

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

Amendment

Yes No

I. Committee Information

a. Full Name Committee to elect Bill Lashley County Commissioner		c. ID Number
b. Mailing Address (include City, State and Zip Code) 2212 Coy St. Burlington NC 27215		d. Date Filed 4-28-14
		e. Phone Number

2. Report Year 2014	3. Period Start Date (monthly) 01-01-2011	4. Period End Date (monthly) 04-19-2014	5. Treasurer Full Name William H Lashley
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6. Type of Committee (Check One) <input type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		7. Type of Report (check only one type of report from sub-sections) Municipal: <input type="checkbox"/> Organizational, <input type="checkbox"/> Thirty-five day, <input type="checkbox"/> Pro-primary, <input type="checkbox"/> Pro-election, <input type="checkbox"/> Pro-runoff, <input type="checkbox"/> Semi-annual, <input type="checkbox"/> Mid Year, <input type="checkbox"/> Year End, <input type="checkbox"/> Final, <input type="checkbox"/> Special State/County: <input type="checkbox"/> Organizational, <input type="checkbox"/> Quarterly, <input type="checkbox"/> First, <input type="checkbox"/> Second, <input type="checkbox"/> Third, <input type="checkbox"/> Fourth, <input type="checkbox"/> Semi-annual, <input type="checkbox"/> Mid Year, <input type="checkbox"/> Year End, <input type="checkbox"/> Final, <input type="checkbox"/> Special		8. Refundation <input type="checkbox"/> Organizational <input type="checkbox"/> Pro-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
9. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> NC Political Party Financing Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name		
11. Number of Fundraiser(s) this Report				

II. Account Information

a. Financial Institution Full Name Wells Fargo BANK	
b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0

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 undisclosed 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

William H. Lashley Printed Name of Signer	William H. Lashley Signature of Appointed Treasurer	4-28-14 Date
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FOR OFFICE USE ONLY

Date Received: 5-27-14	Employee: JG	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
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.

05-27-14 10:10 RCVD

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	
Committee to elect Bill Lashley County Commissioner							
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	
John M HALL PO Box 5137 Burlington NC 27216				Retired			
				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"/>	1	CK.		03-27-14	\$ 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	
Larry R. Cook 609 Huntingdon St, Eion NC 27244				AC Technecian			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Cook Air Conditioning		\$ 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"/>	1	CK.		3-28-14	\$ 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 Lashley 2212 Coy St. Burlington N.C. 27215							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	1	CK.	Filing Fee	02-17-14	\$ 99.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 299.00		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 999.00		

In-Kind Contributions

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to elect Bill Lashley County Commissioner			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
William H Lashley 2212 Cox St. Burlington NC 27215		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$ 99.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Filing Fee		02-17-14	\$ 99.00
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market 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 Contributor	c. Comments
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date \$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 99.00	
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 99.00	