### 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 In	formation							
a. Full Name								c. ID Number
COMMITTEE '	TO ELECT JO	HN REBHOL	Z	ne	CE	IVED		
b. Mailing Addre	ss (include Cit	y, State and Zir	Code)	K				d. Date Filed
203 ASHLEY I	LANE		,	FEB 1 9 2020			02/18/2020	
CHOCOWINIT	1 Y, NC 2/81/					County		e. Phone Number
				8	oard o	t County Elections		
2. Report Year	3. Period Star	t Date (mm/dd/y	yy)	4. Period	End Da	te (mm/dd/yy)	5. Treasur	er Full Name
2020		1/01/2020		(	)2/15/2	020	KENNET	H MACMILLAN
6. Type of Comm	nittee (Check C	ne)	9. Typ	e of Report	(c)	heck only one	type of rep	ort from one category)
Candidate Can			Munic	-		State/County		Referendum
Joint Fundrais	heed			Organizatio	0.00	Organizatio	onal	Organizational
Referendum	Nomen S .	al Expense Fund		Thirty-five	6010170	Quarterly		Pre-referendum
7. Type of Fund	Company of the second second second second	le, check one)		Pre-primary		First		Final
☐ "Booster Fund	i"			Pre-election	l	Second		Supplemental Final
Building Fund				Pre-runoff		Third		Annual Special
loren)	lection Year Can			Semi-annual Mid Ye		Fourth Semi-annua		Special
NC Public Can	npaign Financing	runa		Year E		Mid Ye	===	10. Special Report Name
Other:				Final	ıu	Year E		10. Special report rame
8. Number of Fu	indraicare this	Danort	lii	Special		Final		
o. Number of Ft	5	report		op v v ····		Special		
2 1 17 6			<u> </u>		3 400	ount Informat		
3. Account Info		me				ncial Instituti		1e
CRESCOM BA								
b. Purpose		c. Account Cod	le		b. Pur	pose		c. Account Code
CAMPAIGN F	INANCE		JR1					,
								d. Period Begin Balance
		d. Period Begi	n Balan	ce				
		\$						\$
Chapter 163 o	he Committee of the NC Gener	ral Statutes and	that no	o funds are	commi	ngled with pro	hibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
1/12	^	e Mill		1/	Ma	ol Wolf	ma	
1 TEMM	- 111		HK	<u>()</u> ,	10141	Appointed Trea	2000	02/18/2020 Date
	rinted Name of S	signer		Sign	ature of	Appointed 1 rea	isurer	Date
FOR OFFICE U	SEONLY						Do	livow Mathad
Date Receiv	red:			Emplo	yee:		- 🖺	Normal Mail
Date Postma	arked:		_	Emplo	yee:		- 🛚	Registered Mail Hand Delivered
Date Scanne	ed:			Emplo	yee:		_ ⊔	Electronically Filed
Date Data E	intered:			Emplo	yee:			Signer has not received mandatory training
Please Not	te: This form	annot he used	to ame	nd committ	ee info	rmation such a	s the comn	nittee address, treasurer,
I lease 140	assista	nt treasurer, cu	stodian	of books	nforma	tion, or accou	nt informati	ion.
		d the Statemen						
1	Tou must amen	id the statemen	t OI OI	Santation	CICOSZ	TOOLY TO HE	Committee	

Amendment ☐ Yes X No

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

Use this form to summarize all disclosure reporting forms are	2. Type of Rep		D Num	her
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT JOHN REBHOLZ	2020 First Qu	0.1	Dittuin	
		tal this	,	Total this
Start of Election Cycle: January 1, 2019	15	ing Period	Election Cycle	
4) Cash on Hand at Start		\$ 475.00	\$	0.00
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 825.00	\$	925.00
6) Contributions from Individuals	(CRO-1210)	\$ 4,960.00	\$	5,335.00
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$	0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$	0.00
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$	0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 29.00	\$	29.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c	,11d and 11e)	\$ 5,814.00	\$	6,289.00
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,875.12	\$	2,875.12
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 47.49	\$	47.49
15) Loan Repayments	(CRO-1420)	\$ 0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.00	\$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 195.00	\$	195.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 3,117.61	\$	3,117.61
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$ 3,171.39	\$	3,171.39
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$ 0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 0.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$ 0.00		
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.00		
25) Administrative Support	(CRO-1710)	\$ 0.00	\$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.00	\$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$ 0.00	\$	0.00
28) Contributions to be Refunded	(CRO-1215)	\$ 0.00	\$	0.00

## Aggregated Contributions from Individuals Page 1 of 1 Ves

Amendme	ent	
☐ Yes	X 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									
		EE TO ELECT JO								
2	7	In Constitution								
	Contribute	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/	уууу)	f. Amount			
12/21/19/20	Add	JR1	Check		02/05/202		\$	25.00		
	Remove Add	31(1			02/03/202	<u> </u>	J.	23.00		
	Add Remove	JR1	Check		01/14/202	0	\$	25.00		
	Add Remove	JR1	Check		02/05/202	0	\$	50.00		
	Add	JR1	Check		02/05/202	.0	\$	25.00		
		JR1	Check		02/07/202	.0	\$	50.00		
F	Add Remove	JR1	Check		01/24/202	.0	\$	50.00		
F	Add Remove	JR1	In-Kind	MEET GREET	02/15/202	:0	\$	30.00		
F	Add Remove	JR1	Check		02/07/202	:0	\$	50.00		
Ħ	Add Remove	JR1	Check		02/05/202	:0	\$	50.00		
Ħ	Add Remove	JR1	Check		01/20/202	20	\$	25.00		
븜	Add Remove	JR1	Check		02/07/202	20	\$	50.00		
H	Add Remove	JR1	Check		02/14/202	20	\$	25.00		
H	Add Remove	JR1	Check		02/05/202	20	\$	25.00		
H	Add Remove	JR1	Check		01/13/202	20	\$	25.00		
H	Add Remove	JR1	In-Kind	MEET GREET	01/24/202	20	\$	35.00		
H	Add Remove	JR1	Check		02/07/202	20	\$	50.00		
Ħ	Add Remove	JR1	In-Kind	MEET GREET	01/22/202	20	\$	30.00		
H	Add Remove	JR1	Check		01/07/202	20	\$	50.00		
片	Add Remove	JR1	Check		02/07/202	20	\$	25.00		
片	Add Remove	JR1	In-Kind	MEET GREET	01/22/202	20	\$	15.00		
H	Add Remove	JR1	Check		02/05/202	20	\$	25.00		
片	Add Remove	JR1	Check		02/05/202	20	\$	50.00		
岿	Add	JR1	Check		01/16/202	20	\$	40.00		
4.	Total or	nly this Page		L		\$		\$825.00		
5.	Total of	FALL CRO-12	205 Pages Detailed Summary Page	CRO-1100)		\$		\$825.00		
	ins the n	msi ve vii une 5 0j L	Jennieu Summury Page	Cho-1100)						

# Contributions from Individuals Pg 1 of 8 Amendment Yes No

Cont	i ibuilons m	Jili Illaiviauais	,	15				
		dividual contributions		ntributions un	der \$50 if form CRO	1205	is not used	
		(and Fund if applicabl				2. I	D Number	
COMM	ITTEE TO ELEC	CT JOHN REBHOLZ	5					
3. Contr	ibutor Informatio	on		Add Rei	move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Pr	ofession	d. C	omments	
(inclu	de city, state, & zi	p)		PRIVATE CO	ONSULTANT			
MARK	W BERKLAND					-		
110 CC	NNECTICUT D	R			Name/Specific Field	4		
CHOC	OWINITY, NC 2	27817		SELF EMPL	OYED	o F	lection Sum	to Date
							rection Sun	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			02/09/2020		\$	100.00
			-			_		
	-						\$	
							\$	
3 Cont	ributor Informatio	000		Add ☐ Re	move			
**************************************	ame, Mailing Add			b. Job Title/Pr		d. C	Comments	
	de city, state, & zi							
	R BLAGG							
	ERKSHIRE PIN	ES DR		c. Employer's	Name/Specific Field			
	ES, FL 34104							
						e. E	lection Sun	n to Date
						\$		250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	JR1	Draft			01/17/2020		\$	250.00
			-					
							\$	
							\$	
3. Cont	ributor Informati	on		Add Re	move			
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Name, Mailing Add			b. Job Title/Pr		d. C	Comments	
(inclu	de city, state, & z	ip)		REAL ESTA	TE			
JOSEP	H R BRANCH							
105 RC	DANOAKE LAN	Е		c. Employer's	Name/Specific Field	4		
CHOC	OWINITY, NC 2	27817		SELF EMPL	OYED	. I	lection Sun	n to Data
1							dection Sun	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amount	
	JR1	Check			02/05/2020		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		450.00
	al of ALL CR					-		4 060 00

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

					Amendme	ent	
Contributions from Individuals	Pg	2	of	8	☐ Yes	X No	
	tulbutlana und	\$50	if form	CPO 120	5 is not use	ed.	

				intitutions u	ilder \$50 ii form elec 1			
1. Comm	nittee Full Name (	(and Fund if applicable	:)			2. II	D Number	
		CT JOHN REBHOLZ						
3. Contr	ibutor Informatio	n		SECTION OF STREET, STR	emove			
	ame, Mailing Add			b. Job Title/P	rofession	d. C	omments	
(includ	de city, state, & zi			SELF EMPL	OYED			
	ARLES CRT			c. Employer's Name/Specific Field				
	ARLES CR I DWINITY, NC 2	7817		MEBICAL				ل
	, , , , , , , , , , , , , , , , , , ,					e. E	lection Sum to Date	
						\$	100.00	)
f. Prior	g. Account Code		i. In-Kind Desc	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check		11	02/09/2020		\$ 100.00	)
							\$	
							\$	
3. Contr	ibutor Informatio	on			emove			
REACTOR ASSESSMENT OF THE	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments	
	de city, state, & zi			INVESTER				
	EY L CANTREL			c. Employerie	Name/Specific Field	1		
	NNEYSIDE DRI			EDWARD .		1		
WASH	INGTON, NC 27	1007		LDWARD.	JONES	e. E	lection Sum to Date	
						\$	100.00	)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			02/05/2020		\$ 100.00	0
							\$	
							\$	
3. Contr	ributor Information	on		Add □ R	emove			
Access to the second	ame, Mailing Add			b. Job Title/P		d. C	Comments	
10.000	de city, state, & zi							
	ECIA S COAKLE	EY		o Parala	Nome/Carete Part	-		
	HOWAN CRT	NEG 15			s Name/Specific Field	1		
CHOC	OWINITY, NC 2	27817		RETIRED		e. F	Dection Sum to Date	
						\$	100.00	0
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount	
	JR1	Check			01/24/2020		\$ 100.00	0
							\$	
							\$	
4. Tota	al only this Pa	ge				\$	300.00	0
5. Tota	al of ALL CR		Page CPO 1100			\$	4,960.0	0
(This	une must be on line	o of Detailed Summary I	uge CKO-1100)			1		

				Ame			
Pg	3	of	8		Yes	$\mathbf{X}$	No

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

	AND DESCRIPTION OF THE PERSON NAMED IN		Appropriate the second	intiloutions und	uei \$50 ii form cico 1.			
		and Fund if applicable				2.1	D Number	
COMM	ITTEE TO ELEC	CT JOHN REBHOLZ						
	ibutor Informatio			SECTION SECTIO	nove			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Profession			omments	
	de city, state, & zi			OFFICE				
	A DOUGHERTY			e Employerie N	Name/Specific Field			
	OTOMAC DR	7017		c. Employer's Name/Specific Field				
CHOCO	DWINITY, NC 2	7/817		US		e. E	lection Su	m to Date
						\$		100.00
								2020200
f. Prior		h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	
	JR1	Check			01/15/2020		\$	100.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Rer	nove			
	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
(inclu	de city, state, & zi	p)		TEACHER				
KAY E					Name (Correlle Titel)			
A CONTRACTOR OF THE PROPERTY OF	ERRIMACK PL				Name/Specific Field			
CHOCOWINITY, NC 27817				VINELAND	SCHOOL BOARD	e. Election Sum to Date		
						5.000	200000	
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	JR1	Check		San	02/05/2020		\$	100.00
							\$	
							\$	
3. Conti	ributor Informati	on		Add Rei				
PROPERTY OF STREET	ame, Mailing Add			b. Job Title/Pro	ofession	d. C	Comments	
(inclu	de city, state, & z	ip)		ENGINER				
A STATE OF THE PARTY OF THE PAR	I COX HASTING	GS		a Employed	Name/Specific Field	-		
	OVIDENCE PL	2015		SOUTH CONTRACTOR OF THE PARTY O	vame/specific rieid	1		
CHOC	OWINITY, NC 2	27817		RETIRED		e. F	dection Su	m to Date
						\$		2,025.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amoun	t
	JR1	In-Kind	MEET& GRE	ET	01/05/2020		\$	25.00
	JR1	Check			01/10/2020		\$	2,000.00
							\$	
4. Tot	al only this Pa	ge				\$		2,225.00
5. Tot	al of ALL CR	O-1210 Pages	one 1100			\$		4,960.00
(This	line must be on line	6 of Detailed Summary 1	age CRO-1100)					XMVV.

				Amendment			
Pg	4	of	8	☐ Yes	X No		

Use this	ionii to report inc	alviduai contributions	0 461 \$30 01 00	ontributions u	inder \$30 ii form CRO i	203	is not used	
1. Comn	nittee Full Name	(and Fund if applicable	e)			2. I	D Number	
		CT JOHN REBHOLZ						
3. Contr	ibutor Informatio	on		Add R	emove			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/F	Profession	d. C	Comments	
(inclu	de city, state, & zi	p)		PILOT				
JJ HILI		21/1		l lbo i				
				c. Employer's	s Name/Specific Field			
	OMAS PLACE	7000		UNITED				
WASH	INGTON, NC 27	/889		UNITED		e. F	lection Sum	to Date
						-		
						\$		200.00
f Prior	a Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
1. 1 1101		Check	II III AUAU DOS	· · · piron				
	JR1	CHECK			02/05/2020		\$	200.00
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							\$	
The second probability and the	ibutor Informatio	AND AND DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE P			emove			
	ame, Mailing Add			b. Job Title/I	Profession	d. C	Comments	
(inclu	de city, state, & zi	ip)		BANKER				
POHO	LLOMAN							
	LLTOP LANE			c. Employer'	s Name/Specific Field			
	INGTON, NC 2'	7889		SOUTHER	N BANK			2010-01-01-01-01-01-01-01-01-01-01-01-01-
WILDII	11101011,110 2	7007				e. E	lection Sum	to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
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Annual Control				🗖 .				
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	ame, Mailing Add			b. Job Title/I	Profession	d. C	Comments	
(inclu	de city, state, & z	ip)						
JOHN I	D JERNIGAN					1		
220 AL	DERSON RD			c. Employer'	s Name/Specific Field			
WASH	INGTON, NC 2	7889						
	15.7					e. I	dection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check		•				100.00
	JKI				01/13/2020		\$	100.00
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J							2	
							\$	
				THE NAME OF THE OWN		\$	<del></del>	400.00
4. Tota	al only this Pa	ge				D.		
	al only this Pa al of ALL CR					\$		4,960.00

Pg 5 of 8 Amendment Yes No

se this form to repo	ort individual contributions	s over \$50 or contributions	under \$50 if form CRO	1205 is not used
se this form to repo	ort individual contributions	s over \$50 or contributions	s under \$50 if form CRO	1205 is not use

1. Comr	. Committee Full Name (and Fund if applicable)							2. ID Number	
		CT JOHN REBHOLZ							
3. Conti	ibutor Informatio	on		Add R	emove				
	ame, Mailing Add			b. Job Title/P	rofession	d. C	Comments		
_	de city, state, & zi	p)		PURCHAIN	G				
	LE A LAWER IOWAN DR			c. Employer's	Name/Specific Field				
	OWINITY, NC 2	27817		WHITNEY	BROS				
						e. E	lection Sun	to Date	
						\$		100.00	
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	1.0	k. Amount		
	JR1	Check			02/05/2020		\$	100.00	
							\$		
							\$		
3. Cont	ributor Informati	on			emove				
100000000000000000000000000000000000000	lame, Mailing Add			b. Job Title/P	rofession	d. C	Comments		
	de city, state, & z	ip)							
CHARLES L MOORE 106 ROANOKE LANE				c. Employer's	Name/Specific Field	1			
CHOCOWINITY, NC 27817						1			
CHOCOWINITI, NC 27617					e. E	lection Sun	to Date		
						\$		200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount		
	JR1	Check			01/13/2020		\$	200.00	
							\$		
							\$		
3. Cont	ributor Informati	on		Add 🔲 R	emove				
	Name, Mailing Ad			b. Job Title/I		d. C	Comments		
	ide city, state, & z	ip)		DIRECTOR					
	LD S PETSKA APE FEAR DR			c. Employer'	s Name/Specific Field	1			
	OWINITY, NC	27817		US DEPT (	OF NAVY	_			
						e. I	dection Sur	n to Date	
						\$		70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	)	k. Amount		
	JR1	In-Kind	MEET GREE	Т	02/02/2020		\$	20.00	
	JR1	Check			02/07/2020		\$	50.00	
							\$		
4. Tot	al only this Pa	ge				\$		370.00	
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		4,960.00	

				Amendm	ent
Pg .	6	of	8	☐ Yes	X No

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

MANAGEMENT OF THE PARTY OF THE	nittee Full Name	2. ID Number						
COMM	ITTEE TO ELEC	CT JOHN REBHOLZ						
3. Contr	ibutor Informatio	on		Add R	emove			
	ame, Mailing Add			b. Job Title/F	rofession	d. Comments		
	de city, state, & zi			SPRINT				
	S W QUARNSTI	ROM		c. Employer's	s Name/Specific Field			
	NGO LANE DWINITY, NC 2	7817		RETIRED				
CHOCK	, , , , , , , , , , , , , , , , , , ,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100111000		e. E	lection Sum	to Date
						\$		140.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	In-Kind	MEET GREE	Γ	02/05/2020		\$	40.00
							\$	
							\$	
AUTO DATA DE LA CONTRACTOR DE LA CONTRAC	ibutor Informati				emove			
	ame, Mailing Add			b. Job Title/I	rofession	d. C	Comments	
	de city, state, & z	(p)						
	WMILL RD			c. Employer'	s Name/Specific Field			
BATH, NC 27808								
						e. E	lection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			02/05/2020		\$	100.00
	*						\$	
							\$	
3. Conti	ributor Informati	on			Remove			
and the contract of	lame, Mailing Add			b. Job Title/	Profession	d. C	Comments	
	de city, state, & z	ip)		DENTIST				
	EY L RUMLEY IMMER HAVEN	LANE		c. Employer'	s Name/Specific Field			
	INGTON, NC 2			OWNER				
	,					e. I	Dection Sum	to Date
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			01/14/2020		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		240.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)	)		\$		4,960.00

				Amendment					
Pg	7	of	8	☐ Yes	X No				

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

and the second second				intiloutions un	del \$50 il form ereo i	The same of the same of		
1. Comn	nittee Full Name	(and Fund if applicabl	e)			2. I	D Number	
COMM	ITTEE TO ELEC	CT JOHN REBHOLZ						
3. Contr	ibutor Informatio	on		Add Re	move			
a. Full N	ame, Mailing Add	lress & Phone		b. Job Title/Pr	ofession	d. C	Comments	
	de city, state, & zi							
		The second secon		1				
	ETH R SCHWEN	IK.		c Employer's	Name/Specific Field			
	HLEY LN				Name/Specific Field			
CHOC	OWINITY, NC 2	27817		RETIRED				
						e. E	lection Sum	to Date
						\$ 500.00		500.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			01/15/2020		\$	500.00
							\$	
				7			\$	
	ributor Informati			Add Re		4.0	Comments	
	lame, Mailing Add			b. Job Ittle/Pr	olession	u. C	omments	
(inclu	de city, state, & z	ip)		DOCTOR				
LAUR	A L STATON							
114 SAINT JOHNS COURT				c. Employer's	Name/Specific Field			
CHOCOWINITH, NC 27817				RETIRED				
CHOCOWINITH, NC 27817				TAB THEE		e. E	lection Sum	to Date
						\$		200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			01/19/2020		\$	100.00
<del></del>	JR1	Check			02/07/2020		Φ.	100.00
	JKI				02/07/2020		\$	100.00
							\$	
2 Cont	ributor Informati			Add Re	move			
************************************				b. Job Title/Pr		la 0	Comments	
	Name, Mailing Add			b. Job Hile/Fi	olession	u. c	20mments	
(inclu	ide city, state, & z	ip)				1		
PAME	LA K SWANNE	R						
	MMER HAVEN			c. Employer's	Name/Specific Field			
						1		
WASH	IINGTON, NC 2	7889				e. I	Dection Sum	to Date
				1				100.00
1						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	JR1	Check			01/14/2020		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		800.00
5. Tot	al of ALL CR	O-1210 Pages				\$		4,960.00
(This	line must be on line	6 of Detailed Summary	Page CRO-1100)					

~					T 10		*
<i>a</i> '	OB	twill	ution	C THOI	n Indi	winding	10
	4788			3 11 ()1	HERRIER DE	viuua	

Pg 8 of 8 Amendment Yes No

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

		(and Fund if applicabl				2 1	D Number	er
		CT JOHN REBHOLZ				4.1	Namb	
COMM	ITTEE TO ELEC	JI JUHN KEBHULZ						
3. Contr	ibutor Informatio	on		Add 🔲 F	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. Comments		
(inclu	de city, state, & zi	p)						
	EMPLETON			. P	Nom - 10 16 - 12 - 13			
	OVIDENCE PL			c. Employer	s Name/Specific Field			
CHOC	DWINITY, NC 2	27817				e. E	lection S	um to Date
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amou	nt
	JR1	Draft			01/12/2020		\$	75.00
							\$	
							\$	
3. Conti	ibutor Informati	on		Add 🔲 I	Remove			
	ame, Mailing Add			b. Job Title/	Profession	d. C	Commen	ts
	de city, state, & z	ip)		MECHANIC				
	L VARCOE			e Employer	's Name/Specific Field	1		
A CONTRACTOR OF THE PROPERTY OF	NG POINT RD	7017			UTOMOTIVE	1		
CHOC	OWINITY, NC 2	2/81/		CLEAN A	UTUMUTIVE	e. Election Sum to Date		
						\$		100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amou	int
	JR1	Check			02/10/2020		\$	100.00
							\$	
							\$	
4. Tot	al only this Pa	ge				\$		175.00
5. Tot	al of ALL CR	O-1210 Pages 6 of Detailed Summary	Page CRO-1100)			\$		4,960.00
CRO-1			THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME	oard of Electio	ns			April 2007

Other Receipt Soul	rces
--------------------	------

				Am	endm	ent	
Pg	_1_	of	_1		Yes	X	No

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

1. Committee Fi	ull Name (and Fund if	applicable)				2.1	D Number	r
COMMITTEE	TO ELECT JOHN RE	EBHOLZ						
3. Type of Recei					or each type of Recations X Outside So			
4. Contributor I	nformation	E	Add		Remove			
a. Full Name, Ma (include city,	ailing Address & Phone state, & zip)	•	b. Not-	for-P	rofit Federal ID#	d. (	Comments	
CRESCOM BANK 2999 US HWY17 S CHOCOWINITY, NC 27817			c. Outside Source Explanation					
(252) 940-4975						e. I	lection Su	m to Date
(232) 510 1575						\$		29.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	eription i. Date (mm/dd/y			yyy) j. Amount		
JR1	Draft				02/03/2020		\$	29.00
							\$	
5. Total only	this Page					\$		29.00
(This line goes i	LL CRO-1250 Pa in line 11a of Detailed Su in line 11b of Detailed Su in line 11c of Detailed Su	mmary Page CRO-11 mmary Page CRO-11	100 if No	t-for-F		\$		29.00

CRO-1250

NC State Board of Elections

December 2007

D: 1	4								Amenda	
Disbursem						Pg				No No
	report expenditures		ee for o	perating	g expen	ises	, contribution	ons to	candidate/p	olitical
AND DESCRIPTION OF THE OWNER, WHEN THE PARTY OF THE PARTY	coordinated party ex								2. ID Numb	O.W.
	all Name (and Fund i								2. ID Nullib	er
COMMITTEE	TO ELECT JOHN I	CEBHOLZ								
3. Type of Disbu		use separate CRC				h tyj				
X Operating Exp		ibutions to Candidat	es/Polit	ical Com	mittees		Coc	rdinat	ed Party Expe	nditures
4. Payee Inform	ation			Add			move			
a. Full Name, Ma	ailing Address & Pho	one		b. Coo	rdinate	d C	ommittee Na	ıme	d. Comment	s
(include city, sta	te, & zip)									
ARTS OF THE	PAMLICO						1.(0 :0)			
150 WEST MA				-	deral	tere	d (Specify)  County:			
WASHINGTO				Sta					e. Election S	um to Date
(252) 946-2504							- Tritaire ip	unej.		
									\$	262.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/d	d/yyyy)	j. A	Amount	k. Re	quired Rema	rks
JR1	Check	СО	02	2/05/20	20	\$	262.50	FUN	DRAISING	
						\$				
4. Payee Inform	ation		П	Add	П	Re	move			
And the contract of the contra	ailing Address & Pho	one		THE RESERVE TO SHARE THE PARTY OF THE PARTY	rdinate		ommittee Na	ıme	d. Commen	ts
(include city, sta										-
	RTISING ITEMS			Ī						
3290 VAN DRI				_		tere	d (Specify)			
BURLINGTON	I, NC 27215			☐ Fee			X County:			
(336) 226-7400				☐ Sta	ite		☐ Municip	ality:	e. Election S	um to Date
									\$	1,612.62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/d	d/yyyy)	j. A	Amount	k. Re	quired Rema	ırks
JR1	Check	В	02	2/07/20	20	\$	1,612.62	PAL	M CARDS/	SIGNS
						\$				
				A 1.1			move			
4. Payee Inform				Add h Coo	rdinate		move ommittee Na	om e	d. Commen	te
	ailing Address & Ph	one		D. C00	Tunate	u C	ommittee 14	ame	u. Commen	10
(include city, sta	N DAILY NEWS			1						
217 MARKET				c. Le ve	el Regis	tere	d (Specify)		1	
WASHINGTO				☐ Fee	deral		County:			
(252) 946-2144				☐ Sta	nte		☐ Municip	ality:	e. Election S	um to Date
									\$	1,000.00
£ 1 Code	- F 6 D 4	h. Purpose Code	l: Date	(m m /d	dhama	1: /	Amount	l Re	quired Rema	
				(m m/d		1		_	VSPAPER A	
JR1	Check	A	0.	2/07/20	)20	\$	1,000.00	NEV	VSPAPER	<u> </u>
						\$				
5. Total only thi	is Page								\$	2,875.12
6. Total of ALL	CRO-1310 Pages									
(This line goes	in line 13a of Detailed S	Summary Page CRO	-1100 if	Operati	ing Expe	nses	:)		\$	2,875.12
	in line 13b of Detailed S							omm)	Ψ	2,073.12
(This line goes	in line 13c of Detailed S	Summary Page CRO	-1100 if	Coordin	nated Pa	rty l	Expenditures)			
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)	)					
A* - Media	B* - Printin			undrai	-				her Candida	
E - Salaries	F* - Equipm			litical P	1957					ce Expenses
I - Postage	J - Penaltie	S	K* - (	Mice E	xpense	S	Q* - D	onatio	on to Legal I	Expense Fund
O* Other										

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

Aggregated	Non-Media	<b>Expenditures</b>
------------	-----------	---------------------

	Amendm	ent	
Page1_ of1	_	X	No

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

Optional fo	illi used to repo	of the Non-Media	Expenditures o	1 \$50 Of 1035.				
1. Committe	e Full Name (and	d Fund if applicable)				2. ID N	Number	
COMMITT	EE TO ELECT .	JOHN REBHOLZ						
3. Payee Inf								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yy	yy)	f. Amo	unt	g. Required Remarks
Add Remove	JR1	Draft	В	01/31/2020		\$	37.26	BANK CKS
Add Remove	JR1	Draft	О	01/12/2020		\$	2.48	PAY/PAL
Add Remove	JR1	Draft	О	01/17/2020		\$	7.75	PAY/PAL FEE
4. Total o	nly this Page					\$		47.49
5. Total o	f ALL CRO-1	315 Pages  f Detailed Summary Pa	ge CRO-1100)			\$		47.49
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	ibove)				
or a di pos		- Printing	C* - Fundi		D - T	o And	ther Ca	ndidate
E - Salar	THE RESERVE OF THE PERSON NAMED IN	- Equipment	G - Political	Party	H* -	Hold	ing Pub	lic Office Expenses
I - Posta	THE RESERVE OF THE PARTY OF THE	Penalties	K* - Office	Expenses	Q* -	Dona	tions to	Legal Expense Fund
O* - Ot	her							
* Codes	require detai	iled explanation i	n required rea	marks field (g)				

CRO-1315

NC State Board of Elections

December 2009

In.	Kind	Con	trib	ution	91
	- 11 - 1 1 1 1 1 1	4 . 4 7 11 1			

				Amendm	ent	
Pg	1	of	3	☐ Yes	X No	

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

	(E)			
Use CRO-1215 i	f In-Kind Contril	outions were or v	will be refunded	within 7 days.

1. Committee Full Name (and Fund if applicable)	Clanded Within		2. ID N	lumber		
COMMITTEE TO ELECT JOHN REBHOLZ			2. 10	· · · · · · · · · · · · · · · · · · ·		
COMMITTED TO EDDET FORM (CDS)TODE						
3. Contributor Information	Add 🔲 Rer					
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments		
(include city, state, & zip)	X Individual					
Aggregated Individual Contribution	Candidate					
	☐ Party ☐ PAC					
	Referendum		d. Elect	tion Sum to Date		
	Other Recei			22.00		
	_		\$	30.00		
e. Description		f. Date (mm/dd.	/уууу)	g. Fair Market Amount		
MEET GREET		02/15/202	20	\$ 30.00		
		02/10/202		•		
				\$		
				\$		
3. Contributor Information	Add Ren	nove				
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments		
(include city, state, & zip)	M Individual					
Aggregated Individual Contribution	☐ Candidate					
Tiggiogated marriagan control	☐ Party					
	☐ PAC					
	Referendum		d. Election Sum to Date			
	Other Recei	ipt source	\$	15.00		
e. Description		f. Date (mm/dd	/yyyy)	g. Fair Market Amount		
MEET GREET		01/22/202		\$ 15.00		
		01/22/202	20	\$ 15.00		
				\$		
				<del> </del>		
				\$		
3. Contributor Information	Add Re	move				
	b. Type of Con		c. Com	ments		
(include city, state, & zip)	☑ Individual					
Aggregated Individual Contribution	☐ Candidate					
Aggregated marvidual contribution	☐ Party					
	☐ PAC					
	Referendum		d. Elec	tion Sum to Date		
	Other Rece	ipt source	\$	30.00		
e. Description		f. Date (mm/dd	l/yyyy)	g. Fair Market Amount		
MEET GREET				\$ 30.00		
The state of the s		01/22/20	20	\$ 30.00		
				\$		
				\$		
4. Total only this Page			\$	75.00		
5. Total of ALL CRO-1510 Pages						
(This line must be on line 17 of Detailed Summary Page CR	0-1100)		\$	195.00		

### **In-Kind Contributions**

				Amendn	ent	
Pg	2	of	3	☐ Yes	X 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	refui	nded withir	n 7 days.			
1. Committee Full Name (and Fund if applicable)				2. ID N	Number	
COMMITTEE TO ELECT JOHN REBHOLZ						
3. Contributor Information	Ad	d 🔲 Rei	move			
a. Full Name, Mailing Address & Phone	b. 7	Type of Con	tributor	c. Com	ments	
(include city, state, & zip)	X	Individual				
Aggregated Individual Contribution		Candidate Party PAC				
		Referendum	1	d. Elec	tion Sum to	Date
		Other Rece	ipt Source	\$		35.00
e. Description			f. Date (mm/do	l/yyyy)	g. Fair Ma	rket Amount
MEET GREET			01/24/20	20	\$	35.00
					\$	
					\$	
3. Contributor Information	Ad	ld 🔲 Re	move			
a. Full Name, Mailing Address & Phone	ANSWERS OF THE PARTY OF THE PAR	Type of Con		c. Com	ments	
(include city, state, & zip)	X	Individual				
MARDI COX HASTINGS		Candidate				
134 PROVIDENCE PL		Party				
CHOCOWINITY, NC 27817		PAC				
		Referendum		d. Elec	tion Sum to	Date
		Other Rece	ipt Source	\$		2,025.00
e. Description			f. Date (mm/do	l/yyyy)	g. Fair Ma	rket Amount
MEET& GREET			01/05/20	20	\$	25.00
					\$	
					\$	
3. Contributor Information	Ad	ld 🔲 Re	move			
a. Full Name, Mailing Address & Phone	11/197000	Type of Con		c. Com	ments	
(include city, state, & zip)	X	Individual				
DONALD S PETSKA		Candidate				
163 CAPE FEAR DR	100	Party				
CHOCOWINITY, NC 27817		PAC				
	님	Referendum		d. Elec	tion Sum to	Date
		Other Rece	ipt Source	\$		70.00
e. Description			f. Date (mm/do	l/yyyy)	g. Fair Ma	rket Amount
MEET GREET			02/02/20	20	\$	20.00
					\$	
					\$	
4. Total only this Page				\$	1	80.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CK	0-11	(00)		\$		195.00

In-Kind Contributions Use this form to report non-monetary contributions, Use CRO-1215 if In-Kind Contributions were or	donations, goods or ser	rvices p	ovided t	o the con	Amendm Yes nmittee or	X No
1. Committee Full Name (and Fund if applicable	The Control of the Co			2. ID N	Number	
COMMITTEE TO ELECT JOHN REBHOLZ						
3. Contributor Information	Add Re	emove				
a. Full Name, Mailing Address & Phone	b. Type of Co	n tri bu t	or	c. Com	ments	
(include city, state, & zip)	■ Individual					
TOMAS W QUARNSTROM 214 PUNGO LANE CHOCOWINITY, NC 27817	Candidate Party PAC					
95 (1777 - 1774 (1774 (1774 ) 1774 (1774 )	☐ Referendum			d. Election Sum to Date		
	Other Rec	eipt Sou	ce	\$		140.00
e. Description		f. Dat	e (mm/d	d/yyyy)	g. Fair M	arket Amount
MEET GREET			)2/05/20	020	\$	40.00

CRO-1510

4. Total only this Page

5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100) NC State Board of Elections

December 2007

40.00

195.00

\$

\$

\$

\$

Disclosure	Report	Cover
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Amendme	nt
☐ Yes	X 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 In	formation												
1. Committee In a. Full Name	ioi matton							c. ID Number					
COMMITTEE '	TO ELECT JO	HN REBHOL	Z										
b. Mailing Addre	ss (include Cit	v, State and Zip	Code)					d. Date Filed					
203 ASHLEY I	LANE							02/18/2020					
CHOCOWINIT	e. Phone Number												
2. Report Year	y)	4. Period l	End Da	te (mm/dd/yy)	5. Treasur	er Full Name							
2020	01		(	2/15/2	2020	KENNET	TH MACMILLAN						
6. Type of Comm	nittee (Check C	ne)	9. Typ	e of Report	(cl	heck only one	type of rep	ort from one category)					
X Candidate Can	Munic			State/County		Referendum							
Joint Fundrais Referendum 7. Type of Fund Building Fund Presidential E NC Public Car	(if applicabl	00000 0	Organization Thirty-five Pre-primary Pre-election Pre-runoff Semi-annual Mid Ye	day	Organization Quarterly First Second Third Fourth Semi-annua		☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special						
_				Year Er	nd	☐ Mid Ye		10. Special Report Name					
Other:			Final		Year E	nd							
8. Number of Fundraisers this Report				Special		Final							
	5					☐ Special							
3. Account Info	rmation				3. Acc	ount Informat	ion						
a. Financial Institution Full Name						ncial Instituti		ie .					
CRESCOM BA	NK												
b. Purpose c. Account Cod					b. Pur	pose		c. Account Code					
CAMPAIGN F	CAMPAIGN FINANCE												
d. Period Begi			n Balan	ce				d. Period Begin Balance					
\$								\$					
Chapter 163 of funds. I furth	the Committee of the NC Gener	ral Statutes and this report is co	that no	funds are true and c	orrect a	ingled with pro	phibited or of the phibited or o	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board  02/18/2020  Date					
FOR OFFICE U													
Date Receiv				Emplo	yee:			livery Method Normal Mail					
Date Postmarked:			_	Emplo	yee:		- =	Registered Mail Hand Delivered Electronically Filed					
Date Scanned:				Emplo	yee:		-						
Date Data Entered:			_	Emplo	yee:			Signer has not received mandatory training					
	assista	cannot be used nt treasurer, cu	stodiar	of books i	nforma	ition, or accou	nt informati						

 												Prepared By Approved By				Date					
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