

TO: Campaign Finance, Forsyth County Board of Elections
 Forsyth County Government Center
 201 N Chestnut St.
 Winston-Salem, NC 27101-4120

Independent Expenditure Report Cover

Amendment
 Yes No

This form should be accompanied by forms CRO-2210B and CRO-2210C. For statutory guidance, please refer to N.C.G.S. § 163-278.12 & 163.278.6(9a).

1. Reporting Entity Information			
a. Full Name of Entity Making Disbursement Albert Harbury		d. Entity Type (Check One) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Other Organization <input type="checkbox"/> Nonprofit Organization	
b. Mailing Address (include City, State and Zip Code) and Phone Number 6606 Village Brook Trail Clemmons, NC 27012		e. Federal ID Number (if applicable)	
c. Report Type <input checked="" type="checkbox"/> Initial Quarterly: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> 48 Hour Semi-Annual: <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Other (Specify)		f. Date Filed 10/16/2017	
		g. Employer's Name or Principal Place of Business self	h. Occupation retired
2. Report Year 2017	3. Period Start Date (mm/dd/yyyy) 10/11/2017	4. Period End Date (mm/dd/yyyy) 11/07/2017	
5. Custodian of Books			
a. Full Name of Entity's Custodian of Books and Accounts Albert Harbury		c. Employer's Name or Principal Place of Business self	
b. Mailing Address (include City, State and Zip Code) and Phone Number 6606 Village Brook Trail Clemmons, NC 27012		d. Occupation retired	
6. Total Donations ALL Pages			\$ 0
7. Total Expenditures ALL Pages			\$ 408.12
CERTIFICATION			
I certify that this statement is complete, true and correct.			
Albert Harbury Printed Name of Signer		 Signature	10/16/2017 Date

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 FORSYTH COUNTY
 CAMPAIGN FINANCE

Donations for Independent Expenditures

Use this form to identify each person or entity making a donation of more than \$100, or \$1,000 during the 48 hour reporting period to the entity filing the report if the donation was made to further the reported independent expenditure or contributions

1. Donation Information

a. Item Num	b. Full Name, Mailing Address & Phone Number (include city, state, and zip)	c. Principal Occupation of Donor	d. Date (mm/dd/yyyy)	e. Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Not Applicable

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ALLEN COUNTY

2. Total Donations THIS Page (sum all the '1e' entries on this page) \$

3. Total Donations ALL Pages (sum all the '1e' entries on all receipt pages) \$

Incurred Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information

a. Item Number <u>1</u>	b. Incurred Date (mm/dd/yyyy) <u>10/11/2017</u>	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) <u>2-sided 8 1/2 x 11 folded flyer "median"</u>
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number <u>Immedia Print 1411 Main St Winston-Salem NC 27127 (336) 724-7577</u>	f. Amount <u>\$ 305⁷²</u>
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Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____

Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ Co. _____ <input type="checkbox"/> Other Office: _____ County/District: _____

Referendum Name	Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number <u>2</u>	b. Incurred Date (mm/dd/yyyy) <u>10/11/2017</u>	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) <u>reproduction, 1-pg flyer, "median"</u>
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e. Full Name, Mailing Address (include city, state, and zip) & Phone Number <u>Staples 3630 Clemmons Rd ^{cut} 2509A Lewisville-Clemmons Rd Clemmons, NC 27012 (800) 275-8777 (336) 766-1601</u>	f. Amount <u>\$</u>
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Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____

Candidate Full Name	Amount	Office Sought
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____ County/District: _____

Referendum Name	Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(sum all the '1's' entries on this page)	\$ <u>312⁵⁸</u>
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3. Total Expenditures ALL Pages	(sum all the '1's' entries on all expenditure pages)	\$ <u>408¹²</u>
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 STATE BOARD OF ELECTIONS

Incurring Costs for Independent Expenditures

Use this form to report Independent Expenditures within 30 days after they exceed \$100 or 10 days before an election they affect. This form should also be used to report incurred costs of \$5,000 or more before an election but after the period covered by the last report due before that election. Registered committees use form CRO - 2520.

1. Expenditure Information

a. Item Number 3	b. Incurred Date (mm/dd/yyyy) 10/13/2017	c. Communication Start Date	d. Purpose (including title(s) of communication(s)) SIGNS "do not stop the median"
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number Immedia Print 1411 Main St. Winston-Salem NC 27127 (336) 724-7577			f. Amount \$ 95⁵⁴
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____	County/District: _____
NOT APPLICABLE			
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____	County/District: _____
Referendum Name	Amount	Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

a. Item Number	b. Incurred Date (mm/dd/yyyy)	c. Communication Start Date	d. Purpose (including title(s) of communication(s))
e. Full Name, Mailing Address (include city, state, and zip) & Phone Number			f. Amount
Candidate Full Name			\$
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____	County/District: _____
Candidate Full Name	Amount	Office Sought	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$	<input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Co./Municipal Office _____ <input type="checkbox"/> Other Office: _____	County/District: _____
Referendum Name	Amount	Date	Level
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	\$		<input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality

2. Total Expenditures THIS Page	(sum all the 'f' entries on this page)	\$ 95⁵⁴
3. Total Expenditures ALL Pages	(sum all the 'f' entries on all expenditure pages)	\$ 408¹²

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