| Disclosure Repo | ort Cover | | | Amend | | | |
|--|---|---|---|--|--|--|--|
| 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 Informat | | | | | _ | | |
| a. Full Name | | | | c. ID Numbe | er | | |
| Chris Wrig. | Lt for Clen | moss (| Council | ICQ | 053 | | |
| b. Mailing Address (include | City, State and Zip Code | e) | | d. Date Filed | 1 | | |
| 6036 Holde | | | | 19-26 | | | |
| Clemmons | NC 2701 | <i>'</i> ⊋ | | 6. Phone Nu | mber 9 78-08/6 | | |
| 2. Report Year 3. Perio | od Start Date (mn/dd | Vyy) 4. Period | End Date (mm/dd/yy) | 5. Treasurer Full Nan | ne | | |
| 2015 09/ | 23/15 | 10/19 | 115 | Chris Wrg | 9/45 | | |
| 6. Type of Committee (| | | | type of report from one | | | |
| Candidate Campaign | Party | Municipal | State/County | Referendum | | | |
| PAC | Referendum | Organization | - | 1 = ~ | | | |
| Independent Expenditure | Joint Fundraiser | Thirty-five da | · — · | Pre-refer | rendum | | |
| Legal Expense Fund | | Pre-primary | First | Final | _ | | |
| = m PTLd (if a | " I deal and | Pre-election | Secon | 1= | nental Final | | |
| | pplicable, check one) | Pre-runoff | Third | . I H | | | |
| Booster Fund | | Semi-annual | Fourt | -1····· | | | |
| Building Fund | | Mid Yea | | | | | |
| Other: | | Year En | | | l Report Name | | |
| 8. Number of Fundraise | one this Report | ☐ Special | Year I | dnd | <u> </u> | | |
| O. INHIIDEL OF PHILIPPING | ers tins report | Special | Final Special | | | | |
| | | | | | | | |
| 11. Account Informatio | | | 11. Account Inform | | | | |
| 11. Account Informatio a. Financial Institution Full N | | | 11. Account Inform a. Financial Institution I | | | | |
| | | | | | | | |
| a. Financial Institution Full N | | de | | | 7 2 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | |
| a. Financial Institution Full P BBJT b. Purpose Candidate | c. Account Con | | a. Financial Institution I | Pull Name | | | |
| a. Financial Institution Full P BBJT b. Purpose Candidate | c. Account Con OOA d. Period Begi | n Balance | a. Financial Institution I | Pull Name | 128 M 8: 28 | | |
| a. Financial Institution Full A BB + T b. Purpose | c. Account Con OOA d. Period Begi | n Balance | a. Financial Institution I | c. Account Co | 128 M 8: 28 | | |
| a. Financial Institution Full P BBJT b. Purpose Candidate Campaign CERTIFICATION | c. Account Con DDA d. Period Begi | in Balance | a. Financial Institution I | c. Account Co | ode So Solution Balance | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign | c. Account Cond. Period Begins 1993 ee or Fund is in complies and that no funds are | In Balance 2. 7 3 ance with all apple commingled with | a. Financial Institution I b. Purpose icable provisions of Arti | c. Account Control of the Control of | ode O | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an | c. Account Con ODA d. Period Begt \$ 443 ee or Fund is in complies and that no funds are and correct and that I have | ance with all applicommingled with | a. Financial Institution Ins | c. Account Cond. Period Beg \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Elections. | ode Solo Solo Solo Solo Solo Solo Solo Sol | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Chris Wi | c. Account Con DOA d. Period Begi \$ 443 ee or Fund is in compliant and that no funds are and correct and that I have be of Signer | ance with all applicommingled with ye been trained by | a. Financial Institution I b. Purpose icable provisions of Arti | c. Account Cond. Period Beg \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Elections. | ode Solo Balance I of Chapter 163 r certify that this | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an | c. Account Con O A d. Period Begi \$ 443 ee or Fund is in compliants and that no funds are and correct and that I have be of Signer LY | ance with all applicommingled with | a. Financial Institution Ins | c. Account Cond. Period Beg \$ cle 22A, 22B & 22D-22M-disclosed funds. I further Elections. | ode Of Chapter 163 r certify that this Date | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Chris Wi | c. Account Con DOA d. Period Begi \$ 443 ee or Fund is in compliant and that no funds are and correct and that I have be of Signer | ance with all applicommingled with ye been trained by | icable provisions of Article prohibited or other non the NC State Board of long the NC State Board of | c. Account Cond. Period Beg \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Blections. Delivery Methornal Materials and section of the | ode Of Chapter 163 r certify that this Date di | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Chris Wi Printed Nand FOR OFFICE USE ON | c. Account Con O A d. Period Begi \$ 443 ee or Fund is in compliants and that no funds are and correct and that I have be of Signer LY | ance with all applicommingled with been trained by | b. Purpose icable provisions of Article prohibited or other non the NC State Board of Manature of Appointed Treasure: | c. Account Cond. Period Beg. \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Elections. Delivery Method Normal March Registered In Hand Delivery | ode ode ode ode ode ode ode ode | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Campaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Chris Wi Printed Nam FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: | c. Account Con O A d. Period Begi \$ 443 ee or Fund is in compliants and that no funds are and correct and that I have be of Signer LY | ance with all applicommingled with be been trained by Employ Employ | b. Purpose icable provisions of Article prohibited or other non the NC State Board of landure of Appointed Treasure: | c. Account Cond. Period Beg. \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Elections. Delivery Methomatical Registered In Hand Delivery Electronical | ode ode ode ode ode ode ode ode | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Candid | c. Account Con DOA d. Perlod Begl. \$ 443 ee or Fund is in compliant and that no funds are and correct and that I have be of Signer LY | ance with all applicommingled with the been trained by Employ Employ Employ | icable provisions of Artin prohibited or other non the NC State Board of I mature of Appointed Treasuree: | c. Account Cond. Period Beg. \$ cle 22A, 22B & 22D-22Mdisclosed funds. I further Elections. Delivery Method Registered I Hand Deliver Hand Deliver Electronical Signer has mandatory to | ode ode ode ode ode ode ode ode | | |
| a. Financial Institution Full N BBJT b. Purpose Candidate Canpaign CERTIFICATION I certify that the Committe of the NC General Statute report is complete, true an Chrs Wi Printed Nanf FOR OFFICE USE ON Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This see | c. Account Con OOA d. Period Begin \$ 443 ee or Fund is in compliants and that no funds are and correct and that I have be of Signer LY OOUTH | ance with all applicommingled with be been trained by Employ Employ Employ Employ ance with all applicommingled with all application and commingled with all application and | icable provisions of Artin prohibited or other non the NC State Board of I mature of Appointed Treasuree: | c. Account Cond. Period Beg. \$ cle 22A, 22B & 22D-22M. disclosed funds. I further Elections. Delivery Methomatical Normal Mail Registered In Hand Deliver Electronical Electronical Signer has mandatory the as the committee address. | ode ode ode ode ode ode ode ode | | |

Amendment ☐ Yes □ No

| Detailed Summary | Amendment Yes No | | |
|---|-------------------|--|----------------------------------|
| Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable) | | | <u> </u> |
| | 2. Type of | | 3. ID Number |
| Chris Wrights for Clemnons Council | Pre-L | Election | ICQ053 |
| Start of Election Cycle: January 1, <u>2014</u> | - | Total this Reporting Perior | Total this <u>Election Cycle</u> |
| 4) Cash on Hand at Start | | \$ 443.98 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ 7/5 | \$ 1,750 |
| 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) | \$ | \$ |
| 11e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,1 | ld and ile) | \$ 7/5 | \$ 1,750 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 490 | \$ 1,081.02 |
| 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) | \$ 490 | \$ 1,081.02 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subt | ract line 18) | \$ 668.98 | \$ 668.98 |
| ADDITIONAL INFORMATION | | ··· <u> </u> | |
| 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 (6 | CRO-1215) | \$ | \$ |

| Aggregated Contributions from Individuals | _ | 1 | _ | Amendment | |
|---|-----------|----------|----|-----------|------|
| Aggregated Contributions from muryiduais | Page | | of | Yes | ☐ No |
| Optional form used to report NC Contributions From Individual | s of \$50 | 0 or les | 2 | | |

| 1. | 1. Committee Full Name (and Fund if applicable) 2. ID Number | | | | | | | |
|---|--|-----------------|--------------------|------------------------|---------------------|-----------|--|--|
| L | Chris Wrights for Clemmons Council \$10053 | | | | | | | |
| 3. Contributor Information | | | | | | | | |
| | Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy | f. Amount | | |
| IC | Add Remove | DOA | Cash | | 09/24/201 | s \$ 30 | | |
| İC | Add Remove | DOA | Cash | | 09/24/201 | s \$ 30 | | |
| | Add Remove | DOA | Check | | 09/24/201 | \$ 40 | | |
| | Add Remove | OOA | Cash | | 09/24/201 | | | |
| ╙ | Add Remove | DDA | Check | | 09/24/2015 | \$ 35 | | |
| | Add Remove | DDA | Cash | | 09/27/2019 | | | |
| | Remove | DDA | Cash | | 09/27/2015 | | | |
| | Add Remove | OPA | Cosh | | 09/30/201 | | | |
| апп | Remove | DOA | Cash | | 09/30/2015 | \$ 40 | | |
| 레디더 | Remove | DOA | Check | | 10/10/2015 | \$ 30 | | |
| 미민 | Remove | DDA | Check | | 10/12/2015 | \$ 30 | | |
| | Add Remove | | | | | \$ | | |
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| | Add Remove | | | | | \$ | | |
| 4. Total only this Page 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$\frac{4}{5}\$ | | | | | | | | |
| | 5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100) \$ \(\frac{\frac{1}{5}}{5} \) | | | | | | | |

| Cont | ributions f | rom Individua | als | Pg | of | | Amendment Yes No | |
|----------------------------------|--|------------------------|--------------------|---|--------------------|-------------------------|---------------------|--|
| | | ndividual contributi | | _ | | RO : | , — · · · — | |
| | 1. Committee Full Name (and Fund if applicable) 2. ID Number | | | | | | | |
| · | Chris W | right for | lleanons. | Courrel | - | 7 | t10053 | |
| | tributor Inform | | 면 | | move | | | |
| | ame, Mailing Addr le city, state, & zip) | ess & Phone | | b. Job Title/Profe | ession | d. C | Comments | |
| | bra Nelson | | | None | | | | |
| De | STO /VEISON | Forest Dr. | | c. Employer's Name/Specific Field Stays Lome | | | | |
| 19 | O Almont | c 170/2 | | | | | lection Sum to Date | |
| (() | mmons N | y arora | | | | | | |
| | | | | _ | | \$ | 75 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | ption | J. Date (mm/dd/yy | - | k. Amount | |
| | DDA | Check | | · | 09/24/20 | 15 | \$ 75 | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| | ributor Inform | | U | | move | | | |
| | ame, Mailing Addre | ess & Phone | | b. Job Title/Profe | ssion | đ. C | omments | |
| | le city, state, & zip) | | | Owner | | | | |
| | ris Hogg | | | c. Employer's Na | ne/Specific Field | 1 | | |
| | 6 Hiddenb | | | Blue Fillge Benefits | | m | | |
| Adl | Iance, NC | 27006 | | | | e. Election Sum to Date | | |
| | | | | | | \$ 75 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy | y) | k. Amount | |
| | DOA | Check | | | 09/28/20 | 15 | \$ 75 | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| 3. Cont | ributor Informa | tion | U | Add 🔲 Rer | nove | | | |
| | ume, Mailing Addre | ss & Phone | | b. Job Title/Profes | ssion | d. C | omments | |
| | e city, state, & zip) | | | None | | | | |
| 777 | 7 JA: 11 | Marian | | c. Employer's Name/Specific Field | | | | |
| Amy Smith 1220 Pebble Meadows | | | • | stay of Lone | | e. Election Sum to Date | | |
| Lewisville, NC 27023 | | | mom. | | \$ 150 | | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy | y) | k. Amount | |
| | DOA | Check | | | 09/29/201 | <u>′</u> | \$ 150 | |
| | | | | | | | \$ | |
| | | | | | | | \$ | |
| 4. Tota | al only this Pa | ige | · | | | \$ | 300 | |
| | • | O-1210 Pages | | | | ¢. | | |
| | | of Detailed Summary Pa | 10a CRO-1100) | | | \$ | 300 | |

| Disbursen | | | | | Pg of | | | | |
|--|---|----------------------|--------------|--|-------------------|-----------------|-------------------|--|--|
| 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] | | | | | | | | | |
| | | | | | · | 2.10 | Number | | |
| Chris | Wright T | or Clenno | ns 6 | -ouncil | | ICO | 2053 | | |
| 3. Type of Dist | oursement <u>(Please</u> | use separate Cl | RO-131 | 0 forms for e | each type of Disl | ursement.) | | | |
| Operating Exp | enses Cor | tributions to Candid | ates/Politi | ical Committees | S Coo | rdinated Party | Expenditures | | |
| 4. Payee Inform | mation | | ₩ | Add \square | Remove | | <u> </u> | | |
| a. Full Name, M | a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments | | | | | | | | |
| (include city, state | , & zip) | | | | | | | | |
| Premiun | n Grophich | (| | c. Level Regi | stered (Specify) | _ | | | |
| 5512 1 | nitchelldale | • | | Federal | County: | | | | |
| Houston | 1, TX 770 | 192 | | State | Municipa | | on Sum to Date | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i Doto (| mm/dd/mm | ls A | \$ 6 | | | |
| 4 5 | · · · · · · · · · · · · · · · · · · · | | - | mm/dd/yyyy) | | k. Required | NUMBERS . | | |
| DOA | Check Card | 8 | 071- | 18/2015 | D 500 | 1691 | <u> </u> | | |
| | 1 | | | | \$ | | | | |
| 4. Payee Inform | nation | | | Add 🔲 | Remove | | | | |
| | ling Address & Phone | | | | ed Committee Name | d. Com | ments | | |
| (include city, sta | - | | | | | | | | |
| Clemno | ons Courier | | | c. Level Regis | stered (Specify) | | | | |
| PO BOX | 765 | | | ☐ Federal | County: | | · | | |
| c1 | | = | | ☐ State | Municipa | lity: e. Electi | on Sum to Date | | |
| (lemm | ons NC 2 | 10/2 | | | | \$ 7 | 70 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (| nım/dd/yyyy) | 1. Amount | k. Required 1 | Remarks | | |
| DDA | Check | A | 10/0 | 1/2015 | \$ 70 | | per AB | | |
| <i>[[]</i> | | | 1010 | 110015 | \$ | 14 603 60 | PE AD | | |
| 4 Danie T-6 | 4: | | | A 1.1 | Ф | | | | |
| 4. Payee Inforn | | · | | | Remove | | | | |
| a. run Name, Man (include city, stat | ing Address & Phone te, & zlp) | | | b. Coordinate | d Committee Name | d. Comn | nents | | |
| | ns Courier | | | | | | | | |
| PO BO | | | | c. Level Registered (Specify) Federal County: | | | | | |
| | | | | | | | on Sum to Date | | |
| Clemno | ons NC 270 | o/2 | | | | \$ / | \$ 190 | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (ı | nm/dd/yyyy) | i. Amount | k. Required F | , | | |
| | - , , , , , , , , , , , , , , , , , , , | | | | | · | | | |
| DDA - | Check | A | 10/13 | 12015 | \$ 1 dO | Newspe | oper Ad | | |
| F. Total and M | in Done | | | | φ | | U a a | | |
| 5. Total only th | | | | | | \$ | 990 | | |
| | CRO-1310 Pages | | | | | | | | |
| | line 13a of Detailed Sum | | | | | \$ | 190 | | |
| (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) | | | | | | | | | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | | | | |
| A* - Media | B* - Printin | | | ındraising | D - To A | nother Can | didate | | |
| E - Salaries | | | | | | | | | |
| I - Postage | J - Penaltie | | | ffice Expens | | | egal Expense Fund | | |
| O* Other | | | | | | | | | |
| | e detailed explanatio | n in required w | omo+be | field (b) | | | | | |