Amendment **Disclosure Report Cover** ☐ Yes 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 b. Mailing Address (include City, State and Zip Code) d. Date Filed 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 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 Pre-referendum Thirty-five day Quarterly Legal Expense Fund Pre-primary Final First Pre-election Supplemental Final Second (if applicable, check one) 7. Type of Fund Pre-runoff Third Annual Booster Fund Semi-annual Fourth Special Building Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name . Purpose Account Code b. Purpose c. Account Code Checkir d. Period Begin Balance d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163

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.

MeLess at 100 in Signature of Appointed Treasurer

Name of Signer

Date

FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered Electronically Filed -25-16 Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training

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

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 3. ID Number 2. Type of Report Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start \$ \$ RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) 6) Contributions from Individuals (CRO-1210) 00 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) \$ 11e) 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) \$ \$ 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) \$ \$1738.0 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18 \$ 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)

Amendment

Yes

☐ No

Contributions from Individuals Pg of Yes No											
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											
100	war	For COM	MISSIC	mer	146-48103146						
3. Contributor Information											
				b. Job Title/Profession d. Comments							
(includ	e city, state, & zip)) /2	217477 1010	Fire Ma	Ishal	Filing Fee					
Je	rry L. n	lagner (3	36/22/17/61 5 /	tire Marshal c. Employer's Name/Specific Field Town OF e. Election Sum to Date							
33	33 Uni	on Ridge 1	Sdi	Town) 	e. Election Sum to Date					
50	urlingto	11 NC 272	17	Hillsborough \$ 105,00							
f. Prior	g. Account Code		i. In-Kind Descrip		j. Date (mm/dd/yyy						
	,	Check	Filing	Fee	12/01/20	015 \$ 105.00					
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		- "				\$					
3. Cont	ributor Informa	ition		Add Ren	nove						
a. Full Na	ame, Mailing Addre	ss & Phone		b. Job Title/Profes	sion	d. Comments					
	e city, state, & zip)			Tico M	15/02/						
Je	erry L. W	Jag ner (=	136)227-1869	c. Employer's Name/Specific Field Town of e. Election Sum to Date							
33	33 Union	Ridge Rd.		TOWN OF e. Election Sum to Date							
		, NC 2727			oraugh	\$ 205,00					
			i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount					
	١	Check			12/21/2015 \$100.00						
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						\$					
3. Cont	ributor Informa	ation	Z	Add Rer	nove						
a. Full Na	ame, Mailing Addre	ess & Phone	/	b. Job Title/Profes	ssion	d. Comments					
(includ	e city, state, & zip)			Sub-Teac	chec	1.					
Ta	imara Li	anae Wagne 11 Ridge R		c. Employer's Name/Specific Field							
33	33 Union	1 Ridge K	di	Alaman	ice-Burl	e. Election Sum to Date					
336	urling to	n Nc 272	.(7	ington Schools		\$ 1,500					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy) k. Amount					
	1	Check		*	12/18/20	x5 \$ 1300,00					
	1	Check			12/28/20	15 \$ 200.00					
						\$					
4. Tot	al only this P	age	1			\$ 1738,00					
TECHNOLOGICAL CONTROL OF THE PARTY OF THE PA		RO-1210 Pages				\$ 1738 00					
(This li	ine must be on line 6	of Detailed Summary Po	age CRO-1100)			\$ 1738,00					

Amendment

	report expenditures for coordinated party exp		ee for o	perating exp	enses, contribution	ons to candidate/poli	ical
	ull Name (and Fund					2. ID Number	
Moore	46-486	3740					
3. Type of Disb	ursement (Please	use separate CR	<i>O-1310</i>	forms for e	ach type of Disb	ursement.)	
Operating Expe	enses Con	tributions to Candida	tes/Politio	al Committees	Coor	dinated Party Expenditure	es
4. Payee Inform			Add Remove				
a. Full Name, M	ailing Address & Pho	one	b. Coordinate	ed Committee Name	d. Comments		
(include city, state,			wagner for Commissioner Filing For				
Alamance	e Counta Box Maple street	ard of Elect	wagner for Commissioner Filing Fee c. Level Registered (Specify) Federal County:				
1	/	et -	State	Municipa	lity: e. Election Sum to	Date	
Oraham	1 00.00	3			I.	\$	
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	Check		12	01-2015	\$ 105,00		
AND PARTY CONTRACTOR OF THE PA					\$		
4. Payee Inforn	nation			Add	Remove		
SOUTHWISH NESSELECTED TO THE TOTAL TO THE TO	ing Address & Phone			b. Coordinate	ed Committee Name	d. Comments	
(include city, stat				11/200101	For Comme	mer Voter Li	st
Alamance	County Boa	Valac Elect	10119		tor Commission	, ,	,
· Hamoune (County sea	L'	1011	Federal	stered (Specify) County:	- Dia	sk l
	in Maple St	reet		State	Municipa	lity: e. Election Sum to	Date
Grahaw	1	53			\$		
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Account Code	()	in a ur posse cour	12-8			k. Required Remarks	
-	Check	in rurpose cour	1. Date (4-2015	\$ 25.60 \$	k. Required Remarks	
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Disbursements

Amendment

☐ Yes