


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.

| | | | |
|---|--|---|---|
| 1. Committee Information | | | |
| a. Full Name KENNETH T. COWAN | | c. ID Number 541699 | |
| b. Mailing Address (include City, State and Zip Code) MAIL - P.O. Box 908 - BUNN 28425 Physic - 304 South Bickett St - 28425 | | d. Date Filed 1/26/18 | |
| | | e. Phone Number 910-209-9250 | |
| 2. Report Year 2019 | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) 1/26/18 | 5. Treasurer Full Name Kenneth T. Cowan |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund | | Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | State/County <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 checked="" type="checkbox"/> Final <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name FIRST NATIONAL BANK | | a. Financial Institution Full Name | |
| b. Purpose Campaign | c. Account Code KC | b. Purpose | c. Account Code |
| Finance | d. Period Begin Balance \$ -0- | | d. Period Begin Balance \$ |
| 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. | | | |
| Kenneth T. Cowan Printed Name of Signer | |  Signature of Appointed Treasurer | 1-26-18 Date |
| FOR OFFICE USE ONLY | | | |
| Date Received: 1-26-2018 | Employee: TL | Delivery Method | |
| Date Postmarked: _____ | Employee: _____ | <input type="checkbox"/> Normal Mail | |
| Date Scanned: _____ | Employee: _____ | <input type="checkbox"/> Registered Mail | |
| Date Data Entered: _____ | Employee: _____ | <input checked="" type="checkbox"/> Hand Delivered | |
| | | <input type="checkbox"/> Electronically Filed | |
| | | <input type="checkbox"/> 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

| | | | | | |
|--|--|-------------------|-----------------------------|--------------|---------------------------|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| KARWETA T. BROWN | | FINAN | | 5H1699 | |
| Start of Election Cycle: January 1, _____ | | | Total this Reporting Period | | Total this Election Cycle |
| 4) Cash on Hand at Start | | | \$ -0- | | \$ -0- |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | | (CRO-1205) | \$ 2400.00 | \$ 2400.00 | |
| 6) Contributions from Individuals | | (CRO-1210) | \$ | \$ | |
| 7) Contributions from Political Party Committees | | (CRO-1220) | \$ | \$ | |
| 8) Contributions from Other Political Committees | | (CRO-1230) | \$ | \$ | |
| 9) Loan Proceeds | | (CRO-1410) | \$ | \$ | |
| 10) Refunds/Reimbursements to the Committee | | (CRO-1240) | \$ | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts | | (CRO-1250) | \$ | \$ | |
| 11b) Contributions from Not-For-Profit Organizations | | (CRO-1250) | \$ | \$ | |
| 11c) Outside Sources of Income | | (CRO-1250) | \$ | \$ | |
| 11d) Legal Expense Fund - Other Sources | | (CRO-1270) | \$ | \$ | |
| 11e) Exempt Purchase Price Sales | | (CRO-1265) | \$ | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | | \$ 2400.00 | \$ 2400.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | | (CRO-1310) | \$ 2237.41 | \$ 2237.41 | |
| 13b) Contributions to Candidates/Political Committees | | (CRO-1310) | \$ | \$ | |
| 13c) Coordinated Party Expenditures | | (CRO-1310) | \$ | \$ | |
| 14) Aggregated Non-Media Expenditures | | (CRO-1315) | \$ | \$ | |
| 15) Loan Repayments | | (CRO-1420) | \$ | \$ | |
| 16) Refunds/Reimbursements from the Committee | | (CRO-1320) | \$ 162.59 | \$ 162.59 | |
| 17) In-Kind Contributions | | (CRO-1510) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | | \$ 2400.00 | \$ 2400.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | | \$ | \$ | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees | | (CRO-1330) | \$ | | |
| 21) Outstanding Loans (incl. ones from other campaigns) | | (CRO-1430) | \$ | | |
| 22) Debts and Obligations owed by the Committee | | (CRO-1610) | \$ | | |
| 23) Debts and Obligations owed to the Committee | | (CRO-1620) | \$ | | |
| 24) Account Transfers Within the Committee | | (CRO-1720) | \$ | | |
| 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

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

| | | | | | | | |
|---|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| KENNETH T. COWAN | | | | | | 5HAB99 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| KENNETH T. COWAN 314 SOUTH BUCKET ST - BUNN NC 28015 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | CANDIDATE | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100 - | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | KE | CASH | | 7/13/17 | \$ 100 - | | |
| <input type="checkbox"/> | KE | CASH | | 8/24/17 | \$ 500 - | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| BOBBY CONNELLEY 801 EAST FRONT ST. BUNN NC 28015 | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | KE | CASH | | 8/24/17 | \$ 50 - | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Hugh Highsmith 403 South Bucket St - BUNN NC 28015 | | | | Auto Dealer | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 500 - | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | KE | CHECK | | 8/24/17 | \$ 500 - | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1150 - | |
| 5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | \$ 2400 - | |

Contributions from Individuals

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

| | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|------------------|--------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| KENNETH T. COXON | | | | | | 554699 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| CHARLES BROOKS 105 N - BURNETT ST - BOYDTON, NC 28425 | | | | FARMER | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 500 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | KC | CHECK | | 8/24/17 | \$ 500 - | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| HERBERT DOORMAN PO Box 1436 BOYDTON, NC 28425 | | | | SALES/MKTG | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 500 - |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | KC | CHECK | | 8/24/09 | \$ 500 - | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments |
| ANN DEBMAN PO Box 433 ATKINSON, NC 28421 | | | | FUNERAL HOME | | |
| | | | | c. Employer's Name/Specific Field | | |
| | | | | | | e. Election Sum to Date |
| | | | | | | \$ 100 - |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | KC | CHECK | | 9/25/17 | \$ 100 - | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 1100 |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 2400 |

Contributions from Individuals

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

| | | | | | | |
|--|------------------------|---------------------------|--|-----------------------------|--------------------------------|---------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Kenneth T. Cowan | | | | | | 544699 |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jimmy Basden PO Box 436 Burgin, NC 28425 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50 - | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | KC | CHECK | | 10/30/17 | \$ 50 - | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Jack Stocks | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 - | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | KC | CASH | | 11/14/17 | \$ 100 - | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 150 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 2400 | |

Disbursements

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) | | | | | | 2. ID Number | |
| KENNETH T. CORAN | | | | | | 546699 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST NATIONAL BANK BOGARTW, NC 28015 | | | | | | BANK FEES | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 3.95 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1C | ADDITIONAL | 0 | 8/25/17 | \$ 3.95 | BANK FEES | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST NATIONAL BANK BOGARTW, NC 28015 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 3.95 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1C | ADDITIONAL | 0 | 9/16/17 | \$ 3.95 | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| FIRST NATIONAL BANK BOGARTW, NC 28015 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 3.95 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 1C | ADDITIONAL | 0 | 10/16/17 | \$ 3.95 | BANK FEES | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$ 11.85 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 2437.41 | |
| (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) | | | | | | 2400 VC | |
| 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

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) KENNETH T. COHN | | | | | | 2. ID Number 5H2699 |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) FIRST NATIONAL BANK BOUNSBORO, NC 28425 | | | | b. Coordinated Committee Name | | d. Comments |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 8.95 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| KE | AUTO WITHDRAWAL | 0 | 4/24/17 | \$ 3.95 | Bank fees | |
| KE | u | 0 | 11/26/17 | \$ 5.00 | Bank fees | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) FIRST NATIONAL BANK BOUNSBORO, NC 28425 | | | | b. Coordinated Committee Name | | d. Comments |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 8.95 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| KE | AUTO WITHDRAWAL | 0 | 12/16/17 | \$ 3.95 | Bank fees | |
| KE | u | 0 | 12/21/17 | \$ 5.00 | Bank fees | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (Include city, state, & zip) TOTRA IMAGE 745 A-HUGGINS ST BOUNSBORO, NC 28425 | | | | 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 \$ 409.97 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| KE | CHECK | B | 8/29/17 | \$ 337.33 | SIGNUS | |
| KE | CHECK | B | 8/30/17 | \$ 72.59 | SIGNUS | |
| 5. Total only this Page | | | | | | \$ 427.51 |
| 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) | | | | | | \$ 2737.41 2900 432 |
| 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

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) <i>KENNETH T. COWAN</i> | 2. ID Number <i>542699</i> |
|--|-------------------------------|

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) <i>Pender Topmail Post + Voice PO Box 955 Burgaw, NC 28428</i> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 831.50</i> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|---------------------|
| <i>KC</i> | <i>check</i> | <i>A</i> | <i>9/22/17</i> | <i>\$ 102.00</i> | <i>NEWS ADS</i> |
| <i>KC</i> | <i>check</i> | <i>A</i> | <i>11/3/17</i> | <i>\$ 729.50</i> | <i>NEWS ADS</i> |

4. Payee Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Total Image 745 A Hwy 117 South Burgaw, NC 28428</i> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 549.77</i> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|-------------------------------------|---------------------|
| <i>KC</i> | <i>check</i> | <i>B</i> | <i>9/22/17</i> | <i>\$ 373.60</i> | <i>Signs</i> |
| <i>KC</i> | <i>check</i> | <i>B</i> | <i>9/26/17</i> | <i>225.67 225.67</i> | <i>Signs</i> |

4. Payee Information Add Remove

| | | |
|--|--|---|
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>Total Image 745 A Hwy 117 South Burgaw, NC 28428</i> | b. Coordinated Committee Name | d. Comments |
| | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | e. Election Sum to Date <i>\$ 310.90</i> |

| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
|-----------------|--------------------|-----------------|----------------------|------------------|---------------------|
| <i>KC</i> | <i>check</i> | <i>B</i> | <i>9/26/17</i> | <i>\$ 310.90</i> | <i>Signs</i> |
| | | | | <i>\$</i> | |

5. Total only this Page *\$ 174.67*

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)
\$ 2237.41
~~*\$ 2400*~~
KC

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

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) | | | | | 2. ID Number | |
| Kerueeta T. Bawn | | | | | 544699 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | |
| <input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| Leon Chisolm PO Box 3347 Wilmington NC 28406 | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 5607 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| KC | check | B | 10/27/17 | \$ 56.07 | 3192 | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| Kerueeta T. Bawn 314 South Market St. PO Box 408 Wilmington NC 28405 | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| KC | check | | 4/28/18 | \$162.59 | 50 | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments |
| | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 219 5607 | |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 3237.41 | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | \$ 2400 | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | ice | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| 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) | | | | | | |

Refunds/Reimbursements From the Committee

Pg ____ of ____

Amendment
 Yes No

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

| | | | | | |
|--|--|-----------------------------------|---|---------------------------------|----------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| KEWETH T. BOGAN | | | 5HL699 | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| KEWETH T. BOGAN 314 S-BICKETT ST - BOGAN, NC 27405 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 8-27-17 |
| | | | e. Level Registered | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 500 |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | | | \$ 600 |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments | |
| | | | | | |
| l. Form of Payment | | m. Required Remarks | | n. Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | o. Amount | |
| | | | | \$ 162.59 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments | |
| | | | | | |
| l. Form of Payment | | m. Required Remarks | | n. Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | o. Amount | |
| | | | | \$ | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | d. Type of Committee | | h. Original Receipt Date |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | |
| | | | e. Level Registered | | i. Original Receipt Amount |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ |
| | | | f. Purpose Code | | j. Election Sum to Date |
| | | | | | \$ |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | g. Comments | |
| | | | | | |
| l. Form of Payment | | m. Required Remarks | | n. Date (mm/dd/yyyy) | |
| | | | | | |
| | | | | o. Amount | |
| | | | | \$ | |
| 4. Total only this Page | | | | | \$ 162.59 |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | | \$ 162.59 |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor | | M - Overpayment for Service | | N - Exceeded Contribution Limit | |
| P* - Reimbursement of In-Kind | | O* Other | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |



North Carolina
 State Board of Elections
 441 N Harrington Street
 Raleigh, NC 27603

Kim Westbrook Strach
 Executive Director

Mailing Address
 PO Box 27255
 Raleigh, NC 27611-7255
 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:

KENNETH T. COWAN

Treasurer Name:

JAMES

Treasurer Address:

314 SOUTH BUCKETT ST

(include city, state, & zip)

BISSONVILLE, NC 28415

Treasurer Phone:

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-26-18
 Date Signed

[Signature]
 Signature