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	c. ID Number
HAWLEY FOR SCHOOL BOARD	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
1461 MEADOWBROOK LN HICKORY, NC 28602	7/10/2026
	e. Phone Number
	828-244-5603

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	2/15/2026	6/30/2026	KEVIN LEE HAWLEY

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
LEAD BANK	
b. Purpose	**c. Account Code**
	KEVO
	d. Period Begin Balance
	$ 173.42

11. Account Information

a. Financial Institution Full Name	
SKYLINE NATIONAL BANK	
b. Purpose	**c. Account Code**
	KEVIN
	d. Period Begin Balance
	$ 0

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

KEVIN LEE HAWLEY — Printed Name of Signer

Signature of Appointed Treasurer

7/10/2026 — Date

FOR OFFICE USE ONLY

Date Received: 07/10/26 Employee: ZA

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

RECEIVED JUL 10 2026 By

Delivery Method

- ☐ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed
- ☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
HAWLEY FOR SCHOOL BOARD	2026 SECOND QUARTER	

Start of Election Cycle: January 1, 2023		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 173.42	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 1058.86	$ 1281.03
7) Contributions from Political Party Committees	*(CRO-1220)*	$ 250.00	$ 250.00
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)*	$	$
11 e) Exempt Purchase Price Sales	*(CRO-1265)*	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)*		$ 1308.86	$ 1531.03
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 1081.91	$ 1083.49
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)*	$ 72.00	$ 72.00
17) In-Kind Contributions	*(CRO-1510)*	$ 74.89	$ 122.06
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1228.80	$ 1277.55
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 253.48	$ 253.48
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

Pg 1 of 5 | Amendment ☐ Yes ☒ No

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
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BLAKE CARSWELL 434- N CENTER ST #404 HICKORY, NC 28601	MEDICAL CODER	CORONIS HEALTHCARE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVO	CASH		2/26/2026	$ 50.00
☐	KEVO	CASH		2/28/2026	$ 50.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SUZANNE ELLER 1828 36TH ST NE HICKORY NC 28601	NO PROFESSION	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVO	CARD		2/19/2026	$ 50.00
☐	KEVIN	CARD		3/30/2026	$ 50.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
EVER HERNANDEZ 510 11TH AVE PL NW HICKORY NC 28601	LOGISTICS	ACG	NET BONFIRE T-SHIRT	$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVO	CARD		2/27/2026	$ 6.97
☐					$
☐					$

4. Total only this Page	$	206.97
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$	1058.86

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
COLLEEN BORST 3836 16TH ST NE HICKORY NC 28601	NO PROFESSION	NOT EMPLOYED		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CHECK		2/27/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DEBORAH JOHNSON 5505 CREEK POINT DRIVE HICKORY NC 28601	EXECUTIVE DIRECTOR	CHILD'S ADVOCATE CENTER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CARD		3/9/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KIMBERLY PARKHURST 4513 ROCK BARN RD CLAREMONT, NC 28610-8522	MANAGER	PARKHURST PAINTING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CHECK		3/14/2026	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1058.86

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
KEVIN HAWLEY 1461 MEADOWBROOK LN HICKORY, NC 28602	DIRECT SUPPORT	COMMUNITY ALTERNATIVES		$ 92.06

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CASH		3/9/2026	$ 17.00
☐		IN-KIND	CAMPAIGN TENT	3/24/2026	$ 74.89
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOAN E. GARDNER 8736 POPULAR LN SHERRILLS FORD, NC 28673	NO PROFESSION	NOT EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CHECK		4/12/2026	$ 200.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CAROLE HOVLAND 5434 N NC 16 HWY CLAREMONT, NC 28619	NO PROFESSION	NOT EMPLOYED		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CHECK		4/22/2026	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 341.89
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1058.86

Contributions from Individuals

Amendment ☐ Yes ☒ No

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
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
TOMMY CRAIG 1031 MALCOLM BLVD CONNELLY SPRINGS, NC 28612	OWNER	CRAIG TRANSPORT		$ 100,.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CARD		5/14/2026	$ 100.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STEPHEN CRAIG 5493 BROOKWOOD LN HICKORY, NC 28602	FIRE MARSHALL	CITY OF HICKORY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CASH		6/13/2026	$ 50.00
☐	KEVIN	CASH		6/24/2026	$ 50.00
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MELISSA NAPIER 1549 10TH ST PL NW HICKORY, NC 28601	OWNER	ACONY BELL CUSTOM BULIDERS	SHIRT	$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CASH		6/16/2026	$ 20.00
☐					$
☐					$

4. Total only this Page	$	220.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$	1058.86

Contributions from Individuals

Pg 5 of 5 | Amendment ☐ Yes ☒ No

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
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MELISSA SNYDER 3131 9TH ST DRIVE NE UNIT #7 HICKORY, NC 28601	NO PROFESSION	NOT EMPLOYED	SHIRT	$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CASH		6/20/2026	$ 20.00
☐					$
☐					$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LYNN DORFMAN 102 20TH AVE NW HICKORY, NC 28601	NO PROFESSION	NOT EMPLOYED	SHIRT	$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	KEVIN	CASH		6/20/2026	$ 20.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$ 40.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1058.86

Contributions from Political Party Committees

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
DEMOCRATIC WOMEN CATAWBA COUNTY 2247 S CENTER ST HICKORY, NC 28602		$ 250.00

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
KEVIN	CHECK		5/16/2026	$ 250.00
				$
				$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Election Sum to Date
		$

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 250.00

Disbursements

Pg 1 of 5 | 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)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
OFFICE DEPOT #3250 1858 CATAWBA VALLEY BLVD SE HICKORY, NC 28601 828-322-4053		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 31.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	B	2/20/2026	$16.48	PROMO CARDS
KEVO	CARD	B	2/27/2026	$14.98	PROMO CARDS

4. Payee Information ☐ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ACTBLUE 366 SUMMER ST SOMERVILLE MA 02144		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 14.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	C	2/15/2026	$3.76	SERVICE FEE
KEVO	CARD	C	2/23/2026	$1.86	SERVICE FEE

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
24HOURWRISTBANDS.COM 14550 BEECHNUT ST #100 HOUSTON TX 77083 877-536-8500		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 182.97

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	B	2/24/2026	$81.32	PROMO MATERIALS
KEVIN	CARD	B	6/19/2026	$101.65	PROMO MATERIALS

5. Total only this Page $ 220.05

6. Total of ALL CRO-1310 Pages $ 1048.20

(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)

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

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)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ACTBLUE 366 SUMMER ST SOMERVILLE MA 02144		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 14.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	B	3/11/2026	$5.34	SERVICE FEE
KEVIN	CARD	B	3/15/2026	$1.05	SERVICE FEE

4. Payee Information ☒ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALGREENS 2700 SOURH NC 127 HIGHWAY HICKORY NC 28602		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 3.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	O	3/9/2026	$3.50	ATM FEE
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
SKYLINE NATIONAL BANK 2900 SOUTH NC 127 HIGHWAY HICKORY NC 28602		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 3.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	0	3/13/2026	$3.00	ATM FEE
				$	

5. Total only this Page $ 12.89

6. Total of ALL CRO-1310 Pages $ 1048.20

(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)

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

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)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
LEAD BANK 1801 MAIN ST KANSAS CITY, MO 64108		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1.01

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	0	3/24/2026	$1.01	TRANSFER FEE
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PRINT PLACE 1130 AVE H EAST ARLINGTON, TX 76011		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 215.39

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	B	3/25/2026	$215.39	PALM CARDS
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WALMART 201 ZELKOVA CT NW CONOVER, NC 28613		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 26.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	F	3/25/2026	$26.62	CAMPAIGN CANOPY WEIGHTS
				$	

5. Total only this Page	$ 243.02
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)*	$ 1048.20

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

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)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WIX 100 GANSEVOORT ST NEW YORK, NY 10014		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 117.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	A	3/31/2026	$45.90	WEBSITE MONTHLY & DOMAIN NAME
KEVIN	CARD	A	5/1/2026	$36.00	WEBSITE MONTHLY

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ACTBLUE 366 SUMMER ST SOMERVILLE, MA 02144		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 14.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	C	5/18/2026	$1.05	SERVICE FEE
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
PRESS MY DESIGN 8679 NW 66 ST #6 DORAL, FL 33166		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 414.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	B	5/18/2026	$414.00	T-SHIRTS
				$	

5. Total only this Page	$ 496.95
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)*	$ 1048.20

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

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)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
WIX 100 GANSEVOORT ST NEW YORK, NY 10014		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 117.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	A	6/1/2026	$36.00	WEBSITE MONTHLY
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NEIGHBORS 828 3861 TERRELL PARK DR #100 SHERRILLS FORD, NC 28673		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 39.29

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	O	5/29/2026	$39.29	CANDIDATE FORUM DINNER
				$	

4. Payee Information ☒ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BANNERS ON THE CHEAP 11525A STONEHOLLOW DRIVE STE 120 AUSTIN, TX 78758		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 33.71

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVO	CARD	B	3/3/2026	$33.71	BANNER
				$	

5. Total only this Page $ 109.00

6. Total of ALL CRO-1310 Pages $ 1048.20

(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)

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 1 of 1 | 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
HAWLEY FOR SCHOOL BOARD	

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
KEVIN HAWLEY 1461 MEADOWBROOK LN HICKORY, NC 28602	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	3/24/2026
	e. Level Registered (Specify)	**i. Original Receipt Amount**
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 74.89
	f. Purpose Code	**j. Election Sum to Date**
	P	$ 72.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
DIRECT SUPPORT	COMMUNITY ALTERNATIV	PARTIAL REFUND	KEVIN

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CARD	REFUND FOR CAMPAIGN TENT	4/1/2026	$ 30.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
KEVIN HAWLEY 1461 MEADOWBROOK LN HICKORY, NC 28602	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	3/24/2026
	e. Level Registered (Specify)	**i. Original Receipt Amount**
	☐ Federal ☒ County: ☐ State ☐ Municipality:	$ 74.89
	f. Purpose Code	**j. Election Sum to Date**
	P	$ 72.00

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
DIRECT SUPPORT	COMMUNITY ALTERNATIV	PARTIAL REFUND	KEVIN

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
CARD	REFUND FOR CAMPAIGN TENT	5/1/2026	$ 42.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify)	**i. Original Receipt Amount**
	☐ Federal ☐ County: ☐ State ☐ Municipality:	$
	f. Purpose Code	**j. Election Sum to Date**
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 72.00
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 72.00

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)**

In-Kind Contributions

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KEVIN LEE HAWLEY 1461 MEADOWBROOK LN HICKORY NC 28602	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	REFUNDED $72.00
		d. Election Sum to Date $ 92.06

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN TENT	3/24/2026	$ 74.89
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 74.89
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 74.89

Account Transfers Within the Committee

Amendment ☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
HAWLEY FOR SCHOOL BOARD	

3. Transfer Information

a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
☐ Add ☐ Remove	KEVO	KEVIN	3/9/2026	$ 217.00
☐ Add ☐ Remove	KEVO	KEVIN	3/13/2026	$ 160.00
☐ Add ☐ Remove				$
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4. Total only this Page	$ 377.00
5. Total of ALL CRO-1720 Pages *(This line must be on line 24 of Detailed Summary Page CRO-1100)*	$ 377.00