Disclosure Report Cover

COPY

Lmendment		
Yes	Ш	No

	Please note that this cover sheet 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 those kinds of committee changes.							
Use the Addendum form (CRO-1010) if more entries are needed.							
1. Committee Information							
a. Full Name				c. ID Number			
DAVE P	LYLER	CAMF	AIGN	COMMITT	EE		
b. Mailing Address	(include City, Stat	te and Zip Code)				d. Date Filed	
211 HARMON LAUE							
KERNERSVILLE, NC 27284					e. Phone Number		
		,				336 193-4675	
2. Report Year	3. Period Start Da	te (mm/dd/yyyy)	4. Period En	d Date (mm/dd/yyyy)	5. Treasurer	Full Name	
2005	06/30/	2005	12/	31/2005	RICHA	ad Graves	
6. Type of Committ	ce (Check one)	8	. Type of Report	(check only one	type of report fro	n one category)	
Candidate Cam	· · · =	·	Municipal	State/Cour	<u> </u>	Referendum	
Joint Fundraise	r PAC	12	Organizations	1		Organizational	
Referendum 7. Type of Fund	(îf applicable,		☐ Thirty-five da☐ Pre-primary	·	•	Pre-referendum	
Soft Money Ac		Creck One)	Pre-election	First Plus Second		Supplemental Final	
"Booster Fund"	· ·	li li	Pre-runoff	i 		Annuai	
Building Fund		"	Semi-annual		ourth	Special	
	rty Financing Fund	lo	Mid Yes	r Semi⊸	nnual	[
Presidential Ele	ction Year Candida	tes Fund	У еаг Ели	1 🔲 1	fid Year	9. Special Report Name	
NC Public Cam	paign Financing Fu	nd [Final	12 Y	ear End		
Other:][Special	Final			
		i		Specia			
10. Account Inf				10. Account Information			
a. Financial Institution Full Name a. Financial Institution Full Name							
			•				
	TON STA	YE BA	NK				
		TE BA	NK	b. Purpose		c. Code	
LEXIOL b. Purpose	xod Sta	c. Code	NK	b. Purpose		c. Code	
LEXIOL b. Purpose		c. Code		b. Purpose			
LEXIOL b. Purpose	xod Sta	c. Code A d. Period Begin	Balance	b. Purpose		d. Period Begin Balance	
LEXIOL b. Purpose	xod Sta	c. Code	Balance	b. Purpose			
LEXIOL b. Purpose	YON STA	c. Code A d. Period Begin	Balance	b. Purpose		d. Period Begin Balance	
LEXIDE D. Purpose PAY E: CERTIFICATION	40D STA KPENSES On	c. Code A d. Period Begin \$ 1136	Balance		. including the	d. Period Begin Balance S	
LEXIDE D. Purpose PAY E: CERTIFICATION I certify that the	TOD STA	d. Period Begin \$ [136]	Balance ./O with all provisi	ons of Article 22/		d. Period Begin Balance \$ at no funds are commingled	
LEXIDE D. Purpose PAY E: CERTIFICATION I certify that the	TOD STA	d. Period Begin \$ [136]	Balance ./O with all provisi			d. Period Begin Balance \$ at no funds are commingled	
LEXIDE D. Purpose PAY E: CERTIFICATION I certify that the	TOD STA	d. Period Begin \$ [136]	Balance ./O with all provisi	ons of Article 22/		d. Period Begin Balance \$ at no funds are commingled	
DAUID	XPENSES ON e Committee is a federal or out-	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I D with all provisi I further say th	ons of Article 224	mplete, true ar	d. Period Begin Balance \$ at no funds are commingled	
DAUID	TOD STA	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I D with all provisi I further say th	ons of Article 22/	mplete, true ar	d. Period Begin Balance \$ at no funds are commingled	
DAUID PEXICLE DAUID Pr	XPENSES ON e Committee is a federal or out- Ply L inted Name of Sign	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I D with all provisi I further say th	ons of Article 224	mplete, true ar	d. Period Begin Balance \$ at no funds are commingled	
D. Purpose PAY E: CERTIFICATION I certify that the with funds for a part of the period of the per	ON e Committee is a federal or out- inted Name of Sign	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I further say the Sig	ons of Article 22.4	mplete, true ar	d. Period Begin Balance \$ at no funds are commingled ad correct. 1/26/06 Date	
DAUID PEXICLE DAUID Pr	ON e Committee is a federal or out- inted Name of Sign	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I D with all provisi I further say th	ons of Article 22.4	mplete, true ar	d. Period Begin Balance \$ at no funds are commingled ad correct. / ZC / O Date	
DAUID POR OFFICE U	ADD STA	d. Period Begin \$ [136] in compliance of-state PAC.	Balance ./O with all provisi I further say the Sig	ions of Article 22/ at this report is constant of Appointed for a pointed for a pointe	Essurer Del	d. Period Begin Balance \$ at no funds are commingled ad correct. / ZC / OE Date	
D. Purpose PAY E: CERTIFICATION I certify that the with funds for a part of the period of the per	ADD STA	d. Period Begin \$ [136] in compliance of-state PAC.	Balance I further say the Sig	ions of Article 22/ at this report is constant of Appointed for a pointed for a pointe	Essurer Del	d. Period Begin Balance \$ at no funds are commingled ad correct. / ZC / O Date	

CRO-1000

SC : II WIC Start Braid of Historions

March 2003

Committee Full Name (and Fund if applicable)	2. Type of R	eport	3. ID Number
DAVE PLYLER CAMPAIGN COMMITTEE	EAR END		
		ANNKAC Total this	Total this
Start of Election Cycle: January 1, 200	<u></u>	Reporting Period	
4) Cash on Hand at Start		\$ 1136.10	\$ 1136,10
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$	\$
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	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)		\$
12) "Goods and Services" Contributions	(CRO-1260)	\$	s
13) TOTAL RECEIPTS		\$	2
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)		4	
<u>EXPENDITURES</u>			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	\$ 96.30	s 96.30
14b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
14c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES		\$ 01 -	\$ 9/20
(Add lines 14a, 14b, 14c, 15, 16, and 17)		\$ 98.30	76.30
19) Cash on Hand at End (Add lines 4 and 13 together, then subtract line 18)		\$ 1039.80	\$ 96.30
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 1100 NC State Poor		Ψ	Merch 2003

Disburser	nents		Pg		,	Amendment Yes	No No
1. Committee Fu	ll Name (and Fund if applicab	le)			2, ∏	D Number	
DAVE	PLYLER CAM	PAIGN CO.	MAITTEC	·			
3. Type of Dis		parate CRO-1310 forms	for each type of Di	sbursement.)			
Operating Ex		tions to Candidates/Politi			ated P	arty Expenditure	es .
4. Payee Infor		<u> </u>		move			
a. Full Name, Mailing Address & Phone		b. Coordinated Committee Name		d. Comments			
(include city, st			-[Ì		
SALEM	LITCHEN LER ST., Suit	- E	c. Level Registered (Specify) Federal County:				
50 MIL	LER ST., SHI						
WINST	N- SALEN, NO	2 //04	State	Municipality:	e. Election Cycle Sum to Date		
					\$,
f, Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yy)	yy)	j. Amount	
A	CHECK	LUNCH FOR	HERTINA	10/19/200	s 96.30		30
						\$	
4. Payee Inform			Add Rer	nove			
	ling Address & Phone		b. Coordinated Co	mmittee Name	d. C	omments	
(include city, sta	itė, & zip)						
			c. Level Registered (Specify)				
			☐ Federal ☐ County:		e. Election Cycle Sum to Date		
		:	,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	(V)	j. Amount	
						\$	
						\$	
4. Payee Inform			Add Ren	nove			
-	ing Address & Phone		b. Coordinated Co	mmittee Name	d. Ce	mments	
(include city, sta	te, & zip)						
			c. Level Registered	(Specify)			•
			Federal County:				
			State	Municipality:	e. Ek	ection Cycle Su	m to Date
					\$,
f. Account Code	g. Form of Payment	h. Purpose		i. Date (mm/dd/yyy	y) į	j. Amount	
		•				\$	
						\$	
5. Total only this Page			\$	s 96.30 s 96.30			
6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)				\$	96.	30	
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in	line 14c of Detailed Summary	Page CRO-1100 if Coord	dinated Party Expen	ditures)			<u></u>