Disclosure Report Co Use this form for general report Do not use this form to update in	and committee	information,	must be sign	ed and s	ubmitted alo	-	Amendment  Yes No th other detailed forms.
1. Committee Information	Mormanon.		<del></del>				
a. Full Name	<u>·</u>	*		<del></del>		<u>т. тр</u>	Number
A 11 -	10			<del></del>	<u> </u>	1	
b. Mailing Address (include City, Stat	Elect () (c) (c) (de)	गुट्ट टायक	<u>ngleta</u>	щ_			CQUHF
<del> </del>	<del>-</del> <u>-</u> -						
7890 Misly Mt	~ - ~ 10						<u>  - 4-  </u>
GERMANTON NC	27014					e. Pho	one Number
						33	36-462-9488
2. Report Year 3. Period Start	i Date (mm/dd/yy	y) 4. Period J	End Date (m	m/dd/yy)	5. Treasure	er Ful	Il Name
2014 6-30-1			18-201		DAVID	<u>B c</u>	Singletary
6. Type of Committee (Check Compaign Part	One) 9.	. Type of Rep			type of repo		m one category)
	ty ferendum	funicipal Organizations		County	<del></del>		endum
	nt Fundraiser	Organizationa Thirty-five da	1	Organizati		!=	Organizational
Legal Expense Fund	T Fundianser	Pre-primary	, М	Quarterly First		=	Pre-referendum Final
Treket pyhonoe i and	١٣	Pre-election	H	First Seco			rınal Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	ĺ₩̄	Third			suppiementai rinat Annual
Booster Fund		Semi-annual		Fourt			Special
Building Fund	ļc	Mid Yea	ar	Semi-annu			poorar
	įΓ	Year End	·		Year	10. S	pecial Report Name
Other:		Final		Year	End !	-	Province and a second
8. Number of Fundraisers this	Report	Special		Final	!	1	
0				Special	1		
11. Account Information			11. Account	t Inform	nation	$\overline{}$	
a. Financial Institution Full Name			a. Financial In				MADA
Allegacy FCU	1			<u></u>	-A		COI I
b. Purpose	c. Account Code		b. Purpose			c. Acc	ount Code
	503	,				<u></u>	N - A
CAUEPAIDA Fuiras	d. Period Begin B.	Ralance	1	<b>X</b> -A	1	a Peri	iod Begin Balance
Funds			ĺ	11 -14	ļ	φ	
	\$ 11.3	٧	<u></u>			\$	N-A
CERTIFICATION  I certify that the Committee or Fun of the NC General Statutes and tha report is complete, true and correct	at no funds are cor	mmingled with	prohibited or	other non	n-disclosed fur	& 221 nds. I	D-22M of Chapter 163 further certify that this
Printed Name of Signe	tarey	Sign	nature of Appoin	nted Treas	urer		1 1-14-11 Date
FOR OFFICE USE ONLY					<del></del>		<del></del>
Date Received:		Employ	/ee:				Method al Mail
Date Postmarked:		Employe	ee:		- <u>                                    </u>	Regist Hand l	tered Mail Delivered
Date Scanned:		Employe	ee:	<del></del>	_		onically Filed
Date Data Entered:		Employe	ee:				r has not received atory 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.

NC State Board of Elections

August 2008

CRO-1000

☐ 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 C)incletae thiad n Elect DAVID numettee 4 Total this Total this Start of Election Cycle: January 1. Reporting Period Election Cycle 4) Cash on Hand at Start 32 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) **~** 450.00 6) Contributions from Individuals (CRO-1210) \$ NEO.00 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) 121.66 121.66 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ · 02 , OQ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income \$ (CRO-1250) 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) K33.00 \$ 883.00 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 825.54 \$ 825.54 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)\$ \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 825.54 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 7,46 \$ .46 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)

7.46

7.46

Contributions from Individuals  Pg 1 of 7 Amendment   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	
_	wwittee	e do Elect			^	VCD64F		
	Name, Mailing Add		<u>انا</u>	Add Re	emove	Ta a	T. a	
	de city, state, & zip					d. Comments		
	in Road	n t.,		Sales				
1)14	UIS Rege	enery		c. Employer's Name/Specific Field				
150	o Surte	es' Kd		. <u>.</u>			lection Sum to Date	
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	tributor Inform			, <del></del>	move			
	ame, Mailing Addr le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. Comments		
	annie W	21-16		WSFCS	3B	1		
De	annie W	leteart		c. Employer's Name/Specific Field				
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<b>~</b> : 1	11100 (1111)	vioria		c. Employer's Nan	ne/Specific Field			
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	l only this Pa					\$	450.00	
		O-1210 Pages	<b>~~</b> ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			\$	45000	

Contribu	tions from Politic	cal Party Committees I		Amendment  Yes No	
Use this form	n to report contribution	s from a political party	s v. <u></u>		
1. Committee	Full Name (and Fund i	f applicable)	in the state of the	2. ID Number	
Covin	iithee do El	ed David Single	trees	VCOUNF	
3. Contributo	or Information		emove		
The second of th	ailing Address & Phone			b. Comments	
(include city, s					
	•	Republican Won	ien	,	
	ox 30140			c. Election Sum to Date	
Wins	ton Salem	NC 27130		\$ -7-	
	e. Form of Payment	f. In Kind Description	g. Date (nım/dd/yyy	-0	
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<u>803</u>	Check	Contribution	9-25-14	\$ 250.00	
				\$	
•				\$	
3. Contributor	Information	■ Add ■ Re	I_ move		
	ling Address & Phone		TO SECURE AND	o. Comments	
(include city, sta	ite, & zip)				
	Λ	[-A		Company Color Colo	
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	or a orm or a ayment	ir insitum pesetilitidit.	g. Date (mm/dd/ỳyyy		
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	ng Address & Phone		CONTROL CONTROL CONTROL STANSANT STANSANT STANSANT	Comments	
(include city, stat	e, & zip)				
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	1 ( )	Γ ,		Election Sum to Date	
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Total only t	his Page		\$ \$		
A CONTRACTOR OF THE STATE OF	L CRO-1220 Pages		2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	on line 7 of Detailed Summary	Page CRO-1100)	\$	250:00	

## Refunds/Reimbursements To the Committee Yes ☐ No Use this form to report refunds received by the committee or reimbursements for a previous expenditure. 1. Committee Full Name (and Fund if applicable) 2. ID Number 3. Contributor Information Add ☐ Remove Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate ☐ PAC Refund Signs on the Cheap Stet (10 e. Level Registered (Specify) e. Level Registered (Specify) | Federal | Count | State | Munic | Alestin TX 78758 Referendum h. Original Expenditure Date County: 10-06-14 Municipality: . Original Expenditure Amt 375.46 b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose . Account Code l. Form of Payment m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount KVS Ketun 1 RAMS 16-14-14 121.66 3. Contributor Information Add □ Remove . Full Name, Mailing Address & Phone d. Type of Committee g. Comments (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: N-A State Municipality: Original Expenditure Amt b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose j. Election Sum to Date l. Form of Payment k. Account Code m. In-Kind Description n. Date (mm/dd/yyyy) o. Amount \$ 3. Contributor Information Add ☐ Remove a. Full Name, Mailing Address & Phone d. Type of Committee g.:Comments (include city, state, & zip) Candidate PAC Referendum Party e. Level Registered (Specify) h. Original Expenditure Date Federal County: State Municipality: i. Original Expenditure Amt b. Job Title/Profession c. Employer's Name/Specific Field f. Purpose . Election Sum to Date k. Account Code m. In-Kind Description l. Form of Payment n. Date (mm/dd/yyyy) o. Amount 4. Total only this Page \$ 5. Total of ALL CRO-1240 Pages \$ (This line must be on line 10 of Detailed Summary Page CRO-1100)

Other Rec	ceipt Sources		Pg	. <u>l</u> of <u>l</u>	Amendment No		
Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.							
	Full Name (and Fund if				2. ID Number		
Commi			Siglet				
3. Type of Reco		e separate CRO-1250			·· · · · · · · · · · · · · · · · · · ·		
Interest  4 Contributor		utions from Not-for-Profit (			Sources of Income		
4. Contributor  a. Full Name. Mail	r Information iling Address & Phone	<u></u>	<del></del>	move	d. Comments		
(include city, sta	ate, & zip)	-	b. Not-for-Profit F	ederal II) #	d. Comments		
Allegac	cy FCU		c. Outside Source	Explanation	1		
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	ling Address & Phone		b. Not-for-Profit F	ederal ID #	d. Comments		
(include city, stat	te, & zìp)						
		1	c. Outside Source I	P-mlonation	ĺ		
	<b>A</b>		C. Outside Co	Explanation			
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Disburser	nents				Pg o	f	Yes No
Use this form t	o report expenditure	s from the commi	ittee for	operating ex	penses, contribu	tions	to candidate/political
committees and	d coordinated party e	expenditures			<u> </u>		
1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number
				Dinolet			VCQ64F
3. Type of Dis		se use separate C				<u>burse</u>	ment.)
Operating Ex		ontributions to Candid	lates/Politi			ordinat	ed Party Expenditures
4. Payee Infor			<u> </u>	Add	Remove		
(include city, state	Mailing Address & P	none		b. Coordina	ted Committee Nan	1e	d. Comments
5000 E	on the Checy	)	1 . I Ass	c. Level Reg	istered (Specify)		SIGNS
1 1	A Stonehol		59E 1CC	Federal State	County:	L	e. Election Sum to Date
	TX 78		<b></b>	<u> </u>		İ	\$ 303.78
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	j. Amount	k. Re	quired Remarks
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503	CARD	Advents	10-1	20-14	\$ 375.46	1	Digus
4. Payee Inforr	nation			Add $\square$	Remove		71900
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loezu.	anton NC	20009		State	Municipa	dity: e	Election Sum to Date
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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)							
Purpose Codes (List detailed expenditure code in (h.) above)							
* - Media	B* - Printin	σ /	(11.) at	oove) idraising	D To A		n Com didata
- Salaries	F* - Equipm	•		ical Party			r Candidate Public Office Expenses
- Postage	J - Penaltie			icai I arty ice Expense	25 O* - Dot	uung . Tafian	to Legal Expense Fund
* Other				-	~ 1001	-110101	regai Expense runu
Codes require detailed explanation in required remarks field (k)							

**Disbursements** 

~				Amendment
Contributions to be Reimbursed		P	g ( of (	Yes No
Use this form to report Contributions of \$1,000 or le	ss to be	reimbursed with	in 7 days.	
Reimbursements must be disclosed on the Refunds/R  1. Committee Full Name	eimbur	sements Form (C		TIN N
^	· · ·	1		. ID Number
Committee to Elect Davis	zines			VC O64F
3. Contributor Information			emove	
Full Name & Mailing Address of the Payee (the original vendor)		full Name & (the person to	Mailing Address of whom the campain	f the Reimbursee gn_check is_written)
DAVID B. Singletaca				
7890 Wisly netu Rd Germanton NR 27019		7890	B. Singl Wipdy W	dn Rd
	=-	bern	iouton i	10 27019
a. Contribution Description	b. Date	(mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
Refund of Remain	1	- 14-14	N	\$ 7.46
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Full Name & Mailing Address of the Payee (the original yendor)			Mailing Address of whom the campaig	the Reimbursee n check is written)
			visioni the campaig	ar check is written)
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ull Name & Mailing Address of the Payee he original vendor)			Mailing Address of	
ne original vehilor)		(tne person to	whom the campaign	n check is written)
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N-A				
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Total only this Page			\$	7.44
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Arms were goes in time 40 by Detailed Summary Page CKO-1100	',			ا دالال