

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

HAWLEY FOR SCHOOL BOARD

c. ID Number

b. Mailing Address (include City, State and Zip Code)

1461 MEADOWBROOK LN
HICKORY NC 28602

d. Date Filed

10/27/2026

e. Phone Number

828-244-5603

2. Report Year

2026

3. Period Start Date (mm/dd/yy)

7/1/2026

4. Period End Date
(mm/dd/yy)

10/17/2026

5. Treasurer Full Name

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:

9. Type of Report

(check only one type of report from one category)

Municipal

- ☐ Organizational
☐ Thirty-five day

- ☐ Pre-primary
☐ Pre-election
☐ Pre-runoff
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

State/County

- ☐ Organizational
☐ Quarterly

- ☐ First
☐ Second
☒ Third
☐ Fourth
☐ Semi-annual
☐ Mid Year
☐ Year End
☐ Final
☐ Special

Referendum

- ☐ Organizational
☐ Pre-referendum

- ☐ Final
☐ Supplemental Final
☐ Annual
☐ Special

8. Number of Fundraisers this Report

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

SKYLINE NATIONAL BANK

b. Purpose

c. Account Code

KEVIN

d. Period Begin Balance

\$ 253.48

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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.

KEVIN LEE HAWLEY

Printed Name of Signer

Signature of Appointed Treasurer

10/27/2026

Date

FOR OFFICE USE ONLY

Date Received:

10/27/26

Employee:



Date Postmarked:

Employee:

Date Scanned:

Employee:

Date Data Entered:

Employee:

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 THIRD QUARTER			
Start of Election Cycle:		January 1,		2023	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 253.48		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$ 1551.76	
7) Contributions from Political Party Committees		(CRO-1220)		\$ 339.67	
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)		\$ 1891.43		\$ 3422.46	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures		(CRO-1310)		\$ 1581.16	
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	
17) In-Kind Contributions		(CRO-1510)		\$ 241.76	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1822.92		\$ 3100.47	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 321.99		\$ 321.99	
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

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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		d. Comments	
COLLEEN BORST 3836 16 TH ST NE HICKORY, NC 28601			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CHECK		8/10/2026		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SUZANNE ELLER 1828 36 TH ST NE HICKORY NC 28601			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CARD		8/10/2026		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JULIE CLINE 2522 HENRY FALLS DR HICKORY, NC 28602			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CHECK		7/7/2026		\$ 100.00
☐						\$
☐						\$
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)					\$ 1551.76	

Contributions from Individuals

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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		d. Comments	
KEVIN HAWLEY 1461 MEADOWBROOK LN HICKORY NC 28602			AFL		CANDIDATE	
			c. Employer's Name/Specific Field			
			COMMUNITY ALTERNATIVES			
					e. Election Sum to Date	
					\$ 533.82	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CASH		7/27/2026	\$ 200.00	
☐		IN-KIND	PALM CARDS	8/24/2026	\$ 216.76	
☐		IN-KIND	MAIDEN FEST	8/25/2026	\$ 25.00	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LYNN MARTIN 122 EASY STREET MOORESILLE NC 28117			NO PROFESSION		SHIRT	
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		7/22/2026	\$ 20.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AMY RICHARDS 1718 BRENTWOOD DR NEWTON, NC 28658			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		8/17/2026	\$ 25.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 486.76	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1551.76	

Contributions from Individuals

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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		d. Comments	
LAWRENCE WIEDMAN 3706 DOCK SIDE LN SHERRILLS FORD NC 28673			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		8/22/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MELISSA NAPIER 1549 10 TH ST PL NW HICKORY, NC 28601			OWNER			
			c. Employer's Name/Specific Field			
			ACONY BELL CUSTOM BUILDERS			
					e. Election Sum to Date	
					\$ 95.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/1/2026	\$ 50.00	
☐	KEVIN	CARD		9/14/2026	\$ 25.00	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GREGORY CRANFORD 814 HAMILTON ST NEWTON, NC 28658			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/2/2026	\$ 25.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 125.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1551.76	

Contributions from Individuals

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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		d. Comments	
CAROL TRIVETTE 547 3 RD ST NE HICKORY, NC 28601			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/9/2026	\$ 200.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
AUBREY GREGORY 3470 E MAIN ST CLAREMONT, NC 28610			VP FINANCE			
			c. Employer's Name/Specific Field			
			NUFABRX		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/9/2026	\$ 25.00	
☐	KEVIN	CARD		10/9/2026	\$ 25.00	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBIN MURRAY 2428 TROLLINGER DR CATAWBA, NC 28609			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 20.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/13/2026	\$ 20.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1551.76	

Contributions from Individuals

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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) KATHRYN GREATHOUSE 6286 REITZEL DRIVE HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/14/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CURTIS WILKINSON 4058 LITTLE MOUNTAIN RD NEWTON, NC 28658			b. Job Title/Profession		d. Comments	
			SELF-EMPLOYED			
			c. Employer's Name/Specific Field			
			AUCTION		e. Election Sum to Date	
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CASH		9/12/2026	\$ 50.00	
☐	KEVIN	CASH		9/16/2026	\$ 50.00	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MELANIE KATZ 735 4 TH ST NE HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			NO PROFESSION			
			c. Employer's Name/Specific Field			
			NOT EMPLOYED		e. Election Sum to Date	
				\$ 50.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/17/2026	\$ 50.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages					\$ 1551.76	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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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		d. Comments	
CHERYL SWOFFORD 263 29 TH AVE NE, #121 HICKORY, NC 28601			NOT EMPLOYED			
			c. Employer's Name/Specific Field			
			NO EMPLOYMENT			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/19/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SPIDER THOMPSON 108 ANGEL OAKS DR STATESVILLE, NC 28677			PART-TIME			
			c. Employer's Name/Specific Field			
			IREDELL SCHOOL SYSTEM			
					e. Election Sum to Date	
					\$ 25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/20/2026	\$ 25.00	
☐					\$	
☐					\$	
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
REBECCA ALT 4008 N CENTER ST HICKORY, NC 28601			PROFESSOR			
			c. Employer's Name/Specific Field			
			LENOIR-RHYNE UNIVERSITY			
					e. Election Sum to Date	
					\$ 20.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	KEVIN	CARD		9/20/2026	\$ 20.00	
☐					\$	
☐					\$	
4. Total only this Page					\$ 70.00	
5. Total of ALL CRO-1210 Pages					\$ 1551.76	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Individuals

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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) DEBORAH JOHNSON 3492 PENINSULA POINTE DR NW VALDESE, NC 28690			b. Job Title/Profession		d. Comments	
			NOT EMPLOYED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NO EMPLOYMENT			
						\$ 200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CARD		9/21/2026		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CAROL TRIVETTE 547 3 RD ST NE HICKORY, NC 28601			b. Job Title/Profession		d. Comments	
			NOT EMPLOYED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NO EMPLOYMENT			
						\$ 250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CASH		9/20/2026		\$ 50.00
☐						\$
☐						\$
3. Contributor Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEVORE HENRY 522 SOUTH D AVE MAIDEN, NC 28650			b. Job Title/Profession		d. Comments	
			NOT EMPLOYED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			NO EMPLOYMENT			
						\$ 25.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐	KEVIN	CARD		10/3/2026		\$ 25.00
☐						\$
☐						\$
4. Total only this Page					\$ 175.00	
5. Total of ALL CRO-1210 Pages					\$ 1551.76	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Contributions from Political Party Committees

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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	
DEMOCRATIC WOMEN CATAWBA COUNTY 2247 S CENTER ST HICKORY NC 28602					
				c. Election Sum to Date	
				\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
KEVIN	CHECK		9/20/2026	\$ 250.00	
				\$	
				\$	
3. Contributor Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
CATAWBA COUNTY DEMOCRATIC PARTY 2247 S CENTER ST HICKORY NC 28602					
				c. Election Sum to Date	
				\$ 89.67	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
KEVIN	CHECK		10/14/2026	\$ 89.67	
				\$	
				\$	
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				\$ 339.67	
5. Total of ALL CRO-1220 Pages (This line must be on line 7 of Detailed Summary Page CRO-1100)				\$ 339.67	

Disbursements

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Amendment

☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number	
HAWLEY FOR SCHOOL BOARD						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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		d. Comments	
ACTBLUE 366 SUMMER ST SOMERVILLE MA 02144						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 30.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	C	7/22/2026	\$0.88	SERVICE FEE	
KEVIN	CARD	C	8/7/2026	\$1.86	SERVICE FEE	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
WIX 100 GANSEVOORT ST NEW YORK, NY 10014						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 261.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	A	7/1/2026	\$36	WEBSITE MONTHLY	
KEVIN	CARD	A	8/1/2026	\$36	WEBSITE MONTHLY	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
24HOURWRISTBANDS.COM 14550 BEECHNUT ST #100 HOUSTON, TX 77083						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 236.48	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	B	7/17/2026	\$53.51	PROMO MATERIALS	
				\$		
5. Total only this Page					\$ 128.25	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1581.16	
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

Pg 2 of 4

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
☒ 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		d. Comments	
DIRT CHEAP SIGNS 6706 LOHMAN FORD RD LAGO VISTA, TX 78645					
		c. Level Registered (Specify)			
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$ 1185.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	B	7/29/2026	\$395.00	YARD SIGNS
KEVIN	CARD	B	9/14/2026	\$395.00	YARD SIGNS
4. Payee Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
ACTBLUE 366 SUMMER ST SOMERVILLE MA 02144					
		c. Level Registered (Specify)			
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$ 30.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	C	8/26/2026	\$2.10	SERVICE FEE
KEVIN	CARD	C	9/4/2026	\$2.91	SERVICE FEE
4. Payee Information ☒ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
STICKY BRAND 66 BOWDOIN ST STE 200 SOUTH BURLINGTON VT 05403					
		c. Level Registered (Specify)			
		☐ Federal ☒ County: ☐ State ☐ Municipality:			
				e. Election Sum to Date	
				\$ 33.70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
KEVIN	CARD	B	8/31/2026	\$33.70	STICKERS
				\$	
5. Total only this Page					\$ 828.71
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					\$ 1581.16
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Disbursements

Pg 3 of 4

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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		d. Comments	
WIX 100 GANSEVOORT ST NEW YORK, NY 10014						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 261.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	A	9/1/2026	\$36	WEBSITE MONTHLY	
KEVIN	CARD	A	10/1/2026	\$36	WEBSITE MONTHLY	
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
AMAZON 410 TERRY AVE N SEATTLE WA 98109						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 58.80	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	B	9/9/2026	\$58.80	PROMO SUPPLIES	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
ACTBLUE 366 SUMMER ST SOMERVILLE MA 02144						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 30.71	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	C	9/23/2026	\$6.30	SERVICE FEE	
KEVIN	CARD	C	10/14/2026	\$2.10	SERVICE FEE	
5. Total only this Page					\$ 139.20	
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)					\$ 1581.16	
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

Pg 4 of 4

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☒ 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		d. Comments	
WALMART 201 ZELKOVA CT NW CONOVER NC 28613						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 68.30	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	B	10/6/2026	\$41.68	HOODIES & MERCH	
				\$		
4. Payee Information ☒ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
FREEDOM CUSTOMZ 1960 US HWY 70 SE HICKORY NC 28602						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 48.32	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	B	10/9/2026	\$48.32	DECAL PRINTING	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
DIRT CHEAP SIGNS 6706 LOHMAN FORD RD LAGO VISTA TX 78645						
			c. Level Registered (Specify)			
			☐ Federal ☒ County: ☐ State ☐ Municipality:			
					e. Election Sum to Date	
					\$ 1185.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
KEVIN	CARD	B	9/30/2026	\$395.00	YARD SIGNS	
				\$		
5. Total only this Page					\$ 485.00	
6. Total of ALL CRO-1310 Pages						
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 1581.16	
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)						

In-Kind Contributions

Pg 1 of 1

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 HAWLEY 1461 MEADOWBROOK LN HICKORY, NC 28602		☐ Individual	
		☒ Candidate	
		☐ Party	
		☐ PAC	
		☐ Referendum	d. Election Sum to Date
		☐ Other Receipt Source	\$ 533.82
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINT PLACE - PALM CARDS		8/24/2026	\$ 216.76
MAIDEN FEST BOOTH RENTAL		8/25/2026	\$ 25.00
			\$
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	d. Election Sum to Date
		☐ Other Receipt Source	\$
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	d. Election Sum to Date
		☐ Other Receipt Source	\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 241.76	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 241.76	