Disclosure	Report	Cover
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Amendment Yes Yes

c. Account Code

d. Period Begin Balance

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 Konnie Wall Campasin b. Mailing Address (include City, State and Elp Code) ATYYR Z d. Date Filed 603 Edinbush Ct 1/24/2014 Burlington, NC 27215 (331) 222-1892 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 10/22/2013 ZD13 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Candidate Campaign Party Municipal State/County Referendum Referendum Organizational Organizational Organizational ☐ Independent Expenditure ☐ Joint Fundraiser Thirty-five day Quarterly Pre-referendum Legal Expense Fund Pre-primary First Final Supplemental Final Pre-election Second 7. Type of Fund (if applicable, check one) Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special ☐ Building Fund Mid Year Semi-annual \boxtimes Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Final Special ☐ Special

С	E	R	ľ	Γ	F	I	C_{ℓ}	١	Γ	$\mathbb{I}($)N	Ī

b. Purpose

11. Account Information a. Financial Institution Full Name

Campaign Expenses

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.

d. Period Begin Balance

\$ 3.803.95

b. Purpose

11. Account Information

a. Financial Institution Full Name

Randy C Day Printed Name of Signer	Signature of Appointed Todasurer	1-24-ZD14 Date
FOR OFFICE USE ONLY Date Received: 1-28-14	Employee: JG	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
Dleage Note: This form council he used to a	mand committee information such as the	a committee address treasurer

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

CRO-1000

NC State Board of Elections

August 2008

Use thi	s form to report i	ndividual contributio	ons over \$50 or co	ontributions w	ider \$50 if form C	RO I	1205 is not used
1. Com	unittee Full Nan	ic (and Fund if app	licable)			2, 1	ID Number
R0	nnie Wall	Campaign				A	TYYRZ
3. Con	tributor Informa	ation		Add 🔲 R	emove	,	
a, Full N	ame, Mailing Addre	ess & Phone		b. Job Title/Pro	fession	d. C	Comments
(includ	de city, state, & zip)						
	elva Sharp	_		Losy Tay	ame/Specific Field		
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701	rfax Reyno 08 Forestda	143 I. Doiy		c. Employer's N	ame/Specific Field		
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(includ	le city, state, & zip)						
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1402 17	fo Cummuzs D. Bix 300			e. Employer's N	ame/Specific Field		
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4. Tot	al only this Pa	age				S	550.00
	-	O-1210 Pages					550.00
(This li	ine must be on line 6	of Detailed Summary P	age CRO-1100)				000.00

Contributions from Individuals

Disclosure							Amendment ☐ Yes ☐ No
			formation, r	nust be signe	ed and su	bmitted alor	ng with other detailed forms.
Do not use this	THE PARTY OF THE P	nformation.			netognesen en en en	BETHEATH ANTONIO DANS	THE PARTY OF THE P
1. Committee I	nformation						
a. Full Name	1 7 0						c. ID Number
	Wall Camp						ATYYRZ
b. Mailing Address							d. Date Filed
603 Ed	linbugh Ct.						1/21/2014
Burlingto	n, NC ZT	215					e. Phone Number
90	,						(336) 222-1892
2. Report Year	3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (m	m/dd/yy)	5. Treasure	er Full Name
2013	10/21/	THE PARTY OF THE P		31/2013	NAME OF TAXABLE PARTY.	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	C. Day
6. Type of Com						type of repo	ort from one category)
Candidate Can			nicipal		e/County		Referendum
PAC		erendum	Organizationa		Organizat	ional	Organizational
Independent Ex		t Fundraiser	Thirty-five da	У	Quarterly		Pre-referendum
Legal Expense	runa	띪	Pre-primary Pre-election	片	First Seco	nd	Final Supplemental Final
7. Type of Fund	d (if applicable,	check one)	Pre-runoff	片	Third		Annual
Booster Fund	(ij applicable,	check one)	Semi-annual	片	Four		Special
Building Fund		In	Mid Yea	ır 🗀	Semi-annu		specim
		図	Year En	d 🔲	Mid	Year	10. Special Report Name
Other:			Final		Year	End	
8. Number of F	undraisers this	Report	Special		Final		
					Special		
11. Account Inf	formation	(0)		11. Accoun	nt Inform	nation	
a. Financial Institu				a. Financial I			
American	National I	Bank + Trust	:				
b. Purpose		c. Account Code		b. Purpose			c. Account Code
		1					
Campaign	Expenses	d. Period Begin Ba	lance	1			d. Period Begin Balance
, ,	1	\$ 3803.9	5				\$
CERTIFICATI	ON				-		
I certify that the of the NC Gener	Committee or Fur al Statutes and the		mingled with	prohibited or	r other no	n-disclosed fu	3 & 22D-22M of Chapter 163 ands. I further certify that this
Rand	y C. Duy		Ka	QL	Do		1/21/2014
P	rinted Name of Sign	er	Sig	nature of Appo	inted Treas	urer	Date
FOR OFFICE	USE ONLY						
Date Receiv	ed: JAN 2	1 2014	Employ	yee:	51	<u>Del</u>	ivery Method Normal Mail
Date Postma	ırked:		Employ	yee:		- 🛱	Registered Mail Hand Delivered
Date Scanne	d:		Employ	yee:		_ 🗆	Electronically Filed
Date Data E	ntered:		Employ	yee:			Signer has not received mandatory training

CRO-1000

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

Employee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

August 2008

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

Amendment

Yes No

	2. Type of	Report	3. ID Number
Runnie Wall Campaign	Year En	d Semi Annual	ATYVRZ
Start of Election Cycle: January 1, 2012	-	Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 3,703.95	\$ 362.78
RECEIPTS	····· · · · · · · · · · · · · · · · ·		
5) Aggregated Contributions from Individuals	(CRO-1205)	s	S 170.00
6) Contributions from Individuals	(CRO-1210)	s 550.00	\$ 14,025.00
7) Contributions from Political Party Committees	(CRO-1220)	S	\$
8) Contributions from Other Political Committees	(CRO-1230)	S	S 100.00
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)	\$	S
11c) Outside Sources of Income	(CRO-1250)	S	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	S
11e) Exempt Purchase Price Sales	(CRO-1265)	S	S
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	\$ 550.00	s 14,295.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	s 4,325,49	\$ 14,608.32
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	S
15) Loan Repayments	(CRO-1420)	\$	S
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	S	\$ ZD.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1;	5, 16 and 17)	\$ 4,325.49	\$ 14,629.32
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18	\$ 28.46	s 28.46
ADDITIONAL INFORMATION	r		
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)	S	
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)	\$	S
28) Contributions to be Refunded	(CRO-1215)	\$	\$

		rom Individua ndividual contributio		Pg ontributions und	of 1	<u></u>	Amendment Ves No 205 is not used
		e (and Fund if app					D Number
R_{D}	nnie Wall	Campaign				1	ATYYRZ
3. Cont	ributor Informa	ition		Add 🔲 Rei	move	,	
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	le city, state, & zip)	·· ·· ·		Jagvaine	L		
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1	le city, state, & zip)			Incett	· (
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7	rlington, N	L 27715		Real Dest	ate.	l	lection Sum to Date
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4. Tota	al only this Pa	age				\$	590.00
5. Tota	al of ALL CR	O-1210 Pages				s	550.00
(This li	ne must be on line 6	of Detailed Summary P	age CRO-1100)			_	グリレ・ロロ

					_ Amendment	
Disbursem	ents			Pg 1 of	<u>3</u> □ Yes □ No	
			tee for operating exp	penses, contributi	ions to candidate/political	
	coordinated party exfull Name (and Fund		·		2. ID Number	7
_				·	ATYYRZ	_
	Will Campus		20 1310 5	1. (D)		4
3. Type of Disb Operating Exp		· · · · · · · · · · · · · · · · · · ·	<i>O-1310 forms for o</i> ttes/Political Committee		oursement.) ordinated Party Expenditures	_[
4. Payee Inform		troduois to Careaca		Remove	admace vary Expenditures	
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include city, state,	& zip)					1
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Burlington	, NC 27215			·	\$ 2,682.21	- 1
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	ing Address & Phone		b. Coordinat	ed Committee Name	d. Comments	1
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1143 54	6na) Minute for Marks Ch Ro , NL 27215		c. Level Regi	istered (Specify) County: Municipa	e. Election Sum to Date	_
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ı. Full Name, Mail	ing Address & Phone		b. Coordinat	ed Committee Name	e d. Comments	7
(include city, state						
Ashley Da	₩ 1		c. Level Regi	stered (Specify)		
603 Edin	bugh Court n, NL 27215		☐ Federal	County:		_
K. Y.	11 22715		State	Municipa	dity: e. Election Sum to Date	
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5. Total only th	is Page				s 3,285.90	
6. Total of ALL	CRO-1310 Pages					
	line 13a of Detailed Sum line 13b of Detailed Sum				, 54,325.49	

CRO-1310

O* Other

A* - Media

E - Salaries

I - Postage

C* - Fundraising

G - Political Party

K* - Office Expenses

(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)

B* - Printing

J - Penalties

F* - Equipment

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Dich	ursement	C
DISD	ursement	

			2	Amendment	
Pg	<u>Z</u>	\mathbf{of}	<u>5</u>	☐ 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 F	Full Name (and Fund	l if applicable)					2. ID Number	
Ronnie	Wall Campaign					_	ATYUR Z	
3. Type of Dish	oursement (Please	use separate CF	RO-1310	forms for a	ach typ	e of Disb	ursement.)	
Operating Exp		tributions to Candida					rdinated Party Expenditures	
4. Payee Inforr	nation			Add 🔲	Remov	re		
a. Full Name, M	failing Address & Ph	one		b. Coordinate	ed Comn	ittee Name	d. Comments	
(include city, state,								
Belinde I	ly north Ct , NL 27218			c. Level Regi	stered (S	pecify)		
603 Edin	n bush Ct			☐ Federal		County:		
Z 2 1	1/ 7077			State	<u>X</u>	Municipa	lity: e. Election Sum to Date	
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(include city, sta				_				
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4. Payee Inform	nation	•		Add 🔲	Remov	'e		
a, Full Name, Mail	ing Address & Phone			b. Coordinate	ed Comn	ittee Name	d. Comments	
(include city, sta	te, & zip)							
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Burlington	, NL 27215						\$ 200.66	
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5. Total only th	is Page		•				\$ 857.59	•
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(This line goes in	line 13a of Detailed Sum	mary Page CRO-11	00 if Ope	rating Expense	es)		s 4,325,49	
	line 13h of Detailed Sum						⊕ =1 1 / -∪1 ↑ 1	
	line 13c of Detailed Sum				Expendi	tures)		
•	odes (List detailed							
A* - Media	B* - Printii			undraising			Another Candidate	
E - Salaries	F* - Equip			litical Party	COC		olding Public Office Expenses	
I - Postage O* Other	J - Penaltic	:8	K* - U	ffice Expen	SUS	Q* • D0	mation to Legal Expense Fund	
	o detailed evolanati	on in required 1	emarks	: field (k)				

Disbursements

			1	Amendment	
Pg	<u>3</u>	of	<u> </u>	☐ 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 I	2. ID Number	2. ID Number								
Ronnie	ATYVEZ	Z								
3. Type of Dish		use separate CI	20-1310	forms for e	each type of Dish	ursement.)				
Operating Exp	enses 🔲 Coi	tributions to Candida	ites/Polític	cal Committees	Coo	dinated Party Expenditure	28			
4. Payce Inform				Add 🔲	Remove					
a. Full Name, M	lailing Address & Ph	one	b. Coordinate	ed Committee Name	d. Comments					
(include city, state	, & zip)									
WPCM										
	Fifth Street			Federal	stered (Specify) County:					
1 North	Salem NL 27	10)		State	Municipa	lity: e. Election Sum to	Date			
	·					\$ 180.00				
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k, Required Remarks				
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(include city, sta				o. Com amare	eu Committee Manie	d. Comments				
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-	CRO-1310 Pages									
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**	•	• •				s 4,325,4	-14			
(This line goes in line 13h 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										
				litical Party H* - Holding Public Office Expenses						
• •				Office Expenses Q* - Donation to Legal Expense Fund						
O* Other	0			1	•	.,				
	e detailed explanati	on in required r	emarks	field (k)						