

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 | |
|---|------------------------------------|----------------------------------|--|
| Committee to elect Bill Lashley to Comm | 4th Qtr | | |
| Start of Election Cycle: January 1, <u>2011</u> | Total this Reporting Period | Total this Election Cycle | |
| 4) Cash on Hand at Start | \$ 1,472.47 | \$ | |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 97.00 | \$ 1,167.00 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 1,900.00 | \$ 6,499.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ | \$ 1,000.00 | |
| 8) Contributions from Other Political Committees (CRO-1230) | \$ | \$ 200.00 | |
| 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) | \$ 1,997.00 | \$ 8,866.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 68.70 | \$ 5,366.23 | |
| 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) | \$ | \$ 99.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 68.70 | \$ 5,465.23 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 3,400.77 | \$ 3,400.77 | |
| 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) | \$ | \$ | |

48-Hour Notice

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election. 10-19-11-4
 All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.
 This notice may be faxed in order to meet the 48 hour deadline.

| | | | |
|--|-------------------------|---|-------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Committee to elect Bill Lashley Co. Commissioner | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Report Date | |
| 2212 Cox St. Burlington NC 27215 | | | |
| | | e. Phone Number | |
| | | 336-218-4112 | |
| 2. Contribution Information | | 2. Contribution Information | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | | a. Full Name, Mailing Address & Phone (include city, state, and zip) | |
| <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove Kenneth F Corbett PO BOX 946 BURLINGTON NC 27215 | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| b. Type of Contributor | | b. Type of Contributor | |
| <input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____ | | <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____ | |
| b1. Type of Committee | | b1. Type of Committee | |
| <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | | <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____ | |
| ✓ b2. Job Title/Profession | b4. Federal ID Number | b2. Job Title/Profession | b4. Federal ID Number |
| Accountant | | | |
| ✓ b3. Employer's Name/Specific Field | c. Form of Payment | b3. Employer's Name/Specific Field | c. Form of Payment |
| Retired | CK | | |
| d. Date (mm/dd/yyyy) | f. Amount | d. Date (mm/dd/yyyy) | f. Amount |
| 10-28-14 | \$1,000.00 | | \$ |
| e. Account Code | g. Election Sum to Date | e. Account Code | g. Election Sum to Date |
| | \$1,000.00 | | \$ |
| 3. Total Contributions THIS Page (sum all the '2f' entries on this page) | | \$ 1,000.00 | |
| 4. Total Contributions ALL Pages (if multi-page, only list on page 1) | | \$ 1,000.00 | |
| CERTIFICATION | | | |
| I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report. | | | |
| William H. Lashley Printed Name of Signer | | William H. Lashley Signature of Appointed Treasurer | |
| | | 02-16-15 Date | |

02-16-15 14:12 RCVD

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 | |
| Committee to Elect Bill Lashley | | | | | |
| 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 |
| Terry Johnson 3934 Spanish Oak Hill Rd. Snow Camp NC 27349 | | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC | | 3Qtr |
| | | | <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date |
| | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: | | \$ 200.00 |
| | | | <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 | |
| 1 | CK | | 8-4-14 | \$ 200.00 | |
| | | | | \$ | |
| | | | | \$ | |
| 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 | | | | \$ 200.00 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 200.00 | |

02-16-15 14:12 RCVD