

Disclosure Report Cover

Amendment

Yes

No

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		
Friends for Dan Ingle			46-3958257		
b. Mailing Address (include City, State and Zip Code)			d. Date Filed		
6388 Rascoe Rd., Burlington, NC 27217			1.11.16		
			e. Phone Number		
			336-421-9780		
2. Report Year		3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2015		07.01.15	12.31.15	Rebekah W. Loy, CPA	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund			<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser			<input type="checkbox"/> 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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)			10. Special Report Name		
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:					
8. Number of Fundraisers this Report					
0					
11. Account Information			11. Account Information		
a. Financial Institution Full Name			a. Financial Institution Full Name		
Suntrust Bank					
b. Purpose		c. Account Code	b. Purpose		c. Account Code
Campaign Account		01			
		d. Period Begin Balance			d. Period Begin Balance
		\$ 1,074.37			\$
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.					
<u>Rebekah W. Loy</u> Printed Name of Signer		<u>Rebekah W. Loy</u> Signature of Appointed Treasurer		<u>1-11-16</u> Date	
FOR OFFICE USE ONLY					
Date Received:	<u>11/19/16</u>	Employee:	<u>JG</u>	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:	<u>1-25-16</u>	Employee:	<u>cm</u>		
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	
Friends for Dan Ingle		Year end		46-3958257	
Start of Election Cycle: January 1,		2015		Total this Reporting Period	
				Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,074.37		\$ 1,146.37	
RECEIPTS					
5) Aggregated Contributions from Individuals		(CRO-1205)		\$	
6) Contributions from Individuals		(CRO-1210)		\$	
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)		\$	
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)		\$	
11 e) 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)		\$ 72.00	
13b) Contributions to Candidates/Political Committees		(CRO-1310)		\$ 144.00	
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)		\$ 72.00		\$ 144.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,002.37		\$ 1,002.37	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)		\$	
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)		\$ 3,500.00	
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-2200)		\$	
28) Contributions to be Refunded		(CRO-1215)		\$	

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)					2. ID Number
Friends for Dan Ingle					46-3958257
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	
Suntrust Bank P.O. Box 305183 Nashville, TN 37230					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 144.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	O	07.31.15	\$12.00	Maintenance fee on bank account
01	Debit	O	08.31.15	\$12.00	Maintenance fee on bank account
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	
Suntrust Bank P.O. Box 305183 Nashville, TN 37230					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 144.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	O	09.30.15	\$12.00	Maintenance fee on bank account
01	Debit	O	10.30.15	\$12.00	Maintenance fee on bank account
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	
Suntrust Bank P.O. Box 305183 Nashville, TN 37230					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 144.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit	O	11.30.15	\$12.00	Maintenance fee on bank account
01	Debit	O	12.31.15	\$12.00	Maintenance fee on Bank account
5. Total only this Page					\$ 72.00
6. Total of ALL CRO-1310 Pages					\$ 72.00
<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	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
O* - Other				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

Outstanding Loans

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number
Friends for Dan Ingle			46-3958257
3. Lender 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
Dan Ingle 6388 Rascoe Road Burlington, NC 27217 336-421-9780		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		N/A	4.20.14
			f. End Date (mm/dd/yyyy)
			12.31.15
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	none	\$ 500.00	\$ 500.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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
Dan Ingle 6388 Rascoe Road Burlington, NC 27217 336-421-9780		Retired	
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		N/A	9.3.14
			f. End Date (mm/dd/yyyy)
			12.31.15
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
0 %	none	\$ 3,000.00	\$ 3,000.00
k. Full Name of Lending Institution			l. Loan Number
3. Lender 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
		c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
			f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$	\$
k. Full Name of Lending Institution			l. Loan Number
4. Total only this Page			\$ 3,500.00
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>			\$ 3,500.00