1.4				
Disclosure Report Co	ver			Amendment
Use this form for general report a		must be signed and su	hmitted alon	g with other detailed forms
Do not use this form to update in		, illust be signed and se	onnice area	g with other detailed forms.
1. Committee Information				
a. Full Name	Λ			c. ID Number
Campaign to	Elect Patsy	Simpson		
b. Mailing Address (include City, State				d. Date Filed
547 Woodan Graham K	nd DR			10/29/2012
Carham	L 27253		}	e. Phone Number
Syaran	C 5 100 5			336)214-4604
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy)	5./Treasure	r Full Name
2012 7-1-13	2 10	-20-12	MAKY S	Simpson
6. Type of Committee (Check O		eport (check only one		
Candidate Campaign Party	A STATE OF THE PARTY OF THE PAR	State/County		Referendum
	erendum Organizatio		ional	Organizational
Independent Expenditure Joint				Pre-referendum
Legal Expense Fund	Pre-primary Pre-election		·	Final Supplemental Final
7. Type of Fund (if applicable,		Third		Annual
Booster Fund	Semi-annua		7.0	Special
Building Fund	Mid Y		37.50	Бреста
_	Year E			10. Special Report Name
Other:	Final	Year		- VI - F
8. Number of Fundraisers this	Report	Final		
Ò		☐ Special		
11. Account Information		11. Account Inform	nation	
a. Financial Institution Full Name		a. Financial Institution	Full Name	
PNC BANK	<			8
b. Purpose	c. Account Code	b. Purpose		c. Account Code
Campaign	. 1			
teina s	d. Period Begin Balance			d. Period Begin Balance
Control	\$ -0-			\$

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.

A+54 Printed Name	Simpson of Signer	Signature of Appointed Treasurer	10/28/10/2 Date
OR OFFICE USE ONL	Y		
Date Received:	10-29-12	Employee: 06	Delivery Method ☐ Normal Mail
Date Postmarked:		Employee:	☐ Registered Mail ☑ Hand Delivered
Date Scanned:		Employee:	☐ Electronically Filed
Date Data Entered:		Employee:	Signer has not received mandatory training
Please Note: This fo	orm cannot be used to a	mend committee information such as	the committee address, treasurer,

CRO-1000

CERTIFICATION

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

NC State Board of Elections

assistant treasurer, custodian of books information, or account information.

August 2008

Amendment ☐ No ☐ Yes

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 Total this Total this 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) \$ 50.00 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) 300,00 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,11d and 11e) QC 40 **EXPENDITURES** 13) Disbursements 阿加州 经有限 电影 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) \$ S 17) In-Kind Contributions (CRO-1510) \$ 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) 25156 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) \$ 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)\$ S 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded (CRO-1215)

Contributions from Individuals ☐ No ☐ Yes 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 21 MASON 3. Contributor Information b. Job Title/Profession a. Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) James Hair 321 Ridge crest e. Election Sum to Date Burlington NC 27215 g. Account Code h. Form of Payment i. In-Kind Description . Date (mm/dd/yyyy) \$ 100.00 8/16/2012 3. Contributor Information ☐ Add ☐ Remove . Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Duperinstandend Randy Bridges 4120 Dublin Ct c. Employer's Name/Specific Field Staffurd County Va e. Election Sum to Date 31 Stafford Ares Budiagles NC 27215 g. Account Code h. Form of Payment Prior i. In-Kind Description k. Amount j. Date (mm/dd/yyyy) Check 50.00 \$ □ Remove 3. Contributor Information Add a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) iannon Peterson c. Employer's Name/Specific Field + Georgetowne DR e. Election Sum to Date Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount \$ 50.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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Contributions from Individuals

	n		0	Amendment	
Pg	<u>}~</u>	of	<u>Z</u>	☐ Yes	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used							
1. Com	mittee Full Nan	ne (and Fund if appl	icable)			2. ID Number	
		to Elect H	atsy Sinc	0500			
3. Cont	tributor Inform	ation		Add 🔲 Rei	move		
a. Full N	ame, Mailing Addr	ess & Phone	·	b. Job Title/Profe	ssion	d. Comments	
(includ	le city, state, & zip)	ı		011			
K	eisha -	D. Blufor	\d.	c. Employer's Nar			
		onth Maple		Solf Em	ployed	e. Election Sum to Date	
		RC JJY		114B. S Graham	s. Maple nUC	\$ 75.00	
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(includ	e city, state, & zip)			Δ,			
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		of Detailed Summary Pa	ge CRO-1100)			* 140.00	

Contributions from Individuals

	9	2	Amendment	
Pg	2	of <u></u>	☐ Yes	No

		individual contributio		ontributions und	er \$50 if form CI		
1. Con	ımittee Full Nar	me (and Fund if app	licable)			2. I	D Number
C.	impaign	to Elect	Patry S	<u>Jimpsor</u>	`		
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a. Full N	lame, Mailing Addr	ress & Phone		b. Job Title/Profe		d. C	omments
	de city, state, & zip)			Dila			
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		of Detailed Summary Pag	ge CRO-1100)		-	\$	9,40.00

Disbursements	Pg	

			_	Amendment	
Pg	4	of	2	Yes	☐ No

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

	ull Name (and Fund			_		2. ID Number
Campai	an to E	lect 1	1-5U	Sin	~pson	
3. Type of Disb		use separate CR	0-131	forms for e	each type of Disb	ursement.)
Operating Expe		tributions to Candida	tes/Politi	cal Committees		rdinated Party Expenditures
4l Payee Inforn				Add \square	Remove	
	ailing Address & Pho	one		b. Coordinat	ed Committee Name	d. Comments
(include city, state,	& zip)					
	Adversting	-		c. Level Regi	stered (Specify) County:	
	Van Driv			State	Municipal	
	ng (on NC					\$ 1081.08
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remarks
1	Check	、よ	E9	61/10	\$ 0/85-02	Signs
1	check	B	10	18/12	\$ 96.08	Cards
4. Payee Inform	nation			Add 🔲	Remove	
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat						
14 d W 1	<u> </u>			c. Level Regi	stered (Specify)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Burch B	Cidar DA		Federal	County:	
1 ' 1 -) Out on C	mayo ac		☐ State	Municipal	lity: e. Election Sum to Date
Burlin	igton NC	- 27217				\$ 279,00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
4	check	A	9/19	7/2012	\$279.52	Adonail
					\$	
4. Payee Inform	nation ,			Add	Remove	
a. Full Name, Maili	ng Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	e, & zip)					
	e-e County		ilub	c. Level Regis	itered (Specify) County:	
6) CVTi	ngton No			☐ State	Municipal	ity: e. Election Sum to Date
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1	Check	0	Oq [2012/01	\$40.00	Ticket Sale
					\$	3
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-116	0 if Oper	rating Expense	s)	\$
	line 13b of Detailed Sum line 13c of Detailed Sum	•				1,438,44
_					ылренини <i>ге</i> s)	1, 10
7. Purpose Co A* - Media	odes (List detailed of B* - Printin			above) indraising	n To A	Another Candidate
E - Salaries	F* - Equipa			itical Party		Iding Public Office Expenses
I - Postage	J - Penaltie			ffice Expens		nation to Legal Expense Fund
O* Other			_	-	<u>.</u>	
* Codes require	e detailed explanation	on in required re	marks	field (k)		

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Fuli Name (and Fund if applicable) 2. ID Number 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) alamance News c. Level Registered (Specify) Federal County: PO 304 431 ☐ State Municipality: e. Election Sum to Date Glaham NC 27253 g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$3 836 4. Payee Information Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount 4. Pavee Information ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 5. Total only this Page 6. Total of ALL CRO-1310 Pages (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) (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* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses K* - Office Expenses

I - Postage

J - Penalties

Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k)

	ions from Politica	-		es _{Pg}	1	of _	1	Amendment Yes No
	to report contributions		tical party		·			
1. Committee F	Full Name (and Fund if			=			2.	ID Number
	laign & Fl	ed '	atsy	\mathcal{O} ι \mathcal{O}	P50	n		
3. Contributor		, <u> </u>	' □ Add	Rei	move		- 1-	
a. Full Name, Mail (include city, sta	ling Address & Phone te. & zip)						b. (Comments
							_	
PAB	ocratic 11 0 × 1815	`, OH≀≀e	,61 () t	Alamo	CACC	(Ou.	rj H	
		~ ~~	1.7				c. I	Election Sum to Date
	nton NC	,			T 15		\$	
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3. Contributor	Information	<u> </u>	☐ Add	☐ Rei	nove			
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PCP	DOX 160-1						e. I	Election Sum to Date
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1	Check				9	6/6	2012	\$ 300.00
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3. Contributor	2.2		Add	☐ Rer	nove			
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(include city, stat	zip)			· · ·				
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5. Total of ALL CRO-1220 Pages

(This line must be on line 7 of Detailed Summary Page CRO-1100)

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Loan Proceeds			Pg	of _		Yes No	
Use this form to report proceeds from a loan and loan			tion				
A loan proceeds statement must accompany each loan	that is f	rom an indi	ividual				_
1. Committee Full Name (and Fund if applicable)					<u> 2. 1</u>	D Number	—
Campaign to Elect	asy	— <u> </u>	4250m				_
3. Lender Information		Add	Remove				_
a. Full Name, Mailing Address & Phone		b. Job Title/I	Profession		d. C	Comments	_
(include city, state, & zip)		1					
Masy Sumpson		JRS.	Agent		e. St	tart Date (mm/dd/yyyy)	_
541 Woodland DA		c. Employer's	's Name/Specific	Fiela		01012012	
Crupan NOD 1253		3308 J	Dunforcho m 112.20		ii. en	nd Date (mm/dd/yyyy)	_
g. Rate h. Security Pledged	i. Accoun		j. Form of Pay			k. Amount	_
%			•			\$ 300.00	
l. Full Name of Lending Institution					m. L	oan Number	_
							_
4. Endorsers/Makers (The people who guarantee the loan	1.)				_		
a. Full Name, Mailing Address & Phone		b. Job Title/P	Profession	c. E	mploy	yer's Name/Specific Field	_
(include city, state, & zip)		ĺ					
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(This line must be on line 9 of Detailed Summary Page CRO-11	100)				\$	300.00	

Amendment

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

Nome of committee to receive to
Name of committee to receive loan:
Campaign to Elect Patry Singson
Person lending money to committee (Lender):
Htsy Simpson
• Date of loan to committee:
 Name of lending institution and account number (source): Amount of loan:
• Amount of loan: 300 o
• Names of all parties responsible for payment of loan (guarantors):
Campaign to Elect Htsy Smp 5m
• Period of loan:
Rate of interest of loan: N A
Security pledged for loan:
I,, acknowledge that all of the information (Person lending those to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan
that has an outstanding balance to any source.
- John Sinn
Signature of Lender
- Paly Ampi
Signature of Treasurer of Committee
This form must be submitted with the disclosure report for which the loan is initially disclosed.