

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	
Committee to elect Bill Lashley Co. Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2212 Coy St. Burlington NC 27215			
		e. Phone Number	
		336-213-4112	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2016	7-1-16	10-22-16	William Henry Lashley
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
		<input type="checkbox"/> Pre-runoff	<input checked="" type="checkbox"/> Third
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
		<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
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			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wells Fargo Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
2832 S Church St.			
Burlington NC			
27215			
	d. Period Begin Balance		d. Period Begin Balance
	\$3,765.57		\$
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.			
William H. Lashley		William H. Lashley	10-31-16
Printed Name of Signer		Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY			
Date Received:	11/1/16	Employee:	DL
Date Postmarked:		Employee:	
Date Scanned:	11/1/16	Employee:	JG
Date Data Entered:		Employee:	
			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
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	
Committee to elect Bill Lashley		3 rd Qtr.			
Start of Election Cycle: January 1, _____			Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 3,765.57	\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 700.00	\$ 1500.00		
6) Contributions from Individuals (CRO-1210)		\$ 1100.00	\$ 3250.00		
7) Contributions from Political Party Committees (CRO-1220)		\$ 500.00	\$ 500.00		
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)		\$ 2,300.00	\$ 5,250.00		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 3,817.97	\$ 6,403.17		
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)		\$ 3,817.97	\$ 6,403.17		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,247.60	\$ 2,247.60		
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)		\$	\$		

Disbursements

Amendment
 Yes No

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) Committee to elect Bill Lashley 2. ID Number

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
TIMES NEWS
PO Box 481
Burlington NC 27215

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments
Newspaper
Adds

e. Election Sum to Date
\$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>CK</u>		<u>08-18-16</u>	<u>\$2563.44</u>	<u>NEWSPAPER Add</u>
	<u>CK</u>		<u>10-03-16</u>	<u>\$303.73</u>	<u>Voter Guide</u>

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ALAMANCE NEWS
PO Box 431
Graham NC 27253

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments

e. Election Sum to Date
\$837.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>CK</u>		<u>08-22-16</u>	<u>\$480.00</u>	<u>NewsPAPER Adds</u>
				<u>\$</u>	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Mebane Enterprise
106 N. Forth St.
Mebane NC, 27302

b. Coordinated Committee Name

c. Level Registered (Specify)
 Federal County
 State Municipality

d. Comments

e. Election Sum to Date
\$703.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<u>CK</u>		<u>08-24-16</u>	<u>\$470.80</u>	<u>NEWSPAPER Adds</u>
				<u>\$</u>	

5. Total only this Page \$3,817.97

6. Total of ALL CRO-1310 Pages \$3,817.97
 (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
 (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (Last 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)

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							
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	
Major H Bowes PO Box 5158 Burlington NC 27216				Retired			
				c. Employer's Name/Specific Field			
						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"/>		CK		08-27-16	\$ 200.00		
<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	
Mrs John M. Jordan PO Box 128 Saxaphaw N.C. 27340				Retired			
				c. Employer's Name/Specific Field			
						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"/>		CK.		08-29-16	\$ 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	
Sandy Kirkpatrick PO Box 388 ALAMANCE N.C. 27201				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"/>		CK.		08-31-16	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 400.00		
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 1,100.00		

Contributions from Individuals

Page 2 of 3

Assessment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO-1210 is not used

1. Committee Full Name (and Fund if applicable) Committee to elect Bill Lashley	2. ID Number
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) Ralph M Holt Jr. PO Box 819 Burlington NC 27216	b. Job Title/Profession Retired	c. Comments
c. Employer's Name/Specific Field		d. Election Sum to Date \$ 100.00

e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
<input type="checkbox"/>		CK		09-01-16	\$ 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) JAMES A. Lowell 2265 W. Front St. Burlington NC 27215	b. Job Title/Profession OWNER Lowes	c. Comments
c. Employer's Name/Specific Field Lowes FUNERAL HOME		d. Election Sum to Date \$ 100 100.00

e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
<input type="checkbox"/>		CK		09-16-16	\$ 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) Joe Tickle 866 Hoffman Mill Rd Burlington NC 27215	b. Job Title/Profession OWNER Joes66	c. Comments
c. Employer's Name/Specific Field Joes 66		d. Election Sum to Date \$ 600.00

e. Prior	f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
<input type="checkbox"/>		CK		09-21-16	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total entry this Page	\$ 500.00
5. Total on ALL CRO-1210 Pages	\$ 1,100.00

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 Co. Comm						
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
CONNIE S. Swisher 703 Driftwood Dr. Gibsonville NC 27249						
				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"/>		CK.		09-27-16	\$ 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
P. CALVIN Coble 1931 Turner Rd. Mebane NC 27302				Retired		
				c. Employer's Name/Specific Field		
						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"/>		CK.		10-03-16	\$ 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
				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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1109)					\$ 1,100.00	

Contributions from Political Party Committees

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to elect Bill Lashley Co Comm							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
ALAMANCE Co, Republican Party 608 N. Okelly Ave Elon N.C 27244-9353							
						c. Election Sum to Date	
						\$ 500.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
	CK.		09-22-16	\$ 500.00			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Comments	
						c. Election Sum to Date	
						\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount			
				\$			
				\$			
				\$			
4. Total only this Page						\$ 500.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>						\$ 500.00	

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
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		CK		08-26-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-26-16	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-26-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-28-16	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-29-16	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-29-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-29-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-29-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-29-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-30-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		08-30-16	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		09-01-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		09-06-16	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		09-20-16	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		09-10-16	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		09-29-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		10-06-16	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove		CK		10-14-16	\$ 25.00
<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					\$
4. Total only this Page					\$ 700.00
5. Total of ALL CRO-1205 Pages					\$ 700.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Non-Monetary Gifts Given to Other Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Committee to elect Bill Lashley			
3. Payee 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
Bill Lashley 2212 Coy St. Burlington NC 27215		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
Newspaper Ad for Tim Sutton			\$1,756.72
Times News Mebane Enterprise Almanac			\$
3. Payee 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 <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
3. Payee 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 <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
e. Type of Gift			
<input type="checkbox"/> Coordinated Party Expenditure		<input type="checkbox"/> Contribution to Candidate/Political Committee	
f. Description		g. Date (mm/dd/yyyy)	h. Fair Market Amount
			\$
			\$
4. Total only this Page		\$1,756.72	
5. Total of ALL CRO-1330 Pages <small>(This line must be on line 20 of Detailed Summary Page CRO-1100)</small>		\$1,756.72	