Disclosure Rep					Yes No
	ral report and committee	information, must be	signed and sub	omitted along with other	her detailed forms.
Do not use this form to 1. Committee Informs					
a. Full Name	ation				c. ID Number
Committee to Elect Er	nily Sharpe				
b. Mailing Address (includ	e City, State and Zip Code)				d. Date Filed
207 Brighton Drive Elon, NC 27244					10/27/2017
22000, 210 210		10-26-17PC	04:13 RCV	D	e. Phone Number
					336-524-6291
2. Report Year 3.	Period Start Date (mm/c	1d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name
2017	07/10/2017	10/2	23/2017	Emily Sharpe	
6. Type of Committee	(Check One)	9. Type of Report	(check or	nly one type of report	from one category)
Candidate Campaign	ı Party	Municipal	State/C		Referendum
PAC	Referendum	Organizational		Organizational	Organizational
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	y	Quarterly	Pre-referendum
	if applicable, check one)	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
/		Semi-annual Mid Year	. _	Fourth Semi-annual	Special
Other:		Year End	process	Mid Year	10. Special Report Name
Canon.		Final		Year End	
8. Number of Fundra	isers this Report	Special Special		Final	
				Special	
11. Account Informat	ion		11. Account		
a. Financial Institution Ful	l Name		a. Financial Inst	titution Full Name	
Wells Fargo	c. Account Code		b. Purpose		c. Account Code
b. Purpose Campaign			b. I di post		
Campaign	Α				
,	d. Period Begin Balanc	e			d. Period Begin Balance
	\$ 0.00				\$
CERTIFICATION	nakaunakan kata bagan kermajan panakan dengan keresa kermada da disportus at cerpasa sa Pendenan Asipani			Common Application of Common Application Common Com	
I certify that the Comm	nittee or Fund is in comples and that no funds are co	iance with all applica	able provisions nibited or other	of Article 22A, 22B, non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report
is complete, true and co	orrect and that I have been	n trained by the NC	State Board of I	Elections.	
Emily Sharpe		(n	mly Sha	upl	10/27/2017
	Printed Name of Signer		ignature of Appoin	ted Treasurer	Date
FOR OFFICE USE ON Date Received:	10/26/17	Employee:		G	Delivery Method Normal Mail
Date Postmarked:		Employee:		ocephannining in the second	Registered Mail Hand Delivered
Date Scanned:	11/15/17	Employee:		16	Electronically Filed Signer has not received
Date Data Entered		Employee:			mandatory training
Please Note: This	form cannot be used to an	nend committee informat	rmation such as	s the committee address information.	ess, treasurer, assistant treasurer,
,	You must smand the State				ee changes

Amendment

No

Detailed SummaryUse 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
The Committees to Elect Emily Sharpe	Pre-election		
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 820.00	\$ 820.00
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 Organization	ons <i>(CRO-1250)</i>	\$	\$
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, 11a	c, 11d and 11e)	\$ 820.00	\$ 820.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 757.34	\$ 757.34
13b) Contributions to Candidates/Political Commit	tees (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)	\$ 20.00	\$ 20.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	5, 16 and 17)	\$ 777.34	\$ 777.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	\$ 42.66	\$ 42.66
<u>ADDITIONAL INFORMATION</u>			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	(CRO-1430)	\$	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	30
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)	\$	\$

		n Individuals	wer \$50	Pg) or contributions und	<u>1</u> of er \$50 if form CR	2 O 1205 is no	Yes	☐ No
		and Fund if applical		of contributions and	er woo ir form ere	2. ID Num		<u></u>
	ee to Elect Emily S							
3. Contri	butor Informatio	ìn	\boxtimes	Add Rer	nove	<u> </u>	······	
	ie, Mailing Address &			b. Job Title/Profession		d. Comment	s	
l .	city, state, & zip)	A I HOME		Candidate/ Wellnes	ss Program		·····	
Emily Sh				Manager				
	nton Drive			c. Employer's Name/Sp	ecific Field	1		
Elon, NC				Premise Health				
				Healthcare		e. Election S	um to Date	
						\$	525.00	,
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	A	Check			017	\$	100.00	
	A	Check			2017	\$	100.00	
	A	Check			10/20/2	2017	\$	325.00
3. Contri	butor Informatio)n	Ø	Add Rer	nove			
a. Full Nan	ıe, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	8	
(include	city, state, & zip)			Vice President				
Rodney S	harpe			Hunt Electric				
1918 Wo	odhue Drive			c. Employer's Name/Sp	ecific Field			
Burlingto	n, NC 27215			Hunt Electric				
				Electric Supply		e. Election S	um to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	A	Check			08/14/2	017	\$	200.00
			ļ				\$	··
			<u></u>				\$	
3. Contri	butor Informatio)n			nove			<u></u>
a. Full Nan	ıe, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	s	
	city, state, & zip)			Retired				
Larry Sha	_			- Elevels News/Ex	anisa Ivald	-		
	nial Drive			c. Employer's Name/Sp	echic rieid	1		
Burlington, NC 27215				11/ a	e. Election S			
						\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	A	Check			09/22/2	017	\$	75.00
							\$	
						1	\$	
	only this Pag					\$		800.00
5. Total	of ALL CRO	-1210 Pages				dr.		920.00

Amendment

(This line must be on line 6 of Detailed Summary Page CRO-1100)

		n Individuals vidual contributions of	over \$50	Pg) or contributions unde	2 of er \$50 if form CR	O 1205 is no	Amendment Yes of used	☐ No	
		and Fund if applica				2. ID Nun			
Committe	ee to Elect Emily S	Sharpe							
3. Contri	butor Informatio)n	Ø	Add Ren	nove				
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Commen	ts		
	city, state, & zip)			Candidate/ Wellnes	s Program				
Emily Sh	-			Manager		-			
	nton Drive			c. Employer's Name/Spo Premise Health	ecific Field	-			
Elon, NC 27244				Healthcare		e. Election S	Sum to Date	 	
				Tioutiloare					
						\$	15.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Lind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	,	In kind	Filin	g fee	07/10/2	017	\$	5.00	
		In kind	Face	book boost	10/13/2	2017	\$	5.00	
In kind Face			Face	book boost	2017	\$	5.00		
3. Contri	butor Informatio	n	\boxtimes	Add 🔲 Rem	nove	·	Name - 2-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	Ĺ	
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Comment	s		
	city, state, & zip)	· · · · · · · · · · · · · · · · · · ·		Candidate/Wellness	s program				
Emily Sha 207 Brigh	•			Manager c. Employer's Name/Spe	ocific Field	-			
Elon, NC				Premise Health	ecine riem	1			
Dion, ive	21211			Healthcare		e. Election S	um to Date		
						\$ 5.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount		
		In kind	Face	book boost	10/16/20	017	\$	5.00	
							\$		
							\$		
3. Contri	butor Informatio	n		Add Rem	iove				
a. Full Name, Mailing Address & Phone				b. Job Title/Profession	d. Comments				
(include o	city, state, & zip)								
				c. Employer's Name/Spe	eific Field				
				c. Employer a transcrape	THE PICTURE				
						e. Election S	um to Date		
						\$			
		,			T		· · · · · · · · · · · · · · · · · · ·		

					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
						\$	
						\$	
						\$	
4. Tota	l only this Pag	ė			\$		20.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$		820.00
ana 14			2200 2 2 4 001				

	report expenditures		Pg ee for; operating expenses,	1 of contributions to	Amendment 2
	coordinated party ex				
	full Name (and Fun				2. ID Number
	to Elect Emily Shar	<u> </u>			
3. Type of Disb			RO-1310 forms for each t		
Operating I	Expenses	Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
Alamance Cour	nty				
Board of Election	ons		c. Level Registered (Specify)		
115 S. Maple S	treet		Federal	County:	
Graham, NC 27	253		State 🛛	Municipality:	e. Election Sum to Date
					\$ 25.60
					Ψ 25.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	0	07/25/2017	\$25.60	Voter data
				\$	
4. Payee Inforn	nation	' П	Add \square	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,	**				
Van's Advertisi					
3290 Van Drive	-		c. Level Registered (Specify)		
Burlington, NC			Federal T	County:	
Durington, 110	2/213		State	Municipality:	e. Election Sum to Date
					\$ 323.99
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Α	Check	A	09/05/2017	\$150.00	Yard signs -
A	CHCCK	A	07/03/2017	\$150.00	deposit
A	Check	A	10/02/2017	\$173.99	Yard signs -
Α	Check	Α	10/02/2017	Ψ173.55	remaining bal.
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)				
Juliepatoolie's					
2327 S. Church	Street		c. Level Registered (Specify)		· ·
Burlington, NC	27215		Federal	County:	
			State 🛛	Municipality:	e. Election Sum to Date
					\$ 53.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
A	Check	A	09/21/2017	\$53.38	Logo development
				\$	
5. Total only th	is Page	L.,		u.	\$ 402.97
	CRO-1310 Pages				
	line 13a of Detailed Sun	ımary Page CRO-110	0 if Operating Expenses)		0 77724
	-		O if Contrib to Candidates/Politic	cal Comm)	\$ 757.34

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) C* - Fundraising D - To Another Candidate A* - Media B* - Printing F* - Equipment H* - Holding Public Office Expenses E - Salaries G - Political Party K* - Office Expenses Q* - Donation to Legal Expense Fund I - Postage J - Penalties O* - Other * Codes require detailed explanation in required remarks field (k)

Disbursements	Pg	2	of Z	Amendment Yes
	-5		·	

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 Committee to Elect Emily Sharpe 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo 2832 S. Church Street c. Level Registered (Specify) Burlington, NC 27215 Federal County: \boxtimes e. Election Sum to Date Municipality: State 10.00 h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount Bank Acct. O 09/29/2017 \$10.00 Α Draft fees \$ Add Remove 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) Pennington Promotional Product 206 Arbor Drive c. Level Registered (Specify) Federal County: Elon, NC 27244 図 e. Election Sum to Date Municipality: State \$ 344.37 h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount g. Form of Payment f. Account Code iar openers 10/22/2017 \$344.37 Α Check Α \$ 4. Payee Information Remove b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks f. Account Code g. Form of Payment \$ \$ \$ 354.37 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 757.34 (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 (List detailed expenditure code in (h.) above) C* - Fundraising D - To Another Candidate A* - Media B* - Printing G - Political Party H* - Holding Public Office Expenses E - Salaries F* - Equipment Q* - Donation to Legal Expense Fund I - Postage K* - Office Expenses J - Penalties O* - Other * Codes require detailed explanation in required remarks field (k)

No

•	T 7 *	1 ~		. •
l n	K ın	A ('	antri	outions
111	- 12111	$\mathbf{u} \cdot \mathbf{v}$		JUUUHS

Amendment No

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 arrange).

1. Committee Full Name (and Fund		licable)						2. ID	Number	
The Committee to Elect Emily Sharp	e									
3. Contributor Information		Add		Re	emove	;				
a. Full Name, Mailing Address & Phone			···		ь. Тур	e of C	ontributor	c. Con	aments	
(include city, state, & zip)				[Indiv	vidual			
Emily Sharpe					\boxtimes	Cano	lidate			
207 Brighton Drive					Party					
Elon, NC 27244					Ц	PAC				
					님		rendum	d. Elec	ction Sum to Date	
					Ц	Othe	r Receipt Source	\$	15.00	
e. Description							f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Filing Fee							07/10/2017	7	\$ 5.00	
Facebook Page Boost							10/13/201	7	\$ 5.00	
Facebook Page boost							10/15/2017	7	\$ 5.00	
3. Contributor Information		Add		Re	emove	:				
a. Full Name, Mailing Address & Phone					ь. Тур		ontributor	c. Con	nments	
(include city, state, & zip)						Indiv	vidual			
Emily Sharpe					Ø		lidate			
207 Brighton Drive					님	Party				
Elon, NC 27244					님	PAC		I El di Con di Data		
					님		rendum	a. Elec	ction Sum to Date	
				ال	니 —	Otne	r Receipt Source	\$	5.00	
e. Description							f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
Facebook page boost							10/16/2017	7	\$ 5.00	
									\$	
									\$	
3. Contributor Information		Add		Re	emove					
a. Full Name, Mailing Address & Phone					b. Typ	e of C	ontributor	c. Con	nments	
(include city, state, & zip)						Indiv	vidual			
							lidate			
				Į	H	Party				
					H	PAC	rendum	d Flo	ction Sum to Date	
				-	H		rendum r Receipt Source	u. Elec	ation sum to Date	
						Onic	Receipt Source	\$		
e. Description							f. Date (mm/dd/yy)	yy)	g. Fair Market Amount	
									\$	
									\$	
				····					\$	
4. Total only this Page								\$	20.00	
5. Total of ALL CRO-1510 Pages								\$	20.00	