Disclosure Report Cover		Amendment			
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			
RONNIE WALL CAMPAIGN		ATYYRZ			
b. Mailing Address (include City, State and Zip Code)	d	l. Date Filed			
		10/28/2017			
		. Phone Number			
		(336) 222-1892			
, 1	End Date (mm/dd/yy) 5. Treasurer	Full Name			
	24/2011 Kandy	C. Day			
	port (check only one type of repor				
Candidate Campaign Party Municipal PAC Referendum Organization		Referendum			
PAC Referendum Organization Independent Expenditure Joint Fundraiser Thirty-five de		Organizational Pre-referendum			
Legal Expense Fund Pre-primary	First	Final			
▼ Pre-election	Second	Supplemental Final			
7. Type of Fund (if applicable, check one) Pre-runoff	Third	Annual			
Booster Fund Semi-annual	Fourth	Special			
☐ Building Fund ☐ Mid Ye					
Year En		10. Special Report Name			
Other: Final	Year End	ω.			
8. Number of Fundraisers this Report Special	Final				
l	Spacial				
11. Account Information	I Special	one taken in the control of the second			
11. Account Information a. Financial Institution Full Name	11. Account Information a. Financial Institution Full Name				
a. Financial Institution Full Name	11. Account Information				
	11. Account Information a. Financial Institution Full Name	. Account Code			
a. Financial Institution Full Name Mid Carolina Bank	11. Account Information a. Financial Institution Full Name	. Account Code			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code	11. Account Information a. Financial Institution Full Name b. Purpose c				
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code Campaign Expenses d. Period Begin Balance	11. Account Information a. Financial Institution Full Name b. Purpose c	l. Period Begin Balance			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code l d. Period Begin Balance \$ 362.78	11. Account Information a. Financial Institution Full Name b. Purpose c				
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION	11. Account Information a. Financial Institution Full Name b. Purpose c	l. Period Begin Balance \$			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app	11. Account Information a. Financial Institution Full Name b. Purpose c dicable provisions of Article 22A, 22B	l. Period Begin Balance \$ & 22D-22M of Chapter 163			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with	11. Account Information a. Financial Institution Full Name b. Purpose c d d d d d d d d d d d d d d d d d d	l. Period Begin Balance \$ & 22D-22M of Chapter 163			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by	11. Account Information a. Financial Institution Full Name b. Purpose c d d d d d d d d d d d d d d d d d d	l. Period Begin Balance \$ & 22D-22M of Chapter 163			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled with	11. Account Information a. Financial Institution Full Name b. Purpose c d d d d d d d d d d d d d d d d d d	l. Period Begin Balance \$ & 22D-22M of Chapter 163			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained b Rand C. Day	11. Account Information a. Financial Institution Full Name b. Purpose c d d d d d d d d d d d d d d d d d d	& 22D-22M of Chapter 163 ds. I further certify that this			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained be Rand C. Day Printed Name of Signer FOR OFFICE USE ONLY	b. Purpose clicable provisions of Article 22A, 22B h prohibited or other non-disclosed fung the NC State Board of Elections.	8. 22D-22M of Chapter 163 ds. I further certify that this			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer Si	11. Account Information a. Financial Institution Full Name b. Purpose c dicable provisions of Article 22A, 22B h prohibited or other non-disclosed fung the NC State Board of Elections.	8. Period Begin Balance \$ & 22D-22M of Chapter 163 ds. I further certify that this 10/29/2011 Date			
a. Financial Institution Full Name MIDCARDINA BANK b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: D-28-11 Employed Employed Date Received: D-28-11 Employed Employed	11. Account Information a. Financial Institution Full Name b. Purpose c.	8. Period Begin Balance \$ & 22D-22M of Chapter 163 ds. I further certify that this ID/29/2017 Date Very Method Normal Mail Registered Mail			
a. Financial Institution Full Name MIDCARDINA BANK b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employed Emplo	11. Account Information a. Financial Institution Full Name b. Purpose c.	8. Period Begin Balance \$ & 22D-22M of Chapter 163 ds. I further certify that this 10/29/2017 Date Very Method Normal Mail			
a. Financial Institution Full Name MIDCARDINA BANK b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employed Date Scanned: Employed	11. Account Information a. Financial Institution Full Name b. Purpose c.	& 22D-22M of Chapter 163 ds. I further certify that this ID/29/2017 Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received			
a. Financial Institution Full Name Mid Carolina Bank b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Employed Employed Employed Date Data Entered: Employed	11. Account Information a. Financial Institution Full Name b. Purpose c.	A. Period Begin Balance \$ 22D-22M of Chapter 163 ds. I further certify that this			
a. Financial Institution Full Name MIDCARDINA BANK b. Purpose c. Account Code d. Period Begin Balance \$ 362.78 CERTIFICATION I certify that the Committee or Fund is in compliance with all app of the NC General Statutes and that no funds are commingled wit report is complete, true and correct and that I have been trained by Printed Name of Signer FOR OFFICE USE ONLY Date Received: Date Postmarked: Employed Employed Date Scanned: Employed E	11. Account Information a. Financial Institution Full Name b. Purpose c.	8. Period Begin Balance \$ & 22D-22M of Chapter 163 ds. I further certify that this ID/29/2017 Date Very Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training nittee address, treasurer,			

NC State Board of Elections

CRO-1000

August 2008

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)	2. Type of	Report	3. ID Number
RONNIE WALL CAMPAIGN	PRE-	ELECTION	ATYYRZ
Start of Election Cycle: January 1, ZDil	•	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 362.78	\$ 362.78
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)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c.	lld and Ile)	\$ 0.00	\$ 0.00
<u>EXPENDITURES</u>	·		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$	\$
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	5, 16 and 17)	\$ D.00	\$ 0.60
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 181	\$ 362.78	\$ 362.78
ADDITIONAL INFORMATION	1		· · · · · · · · · · · · · · · · · · ·
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)	\$	F ₁ ,
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)	\$	\$