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
MICHAEL M NASH FOR SCHOOL BOARD	
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
2752 19TH AVE NE HICKORY NC 28601	01/08/2021
	e. Phone Number
	(828) 291-3018

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	06/01/2020	12/31/2020	MICHAEL MCKINLEY NASH

6. Type of Committee (Check One)

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

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	
STATE EMPLOYEE CREDIT UNION	
b. Purpose	**c. Account Code**
CAMPAIGN ACCOUNT FOR RECEIPTS AND EXPENDITURES	MMN
	d. Period Begin Balance
	$ 0

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.

Printed Name of Signer	Signature of Appointed Treasurer	Date
Michael Nash		1/8/21

FOR OFFICE USE ONLY

Date Received: RECEIVED
Date Postmarked: JAN 08 2021
Date Scanned: By
Date Data Entered:

Employee:
Employee:
Employee:
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
MICHAEL M NASH FOR SCHOOL BOARD	4TH QUARTER	

Start of Election Cycle: January 1, 2020		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$
RECEIPTS			
5) Aggregated Contributions from Individuals	*(CRO-1205)*	$	$
6) Contributions from Individuals	*(CRO-1210)*	$ 1009.00	$ 1009.00
7) Contributions from Political Party Committees	*(CRO-1220)*	$	$
8) Contributions from Other Political Committees	*(CRO-1230)*	$	$
9) Loan Proceeds	*(CRO-1410)*	$	$
10) Refunds/Reimbursements To the Committee	*(CRO-1240)*	$	$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$
11c) Outside Sources of Income	*(CRO-1250)*	$	$
11d) Legal Expense Fund – Other Sources	*(CRO-1270)*	$	$
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)*		$ 1009.00	$ 1009.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	*(CRO-1310)*	$ 996.04	$ 996.04
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)*	$	$
17) In-Kind Contributions	*(CRO-1510)*	$ 10.00	$ 10.00
18) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)*		$ 1006.04	$ 1006.04
19) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 18)*		$ 2.96	$ 2.96
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)*	$	$

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
MICHAEL M NASH FOR SCHOOL BOARD	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MICHAEL MCKENLEY NASH 2752 19TH AVE NE HICKORY NC 28601	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $ 10.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FILING FEE	07/06/2020	$ 10.00
		$
		$

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 ☐ 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	$ 10.00
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 10.00

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
MICHAEL M NASH 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	d. Comments
BUILD A SIGN 11525A STONEHOLLOW DR #100 AUSTIN TX 78758 800-330-9622	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 310.42

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	DEBIT	A	09/25/2020	$213.32	SIGNS
MMN	DEBIT	A	08/21/2020	$97.10	SIGNS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NICK BOLICK 710 E 7TH ST CHARLOTTE NC 28202 828-244-3764	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 70.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	VENMO	A	08/20/2020	$70.00	WEBSITE CREATION
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BUILD A SIGN 11525A STONEHOLLOW DR #100 AUSTIN TX 78758 800-330-9622	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 324.62

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	DEBIT	A	07/30/2020	$342.62	SIGNS
				$	

5. Total only this Page	$ 705.04
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)*	$ 996.04

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
MICHAEL M NASH 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
FOOTHILLS WHOLESALE 1943 1ST AVE SW HICKORY NC 28602 828-320-6889		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 288.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	TRANSFER	O	09/29/2020	$92.78	T-SHIRTS
MMN	TRANSFER	O	10/13/2020	$195.22	T-SHIRTS

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
STATE EMPLOYEE CREDIT UNION 2875 16TH ST NE HICKORY NC 28601 828-327-2121		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 2.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	DRAFT	O	07/28/2020	$1.00	SERVICE CHARGE
MMN	DRAFT	O	08/26/2020	$1.00	SERVICE CHARGE

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
STATE EMPLOYEE CREDIT UNION 2875 16TH ST NE HICKORY NC 28601 828-327-2121		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MMN	DRAFT	O	09/25/2020	$1.00	SERVICE CHARGE
				$	

5. Total only this Page	$ 291.00
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)*	$ 996.04

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)**

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
MICHAEL M NASH 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
COLE SETZER 1469 ZION CHURCH RD HICKORY NC 28602 828-294-4748	US ARMY	US ARMY		$ 99.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	PAYPAL		07/12/2020	$ 99.00
☐					$
☐					$

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
MARK HOLLOW 702 6TH AVE NE CONOVER NC 28613 828-320-1948	PHYSICIAN ASSISTANT	RETIRED		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CHECK		08/07/2020	$ 50.00
☐	MMN	CHECK		09/18/2020	$ 50.00
☐	MMN	CHECK		10/01/2020	$ 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
BILLY BOLTON 4232 6TH ST NW HICKORY NC 828-217-5467	BUSINESS OWNER	BUTCH'S SERVICE		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/18/2020	$ 50.00
☐					$
☐					$

4. Total only this Page	$ 299.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1009.00

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
MICHAEL M NASH 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
NANCY BOLTON 4232 6THAVE NW HICKORY NC 28601 828-217-5467	BUSINESS OWNER	BUTCH'S SERVICE		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/18/2020	$ 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
TONYA BOLTON 3121 28TH AVE DR NE HICKORY NC 28601 828-381-9299	PHYSICAL THERAPY ASSISTANT	CATAWBA VALLEY MEDICAL CENTER		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/13/2020	$ 50.00
☐	MMN	CASH		07/14/2020	$ 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
BEATRICE SHEPHARD 1829 27TH ST PL NE HICKORY NC 28601 912-318-3147	RETIRED	FEDERAL GOVERNMENT		$ 15.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/14/2020	$ 15.00
☐					$
☐					$

4. Total only this Page	$ 165.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1009.00

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
MICHAEL M NASH 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
RICHARD ARMSTRONG 2227 1ST AVE SW HICKORY NC 28602 828-345-0012	BUSINESS OWNER	ARMSTRONG CARS		$ 90.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/16/2020	$ 50.00
☐	MMN	CASH		08/18/2020	$ 40.00
☐					$

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
MICHAEL PASTELAK 5996 LOOKOUT HEIGHTS DR CLAREMONT NC 28610 828-639-0124	BUSINESS OWNER	PATRIOT AXE THROWING		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		07/23/2020	$ 50.00
☐	MMN	CASH		08/15/2020	$ 50.00
☐	MMN	CASH		08/22/2020	$ 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
MICHAEL PASTELAK 5996 LOOKOUT HEIGHTS DR CLAREMONT NC 28610 828-639-0124	BUSINNESS OWNER	PATRIOT AXE THROWING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		09/18/2020	$ 50.00
☐	MMN	CASH		09/29/2020	$ 50.00
☐					$

4. Total only this Page	$ 340.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1009.00

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
MICHAEL M NASH 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
MICHAEL PASTELAK 5996 LOOKOUT HEIGHTS DR CLAREMONT NC 28610 828-639-0124	BUSINESS OWNER	PATRIOT AXE THROWING		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		10/01/2020	$ 50.00
☐	MMN	CASH		10/06/2020	$ 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
DONALD BROWN 3101 NINETH TEE DR NEWTON NC 28650 828-855-7722	SHERIFF	CATAWBA COUNTY SHERIFF'S OFFICE		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		10/13/2020	$ 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
FRANCES HALLMAN 2133 14TH AVE DR NE HICKORY NC 28601 828-638-1680	RETIRED	SCHOOL TEACHER (CCS)		$ 20.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		09/20/2020	$ 20.00
☐					$
☐					$

4. Total only this Page	$ 170.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1009.00

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
MICHAEL M NASH 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
MICHAEL MCKINLEY NASH 2752 19TH AVE NE HICKORY NC 28601 828-291-3018	CO MANAGER	LOWES FOODS		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	IN KIND	FILING FEE	07/06/2020	$ 10.00
☐					$
☐					$

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
SAVANNAH BOLTON 3521 6TH ST DR NW HICKORY NC 28601 828-514-1743	POLICE OFFICER	CLAREMONT CITY		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MMN	CASH		8/11/2020	$ 25.00
☐					$
☐					$

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	$ 35.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1009.00