

Amendment
 Yes No

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.

| | |
|---|--|
| 1. Committee Information | |
| a. Full Name <u>Ronnie Wall Campaign</u> | c. ID Number <u>ATY4R2</u> |
| b. Mailing Address (include City, State and Zip Code) <u>603 Edinburgh Ct Burlington, NC 27215</u> | d. Date Filed <u>9/26/2013</u> |
| | e. Phone Number <u>(336) 222-1892</u> |

| | | | |
|-------------------------------|---|---|---|
| 2. Report Year <u>2013</u> | 3. Period Start Date (mm/dd/yy) <u>6/30/2013</u> | 4. Period End Date (mm/dd/yy) <u>9/24/2013</u> | 5. Treasurer Full Name <u>Randy C. Day</u> |
|-------------------------------|---|---|---|

| | | | | |
|--|---|--|---|---|
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | | |
| <input checked="" type="checkbox"/> Candidate Campaign | <input type="checkbox"/> Party | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input checked="" type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Mid Year | Semi-annual | 10. Special Report Name |
| 8. Number of Fundraisers this Report | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|---|---|------------------------------------|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name <u>American National Bank + Trust Co.</u> | | a. Financial Institution Full Name | |
| b. Purpose <u>Campaign Expenses</u> | c. Account Code <u>1</u> | b. Purpose | c. Account Code |
| | d. Period Begin Balance <u>\$ 362.78</u> | | d. Period Begin Balance <u>\$</u> |

CERTIFICATION

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.

Randy C. Day Randy C. Day 9/26/2013
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9-26-13 Employee: JG Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 Signer has not received mandatory training

Date Data Entered: _____ 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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

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 | |
| Ronnie Wall Campaign | | Thirty five day | | ATY4RZ | |
| Start of Election Cycle: January 1, 2013 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 362.78 | | \$ 362.78 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ 100.00 | | \$ 100.00 | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 9,375.00 | | \$ 9,375.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ 100.00 | | \$ 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) | | \$ | | \$ | |
| 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) | | \$ 9,575.00 | | \$ 9,575.00 | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 6,135.99 | | \$ 6,135.99 | |
| 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) | | \$ 6,135.99 | | \$ 6,135.99 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 3,801.79 | | \$ 3,801.79 | |
| 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) | | \$ | | \$ | |

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
|--|-----------------|--------------------|------------------------|----------------------|-----------|
| Ronnie Wall Campaign | | | | ATYYR2 | |
| 3. Contributor Information | | | | | |
| a. Amend | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 15801 | Check | | 8/23/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | 7813 | Check | | 9/10/2013 | \$ 50.00 |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | \$ |
| 4. Total only this Page | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1205 Pages | | | | \$ 100.00 | |
| <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> | | | | | |

Contributions from Individuals

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 | |
| Ronnie Wall Campaign | | | | | ATVYR2 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Hugh R. Overholt 705 Cove Harbor New Bern, NC 28562 | | | Major | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired Military Attorney | | e. Election Sum to Date \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 101108314 | Check | | 8/16/2013 | \$ 500.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| David L. Burns 1204 Shepherd Ave. Laurinburg, NC 28352-3462 | | | Retired | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Banking | | e. Election Sum to Date \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 13065610 | Check | | 8/16/2013 | \$ 100.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| Andrew M. Perkins Jr. 1411 Thornhill Ln. Winston Salem, NC 27106 | | | Colonel | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | Retired Military | | e. Election Sum to Date \$ 300.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | 2327892 | Check | | 8/16/2013 | \$ 300.00 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 900.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | \$ 9,375.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | |

Contributions from Individuals

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 | |
| Ronnie Wall Campaign | | | | | | AT44RZ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| James E. Hair P.O. Box 939 Burlington, NC 27216 | | | | Insurance | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Hub International | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1168 | Check | | 8/16/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Sam Hunt IV 3021 N. Fairway Dr. Burlington, NC 27215 | | | | Business Owner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Hunt Electric | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1080 | Check | | 8/16/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Sam Hunt 1218 W. Davis Street Burlington, NC 27215 | | | | Business Owner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Hunt Electric | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 5135 | Check | | 8/16/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 3,000.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 9,375.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

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 | |
| Ronnie Well Campaign | | | | | | ATYKRZ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Terry D. Crenshaw P.O. Box 910 Burlington, NC 27216 | | | | Owner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Carolina Nissan | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1562 | Check | | 8/16/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| James B. Crouch 2529 Pineway Drive Burlington, NC 27215 | | | | Insurance | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Harris, Crouch Agency | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 6238 | Check | | 8/26/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Augustus H. Tullis 200 Cobblestone Circle Rocky Mount, NC 27804 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 125.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 2476 | Check | | 8/26/2013 | \$ 125.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 2,125.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 9,375.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

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 | |
| Ronnie Wall Campaign | | | | | | 4TYR2 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Ray T. Wornack 2310 Hickory Ave Burlington, NC 27215 | | | | Business Owner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Wornack Electronics | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1371 | Check | | 9/5/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| W. David Sellers 3129 Amherst Ave Burlington, NC 27215 | | | | V. Pres. | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Elon School | | e. Election Sum to Date | |
| | | | | | | \$ 250.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 3225 | Check | | 9/5/2013 | \$ 250.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Vee Chandler 2415 Saddle Club Rd Burlington, NC 27215 | | | | Homemaker | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 876 | Check | | 9/5/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,350.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 9,375.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

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 | |
| Ronnie Wall Campaign | | | | | | ATWRZ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Thomas A. Lander IV 2905 S. Fairway Drive Burlington, NC 27215 | | | | Business Man | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Elegere Corp | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 2224 | Check | | 9/10/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Julie Hancock 2511 Parrish Street Burlington, NC 27215 | | | | Principal | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | ABS | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 1631 | Check | | 9/16/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Lor. R. Freeman 1065 Dunmore Drive Burlington, NC 27215-9565 | | | | Owner | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Freeman Electric | | e. Election Sum to Date | |
| | | | | | | \$ 200.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 5424 | Check | | 9/16/2013 | \$ 200.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 400.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 9,375.00 | |
| <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small> | | | | | | | |

Contributions from Individuals

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 | |
| Ronnie Wall Campaign | | | | | | ATYYRZ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Jack R. Lindley 2911 S. Fairway Drive Burlington, NC 27215 | | | | Retired | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Insurance | | e. Election Sum to Date | |
| | | | | | | \$ 100.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 4284 | Check | | 9/19/2013 | \$ 100.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| William H. Smith 2446 Pineway Drive Burlington, NC 27215 | | | | Managing Principal | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Trust Company of the South | | e. Election Sum to Date | |
| | | | | | | \$ 1,000.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 5543 | Check | | 2/19/2013 | \$ 1,000.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| Alan H. Crown 2916 Forestside Drive Burlington, NC 27215 | | | | Insurance | | | |
| | | | | c. Employer's Name/Specific Field | | | |
| | | | | Hub International Inc | | e. Election Sum to Date | |
| | | | | | | \$ 500.00 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | | |
| <input type="checkbox"/> | 3525 | Check | | 9/23/2013 | \$ 500.00 | | |
| <input type="checkbox"/> | | | | | \$ | | |
| <input type="checkbox"/> | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1,600.00 | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ 9,375.00 | |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i> | | | | | | | |

Contributions from Other Political Committees pg 1 of 1 Amendment Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|--|--------------------|------------------------|--|---------------------|-------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | 2. ID Number | |
| Ronnie Will Campaign | | | | ATWRZ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Triad Good Government P.A.C. P.O. Box 2888 Greensboro, NC 27402 | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | \$ 100.00 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 5004 | Check | | 9/16/2013 | \$ 100.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1230 Pages | | | | \$ 100.00 | |
| <i>(This line must be on line 8 of Detailed Summary Page CRO-1100)</i> | | | | | |

Disbursements

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

| | | | | | |
|---|--------------------|---|---|---|---|
| 1. Committee Full Name (and Fund if applicable) Ronnie Wall Campaign | | | | | 2. ID Number AT4R2 |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Ronnie Wall 613 Meadowood Drive Burlington, NC 27215 | | | | | |
| c. Level Registered (Specify) | | | County: | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> State | | | <input type="checkbox"/> <input checked="" type="checkbox"/> Municipality: | | \$ 778.99 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1036 | Check | B | 9/5/2013 | \$ 753.39 | Reimbursed for printed T-shirts paid for |
| 1036 | Check | K | 9/5/2013 | \$ 25.60 | Reimbursed fee paid for Burlington municipality |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Alamance Professional Supplies P.O. Box 5054 Burlington, NC 27216-5054 | | | | | |
| c. Level Registered (Specify) | | | County: | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> State | | | <input type="checkbox"/> <input checked="" type="checkbox"/> Municipality: | | \$ 3581.03 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1037 | Check | B | 9/16/2013 | \$ 1,211.61 | Printed Campaign Signs |
| 1038 | Check | B | 9/16/2013 | \$ 2,369.42 | 5250 Printed Pens |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments |
| Fairway Outdoor Advertising 1920 W. Lee Street Greensboro, NC 27403 | | | | | |
| c. Level Registered (Specify) | | | County: | | e. Election Sum to Date |
| <input type="checkbox"/> Federal <input type="checkbox"/> State | | | <input type="checkbox"/> <input checked="" type="checkbox"/> Municipality: | | \$ 600.00 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| 1039 | Check | A | 9/18/2013 | \$ 600.00 | Billboard Advertising |
| | | | | | \$ |
| 5. Total only this Page | | | | | \$ 4,1960.02 |
| 6. Total of ALL CRO-1310 Pages | | | | | \$ 6,135.99 |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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 | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |

Disbursements

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

| | | | | | |
|---|--------------------|---|---|---|--------------------------------------|
| 1. Committee Full Name (and Fund if applicable) <u>Ronnie Wall Campaign</u> | | | | | 2. ID Number <u>ATYKRZ</u> |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| <u>David Owens Photography</u> <u>239 E. Front Street</u> <u>Burlington, NC 27215</u> | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | |
| | | | | | <u>\$ 1,175.97</u> |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| <u>1040</u> | <u>Check</u> | <u>A</u> | <u>9/14/2013</u> | <u>\$ 1,175.97</u> | <u>Photography for Advertising</u> |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| | | | | \$ | |
| | | | | \$ | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> | | | b. Coordinated Committee Name | | d. Comments |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | \$ |
| 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 | | | | | <u>\$ 1,175.97</u> |
| 6. Total of ALL CRO-1310 Pages | | | | | <u>\$ 6,135.99</u> |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> | | | | | |
| <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> | | | | | |
| <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> | | | | | |
| 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 | | |
| I - Postage | J - Penalties | K* - Office Expenses | Q* - Donation to Legal Expense Fund | | |
| O* - Other | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | |