

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 |
| Lanny Farmer for Clemmons Village Council | 1CQK1A |
| b. Mailing Address (include City, State and Zip Code) | d. Date Filed |
| | |
| | e. Phone Number |
| | 336-813-1845 |

| | | | |
|----------------|---------------------------------|-------------------------------|------------------------|
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2017 | 7/07/2017 | | THOMAS J KENNY |

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------|--------------|--|---|--|------------------------------------|--------------------------------------|--------------------------------|---------------------------------------|---------------------------------|-------------------------------------|--------------------------------|--------------------------------------|---------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|----------------------------------|--------------------------------|--|----------------------------------|--|
| 6. Type of Committee (Check One) | 9. Type of Report (check only one type of report from one category) | 10. Special Report Name | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | <table border="1"><tr><td>Municipal</td><td>State/County</td></tr><tr><td><input checked="" type="checkbox"/> Organizational</td><td><input type="checkbox"/> Organizational</td></tr><tr><td><input type="checkbox"/> Thirty-five day</td><td><input type="checkbox"/> Quarterly</td></tr><tr><td><input type="checkbox"/> Pre-primary</td><td><input type="checkbox"/> First</td></tr><tr><td><input type="checkbox"/> Pre-election</td><td><input type="checkbox"/> Second</td></tr><tr><td><input type="checkbox"/> Pre-runoff</td><td><input type="checkbox"/> Third</td></tr><tr><td><input type="checkbox"/> Semi-annual</td><td><input type="checkbox"/> Fourth</td></tr><tr><td><input type="checkbox"/> Mid Year</td><td><input type="checkbox"/> Semi-annual</td></tr><tr><td><input type="checkbox"/> Year End</td><td><input type="checkbox"/> Mid Year</td></tr><tr><td><input type="checkbox"/> Final</td><td><input type="checkbox"/> Year End</td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Final</td></tr><tr><td></td><td><input type="checkbox"/> Special</td></tr></table> | Municipal | State/County | <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | <input type="checkbox"/> Special | <input type="checkbox"/> Final | | <input type="checkbox"/> Special | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special |
| Municipal | State/County | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Final | <input type="checkbox"/> Year End | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Special | <input type="checkbox"/> Final | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|------------------------------------|
| 7. Type of Fund (if applicable, check one) | 11. Account Information |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | a. Financial Institution Full Name |
| 8. Number of Fundraisers this Report | ALLEGACY FEDERAL CREDIT UNION |
| | b. Purpose |
| | c. Account Code |
| | 1957 |
| | 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.

THOMAS J KENNY

Printed Name of Signer

Signature of Appointed Treasurer

Date

7-20-17

FOR OFFICE USE ONLY

| | | |
|--------------------|-----------|---|
| Date Received: | Employee: | Delivery Method |
| Date Postmarked: | Employee: | <input type="checkbox"/> Normal Mail |
| Date Scanned: | Employee: | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | Employee: | <input type="checkbox"/> Hand Delivered |
| | | <input type="checkbox"/> Electronically Filed |
| | | <input type="checkbox"/> 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.