. Level Registered (Specify)

☐ Federal ☐ County:  
☐ State ☐ Municipality:

### e. Election Sum to Date

\$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Debit Card	O	08/08/2017	\$ 150.00	ACCOUNTANT
				\$	

## 4. Payee Information

☐ Add ☐ Remove

### a. Full Name, Mailing Address & Phone (include city, state, & zip)

NC STATE BOARD OF ELECTIONS  
PO BOX 27255  
RALEIGH, NC 27611

### b. Coordinated Committee Name

### d. Comments

### c. Level Registered (Specify)

☐ Federal ☐ County:  
☐ State ☐ Municipality:

### e. Election Sum to Date

\$ 92.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	J	08/15/2017	\$ 92.00	
				\$	

## 5. Total only this Page

\$ 317.00

## 6. Total of ALL CRO-1310 Pages

(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)

\$ 580.99

## 7. Purpose Codes (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 2 of 3

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) AFFORDABLE EQUIPMENT RENTAL 1934 SPARTANBURG HWY HENDERSONVILLE, NC 29792 (828) 697-9100				<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> \$ 88.47	
<b>f. Account Code</b> 1	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> C	<b>i. Date (mm/dd/yyyy)</b> 07/31/2017	<b>j. Amount</b> \$ 88.47	<b>k. Required Remarks</b> DUNK TANK		
<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) AMAZON PO Box 81226 SEATTLE, WA 98108				<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> \$ 238.86	
<b>f. Account Code</b> 1	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> C	<b>i. Date (mm/dd/yyyy)</b> 07/27/2017	<b>j. Amount</b> \$ 54.95	<b>k. Required Remarks</b> SOCCER GOALS FOR FIELD DAY		
<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) MICROSOFT OFFICE 3180 18TH STREET SEATTLE, WA 40858				<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> \$ 68.00	
<b>f. Account Code</b> 1	<b>g. Form of Payment</b> Debit Card	<b>h. Purpose Code</b> K	<b>i. Date (mm/dd/yyyy)</b> 07/20/2017	<b>j. Amount</b> \$ 68.00	<b>k. Required Remarks</b> MICROSOFT OFFICE		
<b>5. Total only this Page</b>						\$ 211.42	
<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>						\$ 580.99	
<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

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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>				<b>2. ID Number</b>	
KIM RONEY FOR ASHEVILLE					
<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)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
CELEBRATIONS 299 SWANNANOA RIVER RD ASHEVILLE, NC 28804 (828) 255-5868					
			<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>
					\$ 52.57
<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	C	07/31/2017	\$ 52.57	BALLOONS AND
				\$	STREAMERS
<b>5. Total only this Page</b>					\$ 52.57
<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)					\$ 580.99
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

CRO-1310

NC State Board of Elections

December 2009

# Aggregated Non-Media Expenditures

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

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Amendment

☐ Yes ☒ No

## 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	07/03/2017	\$ 9.28	ADDRESS LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electronic Funds Tra	O	07/31/2017	\$ 15.00	BUSINESS ACCOUNT MAINTENANCE FEE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	08/10/2017	\$ 29.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	08/12/2017	\$ 7.48	SALAD FOR SENIOR DEMS POTLUCK
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	08/18/2017	\$ 17.05	FOOD FOR VOLUNTEER EVENT
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	08/28/2017	\$ 13.92	ADDRESS LABELS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Electronic Funds Tra	O	08/18/2017	\$ 7.31	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	08/01/2017	\$ 15.00	FACEBOOK BOOST
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	07/10/2017	\$ 29.00	WEBSITE
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	07/24/2017	\$ 25.00	FACEBOOK BOOST
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	07/24/2017	\$ 49.67	PIZZA FOR VOLUNTEERS
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	KO	07/29/2017	\$ 39.31	STENCILS FOR SIGNS

## 4. Total only this Page

\$ 257.02

## 5. Total of ALL CRO-1315 Pages

(This line must be on line 14 of Detailed Summary Page CRO-1100)

\$ 257.02

## 6. Purpose Codes (List detailed expenditure code in (d) above)

E - Salaries	B* - Printing	C* - Fundraising	D - To Another Candidate
I - Postage	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
O* - Other	J - Penalties	K* - Office Expenses	Q* - Donations to Legal Expense Fund

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

CRO-1315

NC State Board of Elections

December 2009