JAN 1 1 2020

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Amendment	
Yes	Ď No
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Disclosure Report Cover

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.	Street 1998
1. Committee Information	
a, Full Name	c, ID Number
Robert Levy 2020 Committee	
b. Malling Address (include City, State and Zip Code)	d. Date Filed
4 Wicker Place	1-11-21
Priehust, NC 28374	e. Phone Number
Filenticist, Co	910-255-6091
2, Report Year 3, Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy	
2020 10/18/20 1/12/2021	Adelle C. Park
	ue type of report from one category)
☐ Candidate Campaign ☐ Party Municipal State/Count	
PAC Referendum Organizational Organiz	<u>- </u>
Independent Expenditure I Joint Fundraiser I Thirty-five day Quarter Legal Expense Fund Pre-primary Fi	· 1 1
	cond Supplemental Final
AND	ird Annual
	urth Special
■ Building Fund ■ Mid Year Semi-a	
	d Year 10. Special Report Name
Other: Final Your Standardisers this Report	ar End
Special Special Special	
11. Account Information 11. Account Info	
a. Financial Institution Full Name 5: Me	
C1 D Pinacorest lazar	
10st Dank Branch	c, Account Code
b. Purpose c. Account Code b. Purpose	c, Account code
(A)	
Checking d. Period Begin Balance	d. Period Begin Balance
\$ 2387.78	\$
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.
Adalla P Kon Comment	24 1 11-21
Printed Name of Signer Signature of Appointed Tr	Pasurer Date
FOR OFFICE USE ONLY	
The second of th	<u>Delivery Method</u>
Date Received: 1711 - Employee: ON 1 ON	└── Normal Mail
Date Postmarked: Employee:	Registered Mail
	— □Æfand Delivered □ Electronically Filed
Date Scanned: Employee:	
	☐ Signer has not received
Date Data Entered: Employee;	— mandatory training
	mandatory training
Please Note: This form cannot be used to amend committee information s assistant treasurer, custodian of books information, or a	mandatory training uch as the committee address, treasurer,

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

Amendment

Yes

No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report 3.	ID Number
Robert Levy 2020 Committee	44		-
Start of Election Cycle: January 1, 2020	2	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2387.78	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 2891.35
6) Contributions from Individuals	(CRO-1210)	\$ 4129.30	1 4
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$ 650,00
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	medical field annothed analysis desired (4) symbol		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$ 500,00	\$ 500.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 7016.09	\$ 9510.65
<u>EXPENDITURES</u>	The state of the s		
13) Disbursements	ng dinawa Sankayingan yang yang ang sang sang yang ang		
13a) Operating Expenditures	(CRO-1310)	\$ 4029.30	\$ 4/31.52
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)	\$ 2987.78	\$ 2987.78
17) In-Kind Contributions	(CRO-1510)	\$	\$ 2451.35
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$ 7016,08	\$ 9570.65
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ -0-	\$ -0-
<u>ADDITIONAL INFORMATION</u>		KARAT STREET, SAN TO SE	
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)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$ 2987.78	\$ 2987.78

		om Individuals		Pg		_
		dividual contribution		ntributions unde		O 1205 is not used 2. ID Number
	7 . 1	e (and Fund if applic		. 1		2. 117 (MADE)
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17	E Rolo	h Refma	nd Dr	c. Employer's Nam		
Ra	Inh Ro	h Redmo Amond Jr.	Trust			
11	Aldrotte	ford Driv	ف			e. Election Sum to Date
የአ	rahiers	F. NC 29	374	,		\$ 100.00
f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Descrip	ion	j. Date (mm/dd/yyy	y) k. Amount
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ra	bert Le			c. Employer's Nan	ne/Specific Field	
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			i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) : k. Amount
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3, Cont	ributor Informa	er en recommendad de la companya de		Add Rei	riove	
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profes	ssion	d. Comments
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ρ_{i}	nehiers	evig or Place t, NC 28	374	Self		c. Election Sum to Date
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f. Prior	g. Account Code	h, Form of Payment	i, In-Kind Descrip	entitle of a set of seed as to all the entitles of	j. Date (mm/dd/yyy	y) k, Amount
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		In Kind	VYINAN	rg	12/31/2	0 3 477.71
		In Kind	Printer	rg e	12/31/2	0 \$ 477.71
		In Kind In Kind	Winto Media	rg e	12/31/2	0 \$ 477.71 0 \$ 2786.02 \$
O 4. Tot	at-only this ?	In Kind In Kind age RO-1210 Pages	Wedia	rg e	12/31/2	0 \$ 477.71 0 \$ 2786.02 \$

Amendment

Refunds/Reimbu	rsements From the Com	ımittee _{Pg}		٠,	Amendment Yes No		
	funds/reimbursements, including co	ntributions return					
1. Committee Full Name	(and Fund if applicable)			2. I	D Number		
Kobert Lev	9 2020 Com	nittee					
3. Payee Information		Add 🔲 Rer	nove				
a. Full Name, Mailing Address	s & Phone	d. Type of Commi		h. O	riginal Receipt Date		
(include city, state, & zip)		Candidate	PAC) :	2/31/20		
Robert Lei	ريد ا	Referendum e. Level Registere	Party	·	riginal Receipt Amount		
Robert Les 4 Wicker	Place	Federal State	County: Municipality:		201.76		
Paralysas	t. NC 28374	f. Purpose Code	Winnerpanty.		ection Sum to Date		
rivenues		P		\$ 2987.78			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code		
Attorney	Self	Print	ng	,	4.1		
l. Form of Payment m. Re	quired Rémarks	,	n. Date (mm/dd/yy)		o. Amount		
ETF	Handsels		12/31/2	(>	\$201.76		
3. Payee Information		Add 🔲 Ren	nove				
a. Full Name, Mailing Addres	s & Phone	d. Type of Commi	ttee	h. O	riginal Receipt Date		
(include city, state, & zip)		Candidate Referendum	☐ PAC☐ Party	1	2/31/20		
Mobile Le	y,	e. Level Registere		i. O	riginal Receipt Amount		
4 wicke	V Place , NC28374	Federal State	County: Municipality:	1 1 5 ~ ~ ~ ~ / 1			
Bromust.	NC28374	f. Purpose Code		j. El	ection Sum to Date		
7, 000	P P			\$2987.78			
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Cónaments		k. A	ccount Code		
Attorness	1 Solf	Maria	e	AI			
i. Form of Payment in. Ro	equired Remarks		n. Date (mm/dd/yy	yy) o. Amount			
EPT (- Omment at	2150	12/31/2	Ð	\$2786.02		
3. Payee Information		Add Rei	nove	::			
a. Full Name, Mailing Addres	s & Phone	d. Type of Commi	ittee	h. C	riginal Receipt Date		
(include city, state, & zip)		Candidate	☐ PAC				
		Referendum	Party				
		e. Level Registere		i. Original Receipt Amount			
		Federal State	County: Municipality:	\$			
		f. Purpose Code	ividine ipanty.	j. E	lection Sum to Date		
		•		\$			
b. Job Title/Profession	ion c. Employer's Name/Specific Field g. Comments		k. Account Code				
J. Julian J.	C. Zamproyer of tunios special 2.22	g. Comments		a ractount cour			
i. Form of Payment m. R	equired Remarks		n. Date (mm/dd/yy	yy)	o. Amount		
					\$		
4. Total only this Page				\$	2987.78		
5. Total of ALL CRO-1320 Pages				\$			
	of Detailed Summary Page CRO-1100)			Φ.	2987.78		
	letailed disbursement code in (f) abo	ove)					
L - Returned to Contrib		r Service	N - Excee	eded	l Contribution Limit		
P* - Reimbursement o * Codes require detail	of In-Kind O* Other led explanation in required reman	ks field (m)		1.			

				Amendment
Contributions to be Reimbursed		Pg	of	□ Yes 🎗 No
Use this form to report Contributions of \$1,000 or less	to be re	imbursed within	7 days.	
Reimbursements must be disclosed on the Refunds/Rei	imburse	ments Form (CR	O- <u>1320).</u>	D Number
1. Committee Full Name	.· · · .		4. 1	D Number
Robert Levy 2020 Con	m	ittee		
3. Contributor Information		Add 🔲 Ren		
Full Name & Mailing Address of the Payee		Full Name & M	Tailing Address of t whom the campaign	he Reimbursee
(the original vendor)		the person to	whom the campaign	TCHCCK IS WITHCH
Robert Leure 4 Wicker Place		10000	t Levy	
4 Wicker Maco		4 Wic	heer I'll	
Mehres & NC27374		Pinen	eust, D	c 20374
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card YN	d. Amount
Pinking	72	131/20	レ	\$ 201.76
3. Contributor Information		7 - W	nove	
Full Name & Mailing Address of the Payee		Full Name & N	Mailing Address of	the Reimbursee
(the original vendor)			whom the campaign	
Robert Levy		Cobe	or Love	21
4 10 icher Place		at le	Terrar 1	20-71
Robert Levy 4 Wicker Place Pinehiert, NC 29374		Vines		100e C28374
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card	d. Amount
Media	12	131/20	N	\$2,786.02
3. Contributor Information		Add 🔲 Rei		
Full Name & Mailing Address of the Payee		Full Name & M	Mailing Address of	the Reimbursee
(the original vendor)	 	(the person to	whom the campaig	ii check is written)
•				
a. Contribution Description	b. Date	(mm/dd yyyy)	c. Credit Card Y/N	d. Amount
				\$
	<u> </u>	Add Re	move	
3. Contributor Information Full Name & Mailing Address of the Payee			Mailing Address of	the Reimbursee
(the original vendor)		(the person to	whom the campaig	n check is written)
	 _	<u> </u>	1 0 11 0 1100	la 4
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			_	\$
4. Total only this Page	-1.7			2987.78
5. Total of ALL CRO-1215 Pages				2987.78
(This line goes in line 28 of Detailed Summary Page CRO-11	00)			August 200
CRO-1215 NC State Board of Elec	zuons			1205202

Disbursem	ents			,	Pg	of	2	Amendment Yes
Use this form to	report expenditures f	from the committe	ee for o	perating exp	enses	s, contribution	ons to	o candidate/political
committees and	coordinated party exp	penditures						
1. Committee F	ull Name (and Kono	l if applicable)						2. ID Number
Roke	~7 / ps	2022	\sim C	omn	20 l	Hoe		
3. Type of Disb		use separate CR				The second secon	ursei	nent.)
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4; Playee Inform	nation			Add 🗆 🔲	Rem	ove -		
a. Full Name, M (include city, state,	ailing Address & Pho & zip)	nie		b. Coordinate	ed Cor	mmittee Name		d. Comments
Rober	+ Levy Ver Place		••	c. Level Regis	stered	(Specify) County:	7. () 3. () ()	
A Wie	met De	- - 75275	ł	State		= '	lity:	e, Election Sum to Date
	<u> </u>					EUSEN CONSIDER	h. Sn.	\$402 4, 30 guired Remarks
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (i	mm/dd/yyyy) 31 /20		o uni 177.71	ĸ. ĸe	An udouts
IA	SITE	A	12/	31/20	\$ 7	45.57	FA	record Aush
4. Payee Inforn	nation	40		Adii 🗀	Ren	ove		
a. Full Name, Mail (include city, sta	ing Address & Phone te, & zip)			b. Coordinate	ed Cor	nmittee Name	17.874	d. Comments
Resert	KerPlac			c. Level Regi	stered	(Specify)	2 14	
4 Wic	Kerra	- 227/		Federal State		County: Municipa	lity:	e. Election Sum to Date
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f. Account Code	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. An	ount	k. Re	quired Remarks
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Control of the Contro	ing Address & Phone			b. Coordinat	THE PROPERTY			d. Comments
(include city, sta	te, & zip)							
				c. Leyel Regi	ctored	(Specific)	N 85 ₆ 37	
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5, Total only of	is Paga				ΙΨ			\$ 4079 717
	is rage CRO-1310 Pages							\$ 4029.30 \$ 4029.30
	, CROSISIU Fages i line 13a of Detailed Sun	nmary Page CRO-11	00 if One	rating Expens	es)			· 100977
	ı line 13b of Detailed Sun					olitical Comm)	\$ 4001000
(This line goes in	line 13c of Detailed Sun	nmary Page CRO-11	00 if Coo	rdinated Party	Expe	nditures)		
The second secon	odes (List detailed		Action and actions	Control of the Contro				
A* - Media	B* - Printi		CONTRACTOR OF STREET	undraising	irutians Oracione	CR. (25) Ch		her Candidate
E - Salaries I - Postage	F* - Equip J - Penalti		6	litical Party Office Exper	ises			g Public Office Expenses on to Legal Expense Fund
O* Other	an Angrad - Tollatti			MANAGER STATES		CAN C D	tl	our to maker milesine z ame
AND THE PROPERTY OF THE PROPER	re detailed explanat	ion in required r	emark	s field (k)			1 1	

Other Rece	ipt Sources		Pg	of _		Yes KNo
Use this form to	report income not reporte	ed on another form. i	e. interest inco	me, not for profit	contr	Number
	all Name (and Fund if a				<i>2</i> . II.) Number
Kolert	herry 20	20 Com	witter		d	
3. Type of Recei	pt Source Please use	separate CRO-1250	forms for each	type of Receipt S	ourc	<u>(e.)</u>
Interest		ions from Not-for-Profit C		Outside S	ources	or Income
4. Contributor	The state of the s		Add Re	move	d Co	mments
	ng Address & Phone	•	B. 1406-101-1 10111	reacial to a		
(include city, stat	2 (5 2 a C 52 l)	oc PAC	c. Outside Source	W-lengtion		
COVIUNCE	2, 77		c. Ourside Source	; г.хранацон		
P.D. F	20X 185	1)			e. Ele	ection Sum to Date
South	eurly Colles	16 21317- 5400			\$	500.00
	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy		j. Amount
Al	Char			11/12/202	0	\$500,00
7.(\$
4. Contributor	 Information		Add 🔲 Re	emove		
	ing Address & Phone		b. Not-for-Profit	Federal ID #	d. C	omments
(include city, sta	te, & zip)					
			c. Outside Sourc	e Explanation	1	
					e. Ei	lection Sum to Date
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4. Contributor	Information		Add R	emove	/ . · ·	
	ling Address & Phone	<u></u>	b. Not-for-Profi	t Federal ID #	d. C	Comments
(include city, sta			1			
			e. Outside Sour	ce Explanation		
ļ					e. E	Election Sum to Date
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C. A 4 C-do	Form of Poyment	h. In-Kind Descriptio	 n	i. Date (mm/dd/y)	<u></u> yyy)	j. Amount
f. Account Code	g, Form of Payment	and an annual areas a part				\$
						\$
					\$	\\
5. Total onl					1 4	
(This line goes	ALL CRO-1250 Pagin line 11a of Detailed Summing line 11b of Detailed Summi	ary Page CRO-1100 if In	terest) ot-for-Profit Contr	ibution)	\$	500,00

Amendment