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Amendment

Disclosure Report Cover

Use this form for general repo	ort and committe	ee information, n	nust be signed and submitte	d along with other detailed forms.
Do not use this form to updat			USSYTH COUN	
1. Committee Information	A TOTAL OF THE PARTY OF THE PAR		OF ELECT	IONS
a. Full Name		^	20101110	c. ID Number
b. Mailing Address (include City,	yd for C	ounly Ce	2018 MAR 12 PM 3	3: 23
b. Mailing Address (include City,	State and Zip Code	(9	PECEIVE	d. Date Filed
4720 Menic	veste R	20	COLIVE	3-12-18
4720 Menico	le we,	27107		e. Phone Number
2. Report Year 3. Period St			and Data (144() 5 Tre	
2. Report Teal 5. Period St	art Date (mm/dc	4. Period I	and Date (mm/dd/yy) 3. 110	asurer Pun Name
6. Type of Committee (Chec	k One)	9. Type of Rep	ort (check only one type o	of report from one category)
	Party	Municipal	State/County	Referendum
	Referendum	Organizationa		Organizational
☐ Independent Expenditure ☐		☐ Thirty-five da		Pre-referendum
Legal Expense Fund	Joint Landiano.	Pre-primary	First	Final
Legal Expense Fund		Pre-election	Second	Supplemental Final
7. Type of Fund (if applica	ble, check one)	Pre-runoff	Third	Annual
Booster Fund	ore, eneck one)	Semi-annual	Fourth	Special
Building Fund		Mid Yea		_ special
Building Fund		Year End	The second contraction	10. Special Report Name
Cub		Final	Year End	10. Special Report Name
Other:	L'- Dansey			1
8. Number of Fundraisers t	nis Keport	Special Special	Final	1
			☐ Special	
11. Account Information			11. Account Information	
a. Financial Institution Full Name			a. Financial Institution Full Na	ame
BBOT				
b. Purpose	c. Account Co	ode	b. Purpose	c. Account Code
Access to the control of the control	8107			
	d. Period Beg	rin Ralance	1	d. Period Begin Balance
				\$
GERTHEN CATTION	\$ 50.		<u> </u>	J.
CERTIFICATION				
I certify that the Committee or	Fund is in comp.	liance with all app	licable provisions of Article 22	2A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and	d that no funds ar	e commingled with	n prohibited or other non-discl	osed funds. I further certify that this
report is complete, true and co	errect and that I ha	ave been trained by	the NC State Board of Election	ons.
- Sinnie Bay	d		1	3-12-18
Printed Name of		Sig	gnature of Appointed Treasurer	Date
FOR OFFICE USE ONLY				Tan in a linear
Date Received:	3/12/18	Emplo	vee:	Delivery Method
Date Received.	VI-11-			Normal Mail
Date Postmarked:		Emplo	vee:	Registered Mail
Date i Ostiliai keu.		_ Emplo	,	Hand Delivered
Date Scanned:		Emplo	yee:	☐ Electronically Filed
Date Data Entered:		Emplo	yee:	☐ Signer has not received mandatory training
assis	stant treasurer, c	ustodian of book	nittee information such as the as information, or account in on (CRO-2100A-E) to make	he committee address, treasurer, nformation.

Detailed St	ummary
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Amendment

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 Dimm'c Om. Si Total this Total this 2018 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 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 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) \$ \$ 27300 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ \$ 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) 13c) Coordinated Party Expenditures \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ (CRO-1420) \$ 15) Loan Repayments \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 223,00 17) In-Kind Contributions \$ (CRO-1510) 223. 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 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) (CRO-1620) 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee (CRO-1720) \$ \$ 25) Administrative Support (CRO-1710) \$ (CRO-1440) \$ 26) Forgiven Loans (CRO-2220) \$ \$ 27) 48-Hour Notice Reports Sum 28) Contributions to be Refunded (CRO-1215)

CRO-1100

NC State Board of Elections

August 2008

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Amendment

Contributions from Individuals

		om Individua		Pg			Yes No
		ndividual contributio		ontributions und	er \$50 if form CR		THE RESIDENCE OF THE PARTY OF T
1. Committee Full Name (and Fund if applicable)					2. 1	D Number	
	innle i	Suc for lo	unty (om	, Soone			
DESCRIPTION OF THE PARTY OF THE	ributor Informa			Add Rei		198	
	ame, Mailing Addro e city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
				(sade)	A		
	immile 1	Byd In E	d	c. Employer's Nar	me/Specific Field		
4	720 Mer	rives the E	C				
lé	Johns don-	ser NC	^ -				ection Sum to Date 273.
			77107			\$	213,
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y)	k. Amount
	8107	CASh	film () ece	2-27-18	>	\$ 223,00
	8107	CESh	V		3-12-18	>	\$ 50.00
							\$
	ributor Informa			Add Rei	nove	8 100 1	
	me, Mailing Addre	ess & Phone		b. Job Title/Profes	ssion	d. C	omments
(includ	e city, state, & zip)						
				c. Employer's Nar	me/Specific Field	1	
						e. El	ection 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
		_					\$
							\$
							\$
3. Cont	ributor Informa	ation		Add Rei	nove		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(includ	e city, state, & zip)						
				c. Employer's Nar	ne/Specific Field		
						e. El	ection 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
							\$
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4. Tot	al only this P	age				\$	273,00
		RO-1210 Pages				\$	273.
The second second		6 of Detailed Summary P	Page CRO-1100)			4	0-100

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In-Kind Contributions Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be re			Amendment Yes No ee or fund.	
1. Committee Full Name (and Fund if applicable)	Tunded within / day	STATE OF THE PARTY	2. ID Number	
5 immie By & for County	Comnission			
3. Contributor Information	☐ Add ☐ Rer			
a. Full Name, Mailing Address & Phone	b. Type of Contril	butor	c. Comments	
(include city, state, & zip)	Individual			
4720 merrices he Re Was Son-Sile	Candidate			
	Party			
Winston-Dele	PAC	-		
WC 27107	Referendum		d. Election Sum to Date	
MC 4110	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyyy	y) g. Fair Market Amount	
Foling Fee		2-27-18	\$ 223.00	
a .			\$	
			\$	
3. Contributor Information	☐ Add ☐ Rer	move		
a. Full Name, Mailing Address & Phone	b. Type of Contril	outor	c. Comments	
(include city, state, & zip)	Individual			
	Candidate	1		
	Party	1		
	PAC			
	Referendum		d. Election Sum to Date	
	Other Receipt	Source	\$	
e. Description		f. Date (mm/dd/yyyy	y) g. Fair Market Amount	
			\$	
			S	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor Individual Candidate Party PAC Referendum Other Receipt Source		Comments Election Sum to Date
e. Description	f. Date (mi	m/dd/yyyy)	g. Fair Market Amount
			\$
			\$
4. Total only this Page		\$	273.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	273.00

Add

3. Contributor Information

Remove

\$