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.

15 Committee Information		计学的数据	HELEVALE		
a. Full Name					c. ID Number
JAVID LI	5M111+				
b. Mailing Address (include City, St	ate and Zip Code)	in the state of the			d. Date Filed
POBOX 185		5/29/12			
BURLINGTON	1,MC 27	216			e. Phone Number 331 210-1739
2. Report Year 3. Period Star	t Date (mm/dd/yy).	4. Period End	Date (min/dd/yy)	5. Treasure	r Full Name
2012 3/3/	12	4/21/1	2	541	NE
6. Type of Committee (Clieck		'ype of Réport		type of repo	rt-fromone category)
I I	rty Mur ferendum	nicipal Organizational	State/County Organizati	San	Referendum
	int Fundraiser	Thirty-five day	Quarterly	onai	Organizational Pre-referendum
Legal Expense Fund		Pre-primary	First		Final
		Pre-election	Secon	nd	Supplemental Final
7. Type of Fund (if applicable	check one	Pre-runoff	☐ Third	!	Annual
Booster Fund	<u> </u>	Semi-annual	Fourt	h	Special Special
Building Fund	归	Mid Year	Semi-annu		
Other:	出	Year End	Mid 1		10: Special Report Name
8. Number of Eundraisers this		Final Special	Year	End	
		эрслаг	Final Special		
11>Account Informations		11.		ation	
a. Financial Institution Full Name		a. F	inancial Institution I	ull Name	
SUNTRUST					
b. Purpose	c. Account Code	b. P	urpose		c. Account Code
	-/-	-		ł	
CAMPAIGN di Period Begin		ance A		ļ.	and the second of the second of
	d. Period Begin Balance				d. Period Begin Balance
CERTIFICATION	\$ -O-		-		\$
I certify that the Committee or Fu of the NC General Statutes and th	nd is in compliance of	with all applicabl	e provisions of Arti	cle 22A, 22B	& 22D-22M of Chapter 163
report is complete, true and correct	t and that I have been	n trained by the l	NC State Board of I	Elections.	ids. Trutuler certify that this
DAVIDI, 5M	117#	Dela	PS 4		5/29/12
Printed Name of Sign	er /	Signature	of Appointed Treasu	rer	7 7 _{Date}
FOR OFFICE USE ONLY					
Date Received:	<u>0-12-12</u>	Emploÿee:	_ ∪ €		<u>very Method</u> Normal Mail
Date Postmarked: 8		Employee:			Registered Mail Hand Delivered
Date Scanned:		Employee:			Electronically Filed
Date Data Entered:		Employee:		Arter in	Signer has not received nandatory training
Please Note: This form ca	nnot be used to am	end committee	information such	as the comn	nittee address, treasurer,
assistant	treasurer, custodia	ın of books info	rmation, or accou	int informati	on.
You must amend t	ne Statement of O	rganization (CR	(O-2100A-E) to n	nake commit	tee changes.

CRO-1000

NC State Board of Elections

1 -12-17 P 1144 (1

August 2008

Detailed Summary

Amendment ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) SNITH FOR COUNTY CONNISSIONGE Total this Total this January 1, 2009 Start of Election Cycle: Election Cycle Reporting Period 4) Cash on Hand at Start -/]-RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) 00 7571 . 00 849 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) \$ (1) 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) EXPENDITURES 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, 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) 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-1215) \$

		rom Individua individual contribution		Pg contributions und	er \$50 if form C	Amendment Yes No RO 1205 is not used
						2. ID Number
e e		2 COUNTY CO	_			
3. Con	tributor Inform	nation - A A		Add 🔲 Re	move	·特殊學術學的學術
	Name, Mailing Add			b. Job Title/Profe	ession	d. Comments
	de city, state, & zip		 -	5HCRIT	· /=	
TERRY JOHNSON			~ ~~	c. Employer's Na	<u>·</u>	
109 S.MAPLE STREET			ALAMA	HEE	e. Election Sum to Date	
GRAHAM, N.C. 2725-3			53	COUNT	y	\$ 250.10
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j, Date (mm/dd/yy)	y) k. Amount
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					,	\$
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		ation			***	"是是我们的专家的。"
	lame, Mailing Addr le city, state, & zip)			b. Job Title/Profe	ssion	d. Comments
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	· ·	CHSHAW		c. Employer's Nat	***	
13	129 HUF/	EMAH MILL R	'D .	CAROLL	11 4	
BI	4RL1X1670	H NC 272	15	NISSA	_	e. Election Sum to Date \$ 500,00
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Disburser	nents				Pg	of	1	Amendment Yes No
Use this form	to report expenditures	from the commit	tee for	operating ex	penses			
committees an	d coordinated party ex	xpenditures						
1. Committee	Full Name (and Fun	d if applicable)		$(q,\Psi^{*},p,\lambda^{*},\eta,\lambda^{*})$		SWAVA SAN		2. ID Number
SMIT	H FOR COU	NTY COM	1119	SIDHE	R			
3. Type of Dis	bursement (<u>Please</u>	e use separate CI	RO-131	0 forms for (each ty	pe of Disb	urser	nent.)
Operating Ex	· · · · · · · · · · · · · · · · · · ·	ntributions to Candid	ates/Polit			_ C00	rdinate	d Party Expenditures
4. Payee Infor		為於其他的學科		Add	Remo	ye 💮		对于特殊的 类的基础
a. Full Name, l (include city, stat	Mailing Address & Ph e, & zip)	ione		b. Coordinat	ted Com	mittee Name	e (d. Comments
MARKELL INC				c. Level Registered (Specify)				
	DAVIS ST.			Federal County: State Municipality: e. Election Sum to Date				e. Election Sum to Date
	MGTON NC							\$265.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Rec	quired Remarks
· -1-	CHECK	B	3/2	2/12_	\$26	5,36	, C	ARD PRINTING
A management	The second of th	1			19		<u> </u>	
4. Payee Infor			<u> </u>		Remo			
(include city, sta	ling Address & Phone ate, & zip)			b. Coordinate	ed Comi	nittee Name	d	. Comments
				c. Level Regis	stered (S	Specify)	\dashv	
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				State		Municipal	lity: e	. Election Sum to Date
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4. Payee Inform	nation	ile. Ne repelate by te	er al Ti	Add	Remov	ro .		JAN LANG, A ARTON CONTROL CONTROL
	ing Address & Phone			b. Coordinate			la	. Comments
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. Total of ALI	CRO-1310 Pages							265.36
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(This time goes in time 13b b) Detailed Summary Page CKO-1100 ij Contrib to Candidates/Potitical Comm)								
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)								
Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate								
			ndraising D - To Another Candidate tical Party H* - Holding Public Office Expenses					
- Postage	- 1-Posterio - 1 Holding & tibric Office Expenses							
)* Other				-	_			Degar zarponse i unu
Codes require	e detailed explanatio			field (k)				The service of the forest review of the service of