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.

Do not use this form to update in	formation.				
1. Committee Information	THE PLAN STREET	and the state	02010 1111 00	-	
a. Full Name			182018 JAN 22	AM 11:2	c. ID Number
John Wait for 1	Mayor		PECE	NED	
b. Mailing Address (include City, Stat	e and Zip Code)		1 LOL	IVLU	d. Date Filed
6310 Armsby RC	t.				1-22-18
Clemmons, NC 2-					e. Phone Number
Cremino io, poe de	1012				336-601-8789
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period H	End Date (mm/dd/yy)	5. Treasure	er Full Name
2017 10-24-	-17	12-	31-17	Jonne H	dblock Elliott - Perry
6. Type of Committee (Check C)ne) 9. '	Гуре of Rep	ort (check only on	e type of repo	ort from one category)
🔀 Candidate Campaign 🗌 Part		nicipal	State/County		Referendum
PAC Refe	erendum	Organizationa	l 🔲 Organiza	ational	Organizational
Independent Expenditure D Join	t Fundraiser	Thirty-five da	y Quarterl	у	Pre-referendum
Legal Expense Fund		Pre-primary	E Fin	st	Final
		Pre-election	Sec.	ond	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	🗖 Thi	rd	Annual
Booster Fund		Semi-annual	E Fou	ırth	Special
Building Fund		Mid Yea	r Semi-an	nual	
		Year End	1 🔲 Mie	d Year	10. Special Report Name
Other:		Final	Ye:	ar End	
8. Number of Fundraisers this	Report 🗌	Special	Final		
d			Special		
11. Account Information	AND CARLES OF		11. Account Infor	metion	
a. Financial Institution Full Name			a. Financial Institution	and the second sec	
BB+T				un . unic	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
o. i ui pose			o. r urpose		ci riccount code
	0052062-	11339			
Campaign	d. Period Begin Ba	alance			d. Period Begin Balance
	\$ 604.2	20			\$
CERTIFICATION					
I certify that the Committee or Fun					
of the NC General Statutes and that					unds. I further certify that this
report is complete, true and correct	t and that I have b	een trained by	the NC State Board of	of Elections.	
		1	incon il i	0	~
JAGAAR H. Ellion	tt-Perry	Joanne	H.EODTatt-1	eus	1-19-18
Printed Name of Sign		Sig	nature of Appointed Tre	asuter	Date
FOR OFFICE USE ONLY					Same Same Same
1	20/10	r .	the	De	livery Method
Date Received:	00118	Employ	yee:	- 0	Normal Mail
Dipit		F. 1			Registered Mail
Date Postmarked:		Employ	yee:	- 9	Hand Delivered
		F 1	1221		Electronically Filed
Date Scanned:		Employ			
Date Data Entered:		Employ	yee:		Signer has not received mandatory training
Please Note: This form ca	annot be used to	amend comm	ittee information su	ich as the con	nmittee address. treasurer.
			s information, or ac		
			n (CRO-2100A-E) t		
You must amend	me statement of	-	rd of Elections	o make com	August 2008
		NC State Boa	rd of Elections		August 2008

Detailed Summary

Amendment Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	netary information Yes No Report 3. ID Number				
John Waitfor Mayor	Post-El	lection F	Toal		
Start of Election Cycle: January 1, _2017		То	tal this ting Period	Total this Election Cy	
4) Cash on Hand at Start			4.26	\$ \$	
RECEIPTS	CONSTRAINTS	181 - 12	Station -	and the second	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 3	61.00	\$	
6) Contributions from Individuals	(CRO-1210)	\$ <	-63.00	\$ 2821.3	29
7) Contributions from Political Party Committees	(CRO-1220)	\$		\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	625.00	\$ 625.0	0
9) Loan Proceeds	(CRO-1410)			\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$		\$	
11) Other Receipt Sources					a set
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	,11d and 11e)	\$ ()	00,831	\$,7446	39
EXPENDITURES				Elson de ser	anta la
13) Disbursements		1.5 39.57			
13a) Operating Expenditures	(CRO-1310)	\$ 10	98.49	\$ 2751.0	62
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)	\$ #	14,77	\$ 694	77
17) In-Kind Contributions	(CRO-1510)	\$		\$ 2444	29
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$-107	3- +- 1792.20	\$ 200	29
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	\$	Ø	\$	5
ADDITIONAL INFORMATION	Children all		- Marcel and	- Anne-Market	- Alera
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$		- The second	
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-1100 NC State Boa	(CRO-1215) and of Elections	\$		\$	gust 200

Cont	ributions fi	rom Individua	ls	Pa	of a		Amendment Yes No	
		ndividual contributio		ontributions unde		20 12		
	THE OWNER WATER OF THE OWNER WATER OF THE OWNER OWNER OF THE OWNER	ne (and Fund if app	the second s	Manasiki		COLUMN TWO IS NOT) Number	
5	tonn Wa	it for Mayo	or					
3. Cont	tributor Inform	ation	al and a 🗌	Add 🗖 Ren	nove		たちのないのないである。	
	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	sion	d. Co	mments	
10000	le city, state, & zip)	2 E		Attorney				
	In Lawren			c. Employer's Nan	ne/Specific Field			
	10 Armsby			MartintGin	Hard, PLLC	e. Ele	ection Sum to Date	
Cle	mmons, k	K 27012			11000	\$	1,786.39	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
	JWI	out of Poomet	-		10/29/20	17	\$ 19.00	
	Jul	Out of Pocket	L		11/05/20	17	\$ 84.00	
							\$	
3. Cont	tributor Inform	ation		Add 🔲 Ren	nove			
10020000050	ame, Mailing Addro	ess & Phone		b. Job Title/Profes	sion	d. Co	mments	
	le city, state, & zip)			Farmer	6			
La	wrence D.	wait		c. Employer's Nan	ne/Specific Field	1		
8696 TURDEr Lake Rd.								
10	ke adessa	, MI 4884	9	Self Employed			ection Sum to Date	
		100 1				\$	50,00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount	
	Jul	Check			10/30/201	7	\$ 50.00	
							\$	
							\$	
3. Cont	tributor Inform	ation		Add 🔲 Ren	nove	1215		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ame, Mailing Addro			b. Job Title/Profes	ssion	d. Co	omments	
	le city, state, & zip)			- Physici	an			
10	Inna Aja	Tree Ln.		c. Employer's Nar	ne/Specific Field	1		
01	10 DOTTIN	y nee Lin		Carolinast	lain,	e. Ele	ection Sum to Date	
W	inston-sai	lem, NC 27	106	-617	stitute	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount	
	Jul	Website			10/31/20	17	\$ 100,00	
							\$	
							\$	
4. Tot	al only this P	age			S. Alle and see	\$	253.00	
5. Tot	al of ALL CI	RO-1210 Pages	age CR0-1100			\$	1,188.00	
(Inis L	ine musi be on tine (6 of Detailed Summary P	age (.n.)-1100)			-		

		rom Individua		Pg ontributions und	$\underline{3}$ of $\underline{3}$		Amendment Ves No 205 is not used
No. of Concession, name	North States of	ne (and Fund if app	All on the start of the start story of the	ontroutions and		1000	D Number
		for Mayor					
	ributor Informa			Add 🔲 Rer	nova	Marrie	
THE PARTY OF THE P	ame, Mailing Addro			b. Job Title/Profes		d. C	omments
	e city, state, & zip)			Executive			
	nn Teggar			c. Employer's Nan			
63	15 Rustinl	burg Rd.		XPO LOgis	tics	o Fl	ection Sum to Date
		uc 27012		in e y e		\$	250.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy)	k. Amount
	JWI	check			10/31/201	7	\$ 250.00
							\$
							\$
19 Water and	ributor Informa	there was a set of the state of		Martin State and and an Included of	nove	- ch	
	ame, Mailing Addro	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
	e city, state, & zip)			Self Em	ployed		
	even Gra			c. Employer's Nar	ne/Specific Field	1	
65	91 Genti	Circle		Attorney			
		NC 27012	L				lection Sum to Date
	,	• • • • • • • • • • • • • • • • • • •				\$	10.00
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Shidow Carlifornia	ributor Informa	DORDAN DUE TO MANNE DE RUMA DE LOS DE LAS	N. (1997) 🖸				
	ame, Mailing Addro e city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
~		,		Owner			
	chard Set			c. Employer's Nar	ne/Specific Field		
70	9 Hartfo	rd Rd.		GigisCup	cakes	e. El	lection Sum to Date
Re	aleigh, N	c 27610		eigiscop	une-	\$	50.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
	Jul	Website			11/7/20	17	\$ 50.00
							\$
							\$
4. Tota	al only this P	age				\$	
5. Tota	al of ALL CH	RO-1210 Pages Sof Detailed Summary P	age CRO-1100)			\$	1,188.00

Contributions from Individuals

	2	0	Amendment
Pg	3	of J	Yes

No 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	
		for Mayor	-			
3. Cont	ributor Inform	ation		Add 🔲 Ren	nove	
	ame, Mailing Addr			b. Job Title/Profes	sion	d. Comments
(includ	le city, state, & zip)			Political G	amm Hee	
		izens clart A	Voice	c. Employer's Nam		
	31 Greenh			political (omm, the	e. Election Sum to Date
Wi	nston-Sale	m, NC 271	03			\$ 625,00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	y) k. Amount
		In Kind	2 Ads Cler	nmons Caura	10/24+31/1-	\$ 100.00
		Inkind	Postcard	5	10/30/17	\$ 175.00
		In Kind	Adwinsten	-Salen Jrnl	11/1/17	\$ 350,00
3. Cont	ributor Inform	and so we are a set of the second of the second		Add 🗖 Ren		
a. Full Na	ame, Mailing Addr	ess & Phone		b. Job Title/Profes	sion	d. Comments
(includ	le city, state, & zip)					
				c. Employer's Nam	e/Specific Field	
				c. Employer s Nan	ospecific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
			-			s
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						\$
3 Cont	ributor Inform	ation		Add 🔲 Ren	nove	and the set of the low of the
	ame, Mailing Addr			b. Job Title/Profes		d. Comments
(includ	le city, state, & zip)					
				c. Employer's Nam	e/Specific Field	
						e. Election Sum to Date
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						\$
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4. Tot	al only this P	age				\$ 625.00
5. Tot	al of ALL CI	RO-1210 Pages 6 of Detailed Summary P	Page (RO-1100)			\$ 625,00 \$ 1,188.00
(Inis II	me must be on une	o of Delanea Summary P	age Cho-1100)	-	and the second s	

mendment	1	
Yes	V	No

Disbursements $P_g \ \underline{l}$ of $\underbrace{3}_{Ves} \ \underline{c}$ Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fund	THE R. P. LEWIS CO., LANSING, MICH.	New York			2	2. ID Number
Johnu	lait for Mayo	or					
3. Type of Disb		use separate Cl	RO-1310	forms for e	ach type of Di	sbursen	<u>nent.)</u>
Operating Exp	enses Cont	tributions to Candid				oordinated	d Party Expenditures
4. Payee Inform				Add 🗖	Remove		
a. Full Name, M	lailing Address & Pho	one		b. Coordinate	ed Committee Na	me d	I. Comments
(include city, state	, & zip)						p.
Spotio				c. Level Regis	stered (Specify)		
Spotio.C	om			Federal	County		
				State	Munici	pality: e	e. Election Sum to Date
	•						\$ 19.00
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Rec	quired Remarks
JUI	out of Pocket	0	10/	29/2017	\$ 19.00	we	bsite
					\$		
4. Payee Inform	nation		П	Add	Remove	221 12	
	ling Address & Phone				ed Committee Na	me Id	I. Comments
(include city, sta	8			or coordinate	u commuteerna		. comments
Striper	Payment P.	locessor		c. Level Regis	stered (Specify)		
johnwa	it.oro			Federal	County		
Jonne	9			State	Munici	ipality: e	e. Election Sum to Date
							\$ 18.53
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
Jul	Deduction from Contributions	0	10/31	-11/7/2017	\$ 8,74	Aa	yment Placessing
	concingenters				\$		
4. Payee Inform	nation			Add	Remove	-3.0%	
	ling Address & Phone				ed Committee Na	me d	1. Comments
(include city, sta	0			-			
Tanta	isburg post			c Level Regis	stered (Specify)		
The Jan	in the state			Federal	County	75	
-	ons Courier			State			e. Election Sum to Date
P.O. 60	x765						· can 649 2
Clemm	ons, NC 271	012					\$ 59175011.8
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Ree	quired Remarks
Jul	check	A	11/0	2/2017	\$ 324.75	Ma	292zine Ad
	InKind	A	10/3	4/17+1931	\$ 100,00	M	agazine Ad
5. Total only th	nis Page		Percent a	EVEN DE L			\$ 452.49
	L CRO-1310 Pages	and the state of t	- Statist		Ser Charles	The Part	
and the second period of the second	and the second se	umary Page CRO-1	100 if One	rating Expense	es)	SZ-S AND	· 1001.49
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 100 J 497 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
	n line 13c of Detailed Sum						70111
			the state of the state of the	12100		1.15 2.1	
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate							
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penalti			office Expen			on to Legal Expense Fund
O* Other							
* Codes requi	re detailed explanati				EST FROMPHY		
CRO-1310				ard of Elections			December 2009

Disbursements

	0	
g	d	of

Amendment No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	Full Name (and Fun				en e	in the state	2. ID Number
	ait for Mayo	and the second sec					
3. Type of Disl	the second se	e use separate C.	RO-131) forms for a	each type of L	bisburs	ement.)
Operating Exp		ntributions to Candid					ated Party Expenditures
4. Payee Inform	THE REPORT OF THE PROPERTY AND A CONSTRAINT.	an a		Add 🗖	Remove		2011年1日日日日第二日日日日
a. Full Name, N	Aailing Address & Ph	none		b. Coordinat	ed Committee N	ame	d. Comments
(include city, state	e, & zip)						
Staple	S State Ale			Press and	stered (Specify)		
2509A	Lewisville-Clei	mmons Rd.		Federal	Coun	· ·	
Clemm	ions, NC 27	012		State	L Muni	cipality:	e. Election Sum to Date \$ 84,00
f. Account Code	g. Form of Payment	h. Purpose Code	li Date (i Amount	L D	
	Out of Pooket	B					Required Remarks
JWI	Un of pooket		11/0	5/2011	\$ 84.00	1 1	Flyers
				Constant of the local division of the	\$		
4. Payee Inform				Add 🔲	Remove		
the second s	ing Address & Phone			b. Coordinate	ed Committee N	ame	d. Comments
(include city, sta	te, & zip)						
BB+TB					stered (Specify)		-
2629 (ewisville-Cle	emmons Rd		Federal	Count	•	
Clemmo.	ns, NC 270	012		L State	Munic	cipality:	e. Election Sum to Date
							\$ 34.00
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Jul	Bank Debits	0			\$ 24.00		Pak & fea
4. Payee Inform	And and a state of the state of	and the second	Π		Remove	they have a	<u>ormanie</u>
PERSONAL CONTRACTOR OF CONTRACTOR	ing Address & Phone	Contraction of the state of the		And the second se	d Committee Na	me	d. Comments
(include city, stat			3				di commento
Desta	de						
Postcar	-05			c. Level Regis	tered (Specify)	12	
UNKNOU				Federal	Count	1177	
				State	Munic	ipality:	e. Election Sum to Date
							\$ 175.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k. R	equired Remarks
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					\$		
5. Total only thi	is Page		HOLING NO.	the support of a state	A SAR SALES OF A SERIES WAS	Orican	¢
and the second se					n Valendiare Vale		\$ 271.00
	CRO-1310 Pages		1231417				1097 49
(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)						\$ 020 10	
	line 130 of Detailed Sum line 13c of Detailed Sum					1m)	10417
a second little in the second second second second		And the Real Property in the R	and the second second	a the property of the products	(aspenantures)	(Lepinicae)	
A* - Media	des (List detailed of R* Drinting						
E - Salaries	B* - Printin F* - Equipn	-		indraising			her Candidate
I - Postage	J - Penaltie			ffice Expense			ng Public Office Expenses ion to Legal Expense Fund
O* Other	5 i chattie			ince Expens	Q	Donati	ion to Legar Expense rund
	e detailed explanatio	on in required r	emarks	field (k)			
CRO-1310				d of Elections	The local design of the second second		December 2009

Disbursements

2		2
3	of	3

Pg

Amendment Yes No

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 Fu		line at the			Maren 1	2. ID Number
John Wait for Mayor							
3. Type of Dis	The second distance of	se use separate C	RO-131	0 forms for	each type of Dis	hurser	nent)
Operating Ex	CONTRACTOR CONTRACTOR AND DR. MARKET	ontributions to Candi			2 million of		d Party Expenditures
4. Payee Infor			See C	Add 🗖	Remove		
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name						ne o	d. Comments
(include city, state	e, & zip)						
Winston	n- Salem Jo	ornal		and the second s	stered (Specify)		
2051 E. Sth St.				Federal	County:		
Winston-Salem, NC 27101			L State	Municip	ality:	* 350.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i. Amount	k. Ree	quired Remarks
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				1 ac 11	\$ 300.00	19	Jos. Al Ad
A Davios Laf					φ	CATEGORI AN	
4. Payee Inform	ling Address & Phone		Will State	Add 🗖	Remove		
(include city, sta	And the second s			b. Coordinat	ed Committee Nam	e c	I. Comments
				-			
				c. Level Registered (Specify)			
				Federal	County:		
				State	Municip:	ality: e	. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	j. Amount	k Rec	uired Remarks
	0		in Duite ,		¢	n. Acc	Juneo Kemarks
					φ		
					\$		
4. Payee Inform		MAR AND AN		Add	Remove		
	ing Address & Phone			b. Coordinate	ed Committee Name	e d	. Comments
(include city, sta	te, & zip)			-			
				a Lavel Pagis	stered (Specify)		
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				State	-	ality: e	. Election Sum to Date
	a sector and the	In the second second				-	\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Req	uired Remarks
					\$		
					\$		
5. Total only th	is Page					1999	\$ 250.00
100 March 100 Ma	CRO-1310 Pages						\$ 350.00
	line 13a of Detailed Su	mmary Page CRO-11	00 if One	rating Frances	c)		1097.49
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)						\$ 389.49	
	line 13c of Detailed Sur						
7. Purpose Co	odes (List detailed	l expenditure code	e in (h.)	above)			
A* - Media	B* - Printing C* - Fu		undraising D - To Anot		Anoth	er Candidate	
E - Salaries	1 1					Public Office Expenses	
- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fun					n to Legal Expense Fund		
O* Other * Codes requir	e detailed explanat	ion in required -	omorle	field (b)			
CRO-1310	e actaneu explaitat			rd of Elections			December 2009

Contributions from Other Political Committees Pg

Amendment Ves No

of

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee I	Full Name (and Fund if	applicable)			2. ID Number
Johr	Wait for h	layor			
3. Contributor	Information		Add 🗖 Rei	nove	
a. Full Name, Mai	ling Address & Phone		b. Type of Commi		d. Comments
(include city, sta	ate, & zip)		Candidate	🔀 PAC	
Clemmon	s Citizens Want	avoice	Referendum		
5911 Greenhaven Dr			c. Level Registere	Manual Provide State of State	
5931 Greenhaven Dr. Winston-Salem, NC 27103			Federal	County:	
336-813-0469			L State	Municipality:	e. Election Sum to Date
336-01	3-0469		Clemmon	F	\$ 625.00
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy) j. Amount
NIA	In Kind	2 ads Clem	mons Courier	10/24/17	\$ 100,00
NIA	Inkind	Post Card		10/30/17	\$ 175.00
NIA	In Kind	Ad Winston-Sc	alem Journal	11/1/17	\$ 350.00
3. Contributor	Information		Add 🗖 Rer	nove	
a. Full Name, Mai	ling Address & Phone		b. Type of Commi		d. Comments
(include city, sta	ate, & zip)		Candidate	D PAC	
			Referendum		-
			c. Level Registered	Provide and a second se	-
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy) j. Amount
					S
					s
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2011					\$
3. Contributor	a de la companya de l			nove	d. Comments
where the second second	ling Address & Phone		b. Type of Commi	PAC	d. Comments
(include city, sta	ate, & zip)		Referendum	LIAC	
			c. Level Registere	d (Specify)	1
			Federal	County:	
			State	Municipality:	e. Election Sum to Date
					\$
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy) j. Amount
					\$
					\$
					S
4. Total only the	his Page				\$ 625,00
	L CRO-1230 Pages				\$ 625.00 \$ 625.00
(This line must l	be on line 8 of Detailed Summ	uary Page CRO-1100)			640100

Refunds/Reimbursements From the Committee Pg _____ of /_____ Use this form to report refunds/reimbursements, including contributions returned to the contributor. Yes

Amendment

No No

1. Committee Full Na	2. ID Number			
John We	ait for Mayor			
3. Payee Information		Add 🔲 Remove		
a. Full Name, Mailing Ad	dress & Phone	d. Type of Committee	h. Original Receipt Date	
(include city, state, & zi	•	Candidate PAC Referendum Party	Various	
John Wait		e. Level Registered	i. Original Receipt Amount	
6310 Arms	iby Rd.	Federal County: State Municipal	\$ 1.786 39	
Clemmons,	NC 27012	f. Purpose Code	j. Election Sum to Date	
		L	\$ 1,786.39	
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments	k. Account Code	
Attorney	Martin+Gifford, PLC	-	JWI	
l. Form of Payment m	n. Required Remarks	n. Date (mm/d	d/yyyy) o. Amount	
Withdrawal		12/3/11	d/yyyy) o. Amount 7 \$ 677, 77	
3. Payee Information		Add 🔲 Remove		
a. Full Name, Mailing Ade	dress & Phone	d. Type of Committee	h. Original Receipt Date	
(include city, state, & zi	(p)	Candidate PAC		
		Referendum Party		
		e. Level Registered	i. Original Receipt Amount	
		Federal County:	\$	
		State Municipal	ity:	
		f. Purpose Code	j. Election Sum to Date	
			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code	
l. Form of Payment m	n. Required Remarks	n. Date (mm/d	d/yyyy) o. Amount	
a rorm or rayment in	. Required Remarks	n. Date (minut	s	
			\$	
3. Payee Information		Add 🔲 Remove		
a. Full Name, Mailing Ade	dress & Phone	d. Type of Committee	h. Original Receipt Date	
(include city, state, & zi	p)	Candidate PAC		
		Referendum Party		
		e. Level Registered	i. Original Receipt Amount	
		Federal County:	\$	
		State Municipal	ity:	
		f. Purpose Code	j. Election Sum to Date	
			\$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code	
L Form of Doumont	Populad Pomerka	n. Date (mm/de	d/yyyy) o. Amount	
l. Form of Payment m	n. Required Remarks	n. Date (mit/d	\$ 242-57	
4. Total only this Pag	16		\$ 699.77	
5 Tradel of ALL CDO 1220 Decore				
(This line must be on lin	e 16 of Detailed Summary Page CRO-1100)		\$ 698.77	
6. Purpose Codes (Li	st detailed disbursement code in (f) abo			
L - Returned to Cont	tributor M - Overpayment for	Service N - E	xceeded Contribution Limit	
P* - Reimbursemer	and the second states of the second states of the second states and the second states an			
	tailed explanation in required remar	ks field (m)		
CRO-1320	the second se	ard of Elections	December 2007	



North Carolina State Board of Elections 441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director

Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name:	John Wait for Mayor
Treasurer Name:	Joanne Elliott-Perry
Treasurer Address:	6415 Rustinburg Rd.
(include city, state, & zip)	Clemmons, NC 27012
Treasurer Phone:	757-338-3760

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

1-19-18 Date Signed

Joanne Weath - Berry Signature

CRO-3400

Certification to Close Committee

July 2014