10 Days

Disclosure Report Cover

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.

Do not use this form to update if	normation.				
1. Committee Information					
a. Full Name		_		c. ID	Number
Committee to	Elect Lis	a Patri	cK		
b. Mailing Address (include City, Stat	te and Zip Code)			d. Da	te Filed
2711 Monticello	Court			1	0-19-2017
Burlington, No					one Number
V				103	36-264-1160
2. Report Year 3. Period Start	Date (mm/dd/yy)	1	End Date (mm/dd/yy)	5. Treasurer Ful	I Name
	1017	THE RESIDENCE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NA	ON THE PROPERTY OF THE PROPERT	LISA P	
6. Type of Committee (Check C			ort (check only one		
Candidate Campaign Part		micipal	State/County		endum
Decreality Street, Str	S account	Organizationa	-	-	Organizational
PRODUCTION	t Fundraiser	Thirty-five da	estates.	theoseos.	Pre-referendum
Legal Expense Fund		Pre-primary	First	100,000	Final
en en out		Pre-election	Seco	and the same of th	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff	Third	Roseent	Annual
Booster Fund		Semi-annual	Four	Househill .	Special
Building Fund		Mid Yea Year End	printeness .		Insaial Danaut Name
Othory		Final	d Mid		pecial Report Name
Other: 8. Number of Fundraisers this	Danaut	Special	Final	End	
6. Number of Fundraisers this	Keport	Special	Reserved.		
0			Special		
11. Account Information			11. Account Inform		
a. Financial Institution Full Name	1 4 1 1 1 1		a. Financial Institution	Full Name	
Proponent Federa	1 Credit U	nion			
b. Purpose	c. Account Code		b. Purpose	c. Acc	ount Code
For campaign related Activity	1234				
Activity	d. Period Begin Ba	alance		d. Per	iod Begin Balance
,	\$ 914.00	and the second s		\$	
CERTIFICATION					
					D 2214 CCI . 162
I certify that the Committee or Fur of the NC General Statutes and that					
report is complete, true and correc					further certify that this
	t and that I have b				10 -19 - 2017
report is complete, true and correc	t and that I have b	een trained by		Elections.	
report is complete, true and correct Lisa Patrick	t and that I have b	een trained by	the NC State Board of	Elections.	10-19-2017
report is complete, true and correct Lisa Patrick Printed Name of Sign	t and that I have b	een trained by	the NC State Board of outrice of Appointed Treas	Elections. urer Delivery	10-19-2017 Date
report is complete, true and correct Liga Patrick Printed Name of Sign FOR OFFICE USE ONLY	t and that I have b	een trained by Sign	the NC State Board of Control of Appointed Treas	Delivery Norm	10-19-2017 Date Method nal Mail stered Mail
report is complete, true and correct Liga Patrick Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked:	t and that I have b	een trained by Sign	the NC State Board of Appointed Treas	Delivery Norm Regis Hand	Date Method nal Mail stered Mail Delivered ronically Filed
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report is complete, true and correct Liga Patricks Printed Name of Signs FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned:	t and that I have b	Employ Employ Employ	the NC State Board of Control of Appointed Treas	Delivery Norm Regis Hand Elect	Date Method nal Mail stered Mail Delivered ronically Filed er has not received atory training
report is complete, true and correct Liga Patricks Printed Name of Signs FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form can	t and that I have b er -16-19 -31-19 nnot be used to a	Employ Employ Employ Employ	the NC State Board of Continuous	Delivery Norm Regis Hand Elect Signe mand	Date Method nal Mail stered Mail Delivered ronically Filed er has not received atory training
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report is complete, true and correct Liga Patrick Printed Name of Sign FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form car assistant	t and that I have beer	Employ Employ Employ Employ Employ Employ Employ Employ	the NC State Board of Appointed Treasure of	Delivery Norm Regis Hand Elect Signe mand n as the committee	Method hal Mail stered Mail Delivered ronically Filed or has not received atory training e address, treasurer, changes.

JAN 1 6 2019

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes

No

3. ID Number 1. Committee Full Name (and Fund if applicable) 2. Type of Report Committee to Elect Lisa Patrick Organizational **Total this** 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) \$ 9/4,00 \$ 9/41.00 6) Contributions from Individuals (CRO-1210) \$ \$ (CRO-1220) 7) Contributions from Political Party Committees \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) (CRO-1240) 10) Refunds/Reimbursements to the Committee 11) Other Receipt Sources (CRO-1250) \$ 11a) Interest on Bank Accounts \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ 11c) Outside Sources of Income (CRO-1250) \$ (CRO-1270) 11d) Legal Expense Fund - Other Sources 11e) Exempt Purchase Price Sales (CRO-1265) \$ 9/4,00 9/4:5 \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) EXPENDITURES 13) Disbursements 908. (CRO-1310) \$ 13a) Operating Expenditures 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ 13c) Coordinated Party Expenditures (CRO-1310) (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1420) 15) Loan Repayments \$ (CRO-1320) 16) Refunds/Reimbursements from the Committee \$ (CRO-1510) 17) In-Kind Contributions \$ **18) TOTAL EXPENDITURES** (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 5.88 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ ADDITIONAL INFORMATION (CRO-1330) \$ 20) Non-Monetary Gifts Given to Other Committees 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed by the Committee (CRO-1610) \$ (CRO-1620) 23) Debts and Obligations owed to the Committee 24) Account Transfers Within the Committee (CRO-1720) (CRO-1710) \$ 25) Administrative Support \$ (CRO-1440) \$ 26) Forgiven Loans \$ (CRO-2220) \$ 27) 48-Hour Notice Reports Sum \$ (CRO-1215) 28) Contributions to be Refunded

		rom Individua		Pg		_	Yes No
	_	individual contribution		ontributions und			205 is not used D Number
I. Com	mittee run sam	ne (and Fund Papp) to Elect	I GA DA	Hrick		202	<i>y</i> Number
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(includ	de city state & vin)			housewi		ļ	
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ン-	111 Month	cello (UVI)		or manproyer or a	паораше	<u> </u>	
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	273	Cello (001) , NC (336) 215				\$	914.00
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	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	ssion	d. Co	omments
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			l	c. Employer's Nan	ne/Specific Field		
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	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profes	ision	d. Co	omments
(HIMM-	t titly, source, or map,						
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5. Tot	al of ALL CR	RO-1210 Pages	na ta		1986 S	\$	914.00

Amendment

Amendment

Disclosure Report Cover

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 el	rect Lisar	atrick		
b. Mailing Address (include City, State	and Zip Code)			d. Date Filed
2711 Monticello Co	ourt	RE	CEIVED	10-30-2017
Burlington, NC	27215	.ΙΑ	N 2 2 2019	e. Phone Number
		J	6	334-264-1160
2. Report Year 3. Period Start I		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	ate (mm/dd/yy) 5. Fr	easurer Full Name
2017 10/30/20				isa Patrick
6. Type of Committee (Check Or Candidate Campaign Party	ne) 9. Type Municipa	Contract of the Contract of th	State/County	of report from one category) Referendum
		nizational	Organizational	Organizational
Independent Expenditure Joint	_	ty-five day	Quarterly	Pre-referendum
Legal Expense Fund	annual and a second	orimary	First	Final
	Pre-e	election	Second	Supplemental Final
7. Type of Fund (if applicable, co		unoff	Third	Annual
Booster Fund	Sem	i-annual Mid Year	Fourth Semi-annual	Special Special
Building Fund	li:	Year End	Mid Year	10. Special Report Name
Other:	Fina		Year End	To. Special Report Number
8. Number of Fundraisers this R	Report Spec	ial	Final	
O			Special	
11. Account Information		PROPERTY AND PERSONS AND PERSO	ccount Information	
a. Financial Institution Full Name	A [.]	a. Fin	ancial Institution Full Na	ame
Proponent Federal	Credit Union			
b. Purpose	c. Account Code	b. Pur	pose	c. Account Code
campaign	1234			
Carripary	d. Period Begin Balance			d. Period Begin Balance
	\$ 5.88			\$
CERTIFICATION	and the second s			
I certify that the Committee or Fund	l is in compliance with	all applicable	provisions of Article 22	A, 22B & 22D-22M of Chapter 163
of the NC General Statutes and that	no funds are comming	led with prohi	bited or other non-discl	osed funds. I further certify that this
report is complete, true and correct	and that I have been tr	ained by the N	C State Board of Election	
Lisa Patrick		Lis	n Fatro	12/31/17
Printed Name of Signer		Signature	of Appointed Treasurer	Date
FOR OFFICE USE ONLY	dh i a			
Date Received:	2-19	Employee:	<u> 76</u>	Delivery Method ☐ Normal Mail
Date Postmarked:		Employee:		Registered Mail Hand Delivered
Date Scanned:	31-19	Employee:	JG	Electronically Filed
				☐ Signer has not received
Data Data Entanad.		Employee:		
Date Data Entered:		Employee:		mandatory training
Please Note: This form can	not be used to amend	d committee i		e committee address, treasurer,
Please Note: This form can assistant to	not be used to amend	I committee i	mation, or account in	e committee address, treasurer, formation.
Please Note: This form can assistant to	not be used to amend	I committee i	mation, or account in	e committee address, treasurer, formation.
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Please Note: This form can assistant t You must amend th	not be used to amend	I committee i	mation, or account in	e committee address, treasurer, formation.

Detailed Summary Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable) 2. Type of		ID Number
Committee to elect LisaPAtrick Year		
Start of Election Cycle: January 1,	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ \$.88	\$ 5.86
RECEIPTS		Control of the Contro
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1214.11	\$ 12/4/11
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)	\$ 124.11	\$ /2///*//
<u>EXPENDITURES</u>		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 697.90	\$ 690,00
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)	\$ 1500 90	\$ 46.77,90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 522.09	\$ 522.09
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	<u> </u>	
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) CRO-1100 NC State Board of Elections	\$	\$ August 2008

		rom Individual individual contribution		contributions	Pg / of under \$50 if form	/ CRO	Amenda Yes 1205 is n	<u> </u>	日No d
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	omnitted	e lo elect L	ISA PAMI	nck					
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L	ISA PATA	ick Const			Name/Specific Field	A C			ļ
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Disbursen	nents				Pgo	. 4	Amendment Yes No
	o report expenditures	s from the commi	ttee for o	operating ex			
committees and	d coordinated party ex	xpenditures		7- 0	P,		-
1. Committee I	Full Name (and Fun	id if applicable)	- Lac	IZ			2. ID Number
	nittee to ele						
3. Type of Dish		e use separate Cl					
Operating Exp4. Payee Inform	NAMES OF THE PROPERTY OF THE P	ontributions to Candid	lates/Politi	V		ordinate	ed Party Expenditures
Particular and Control of the Contro	mation Mailing Address & Ph	hone			Remove ted Committee Nan	70	d. Comments
				D. Coor arm.	eu Commune	le	1. Comments
Apostolic	Pentecostal Webb Av	Muitt					
707 E.	webb Av			THROUGH	istered (Specify)		
Birling	ton, NC 270	215		Federal State	County:		e. Election Sum to Date
(336) 437	-2144						\$ 40.00
f. Account Code	g. Form of Payment	h. Purpose Code			j. Amount		quired Remarks
1234	cash	F	101:	30/2017	\$ 40.00	e	lection products
		·			\$		
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ling Address & Phone				ed Committee Nam	ie d	1. Comments
(include city, sta					and the second s		educinism made and a programmy and a
Walmart 3141 Gare	In Od			a I avel Regi	stered (Specify)		
a. dination	1, NC 27215			Federal	County:		
Der migra	1100 0.			State	Municip Municip	ality: e	e. Election Sum to Date
(336) 584-	6400						\$ 66.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	The state of the s	j. Amount		quired Remarks
1234	cash	F	1013		\$ 8.98	NAME AND ADDRESS OF THE OWNER, TH	quipment
1234	Cash	F	THE REAL PROPERTY.		\$ 47.85	le	lectionproducts
4. Payee Inforn					Remove		
	ling Address & Phone			b. Coordinate	ed Committee Nam	e d	l. Comments
(include city, stat	te, & zip)						
11				c. Level Regis	stered (Specify)		
. 544	eabove			Federal	County:		
				State	₽ Municipa	ality: e	. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)		k. Req	uired Remarks
1234	CASh	T	11/5	18/2017	\$ 9.80	C	ampaign postage
10-					\$		
5. Total only th	is Page						\$ 106.63
6. Total of ALL	CRO-1310 Pages						\$ 106.63 \$ 697.90
	line 13a of Detailed Sum						\$ 697'10

7. Purpose Codes (List detailed expenditure code in (h.) above)

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

A	- Media	
1.7		
207	G 1 '	

B* - Printing

D - To Another Candidate

E - Salaries

F* - Equipment

C* - Fundraising G - Political Party

I - Postage

J - Penalties

K* - Office Expenses

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k)

T		
1 110	bursement	C
	MAT DOTITORS	w

			. 1	Amendment	
Pg	2	of	4	Yes	₫ Ño

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee I	Full Name (and Fur	nd if applicable)		<u> </u>		2. ID Num	ber
Comm	ittee to elec	+ Lisa Ya	FNCK	and and an area			ANALY STREET,
3. Type of Dish	oursement (Pleas	se use separate Cl	RO-131	0 forms for	each type of Dis	oursement.)	
Operating Exp		ontributions to Candid			CORNER CONTRACTOR CONT	ordinated Party Exper	nditures
4. Payee Inform	mation			Add 🗖	Remove		
· ·	Mailing Address & Pl	hone		b. Coordinat	ted Committee Name	e d. Comments	
(include city, state,	, & zip)						
Christine	e Valiny Charly inc	p : ∰ **		Y avel Reg	· (Cmanifu)		
1210 9	Charles	1 En		c. Level Regi	istered (Specify) County:	and a second of the	
Park S. Or	The fill of the	1.24		State	☐ County:	e. Election Su	um to Date
(334) 584) - C 90%					\$ 4.2	201 # 71
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date ((mm/dd/yyyy)	li. Amount	k. Required Rema	rks
1234	Cresh		10/3	sale (1)	\$ 233,00	wardrain	e/cosmicha
1234_	CASh	C_{\perp}	111/	2/2017	\$ 28.82	COSM	etics
4. Payee Inforn	mation			Add 🔲	Remove		
	ling Address & Phone		<u></u>	b. Coordinat	ted Committee Name	d. Comments	
(include city, sta	ite, & zip)		nava a nava na nasanana				
				- I aval Degr	· 4 (Empoify)	_	
	H			c. Level Regis	istered (Specify) County:		
				State	Municipa	lity: e. Election Su	ım to Date
						s	
			· · · · · ·	<u></u>	<u> </u>		···
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (j. Amount	k. Required Remai	
1234	3.7.2.2		1110	312011	\$ 60.89	COSME	etics
					\$		
4. Payee Inforn				Add 🔲	Remove		
	ling Address & Phone			b. Coordinate	ted Committee Name	d. Comments	
(include city, stat	te, & zip)						
Belk	· in Day		İ	c Level Regi	istered (Specify)	_	
13187 War	termili Drive	and the second	Í	Federal	County:		
Rivlingto	on, NC 27215	5	I	State		lity: e. Election Sur	m to Date
(336) 584	4 - 8282		l			\$ 28 '	2. (2 2. (2
	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)		k. Required Remar	rks
1234	cash]	101,	1 12 14 17	\$ 13,52	Pode St.	. Princhall
1234	cash		12/	:1/2017	\$ 144.30	Plaction	101 Which's
5. Total only th		<u> </u>		<u> </u>	<u> </u>	\$ 35	3,99
	L CRO-1310 Pages						en silv
	i line 13a of Detailed Sun		on if Ope	rating Expense	oe)	1, 10	77.90
	i line 13b of Detailed Sun						•
	line 13c of Detailed Sun						
7. Purpose Co	odes (List detailed	d expenditure code	e in (h.)	above)			
A* - Media	B* - Printi	ing	C* - Fu	undraising		Another Candidat	
E - Salaries	F* - Equip			litical Party		lding Public Of	
I - Postage	J - Penalti	ies	K* - O	ffice Expens	ses Q* - Do	nation to Legal	Expense Fund
O* Other * Codes requir	re detailed explanati	thoringer of oot	omarke	ffold (b)			
" Conce i comi	C UCLANCU CADIANAS	JOH III I CYUII Cu a	CHIMI DO	TICIU (N)			

Disbursements	Pg	3	of	4	Amen	idment Yes	О	No
Use this form to report expenditures from the committee for operating e	xpense	s, contr	ibutio	ons to ca	andida	ite/pol	itical	
committees and coordinated party expenditures	Pari in construction of a construction of	macana and a second						
The second secon	CONTRACTOR STREET	AND DESCRIPTION OF THE PERSON NAMED IN	HONOR PROPERTY.	CONSTRUCT NO THROUGH	100 St. 7550	SECRETARY ADDITIONAL	STATE OF THE PARTY	ACTION AND DESCRIPTION

L. Committee B	full Name (and Fun	d if applicable)				2, ID) Nur	nber
Comp	nittee to ele	ect Lisa Pa	atricl	<			
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Pg	4	of	4	□ Y	es	No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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	re detailed explanati	on in required :	cemarks	field (k)	okijamori Balantika			

Amendment

Disclosure Report Cover

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 Lisa Patrick	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
2711 Monticello Court	06/30/2018
Burlington, NC 27215	e. Phone Number
	336-264-1160
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/y	
2018 01/01/2018 04/30/2018	Lisa Patrick
Control Contro	one type of report from one category)
Candidate Campaign Party Municipal State/Cour	Section 1997 and 1997
	izational Organizational
☐ Independent Expenditure ☐ Joint Fundraiser ☐ Thirty-five day Quarte ☐ Legal Expense Fund ☐ Pre-primary ☐ F	rly Pre-referendum
	econd Supplemental Final
	hird Annual
	ourth Special
☐ Building Fund ☐ Mid Year Semi-a	
Year End N	Iid Year 10. Special Report Name
Other: Final Y	ear End
8. Number of Fundraisers this Report	
Specia	
11. Account Information 11. Account Info	rmation
a. Financial Institution Full Name a. Financial Instituti	
Proponent Federal Credit Union	
b. Purpose c. Account Code b. Purpose	c. Account Code
1224	
campaign 1234	
ar a vitou Dogini Dilinino	d. Period Begin Balance
\$ 522.09	\$
CERTIFICATION	
I certify that the Committee or Fund is in compliance with all applicable provisions of of the NC General Statutes and that no funds are commingled with prohibited or other report is complete, true and correct and that I have been trained by the NC State Board	non-disclosed funds. I further certify that this
Lisa Patrick Lisa Tati	06/30/2018
Printed Name of Signer Signature of Appointed Tr	easurer Date
FOR OFFICE USE ONLY	
Date Received: 1-22-19 Employee: <u>JG</u>	<u>Delivery Method</u> ☐ Normal Mail
Date Postmarked: Employee:	Registered Mail Hand Delivered
Date Scanned: 1-31-19 Employee: JG	Electronically Filed
Date Data Entered: Employee:	Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information so assistant treasurer, custodian of books information, or ac You must amend the Statement of Organization (CRO-2100A-E)	count information.

CRO-1000

NC State Board of Elections

RECEIVED JAN 2 2 2019

August 2008

Detailed Summary

Amendment

Yes No

Use this form to communicate the distance of the form to the state of		☐ Yes
Use this form to summarize all disclosure reporting forms and to total months. Committee Full Name (and Fund if applicable) 2. Type of	Report 3.	ID Number
	Year	
Start of Election Cycle: January 1, 2018 - 6/30/8	Total this	Total this
4) Cash on Hand at Start	Reporting Period	* 522+08
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$
6) Contributions from Individuals (CRO-1210)	\$ 1661.30	\$ 1667.00
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	eran week participated as	
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)	\$ /600 12	\$
EXPENDITURES		
13) Disbursements	The second of the second of	
13a) Operating Expenditures (CRO-1310)	\$ 2/3/10	\$ 2134.69
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)	\$ 2139.69	\$ 2134.69
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 48.40	\$ 48.40
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)	\$	Secretary to the secretary that
23) Debts and Obligations owed to the Committee (CRO-1620)	\$	
24) Account Transfers Within the Committee (CRO-1720)	\$	organia energia de la compansión de la compansión de la compansión de la compansión de la compansión de la comp
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)	\$	\$
CRO-1100 NC State Board of Elections		August 2008

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A COMPANY OF THE	S VILLE						\$ 71,21	

(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)

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

\$ 2134.6º

O* Other

CRO-1310

*Cedesrequire detalled explanation in requires remarks field (k) NC State Board of Elections

December 2009

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IJ	Sual Schien	13

	_			Amendment	/
Pg	2	of	11	☐ Yes	No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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Cor	nmittee to	elect h	-15a	Patric	K				
	ustanens (Press								
Operating Exp		tributions to Candid	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	cal Committees		and a programme of the street of the	ordinate	ed Party Expenditures	
d Payee Inform a Full Name, M	ailing Address & Ph	one		b. Coordinat	200	CAS CO. CO. SALVEY SALV	e l	d. Comments	
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121051	Movan Street			☐ Federal		County:			
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(33)	186-1186							\$ 100.00	
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l billion				State		Municipa	ality:	e. Election Sum to Date	9
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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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C* - Fundraising

D - To Another Candidate

E - Salaries I - Postage

F* - Equipment J - Penalties

G - Political Party K* - Office Expenses H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

O* Other

* Codes require detailed explanation in required remarks field (k) CRO-1310

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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political

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Amendment **Disbursements** ☐ Yes Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures Committee Stuli Name (and Duni if Applicable) ommittee to elect Lisa Patrick C. Prograf & Mission sements. Selected by exercising selected by the country for each special electronistics. Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Atia Remove d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) FORD LIOIT 2600 Parada PU c. Level Registered (Specify) ___ Federal County: Besting to 110 272 10 Municipality: e. Election Sum to Date ☐ State k. Required Remarks . Date (mm/dd/yyyy) g. Form of Payment h. Purpose Code Account Code 04/08/2018 1234 CQ517 d. Paveel information Add Remove b. Coordinated Committee Name d. Comments . Full Name, Mailing Address & Phone (include city, state, & zip) Dillard S Alamance Crossing c. Level Registered (Specify) Federal County: Burlingtoll State Municipality: e. Election Sum to Date (38), 538- 241X k. Required Remarks h. Purpose Code . Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount 300,00 234 Palabras Co. Worsan 04/04/2018 4. Payee Information Add 🔲 Remove b. Coordinated Committee Name . Full Name, Mailing Address & Phone d. Comments (include city, state, & zip) Dollar Gevieral Star # 09300 c. Level Registered (Specify) 2631 Kumada Rd BUD - 97017, NC 27215-5432 Federal County: ☐ State Municipality: e. Election Sum to Date 5351 226- 3245 k. Required Remarks . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) i. Amount 1 ash to a ciprochets cash (18 Voice of Avenue (18 Control of Control o (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 (List detailed expenditure code in (is) 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

O* - Donation to Legal Expense Fund

O* Other

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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures i per sami li que san estante con a anabel entir livido e escesa ommittee to elect Lisa Patrick 3. Print of Disbursement - (Please use separate CRO-1310 forms for each type of Disbursement) Coordinated Party Expenditures ✓ Operating Expenses Contributions to Candidates/Political Committees Salava incominion sees Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Lifeway Christian Stores c. Level Registered (Specify) Federal County: Burlingion INT 2725 State Municipality: e. Election Sum to Date (333, 521- 8200 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 04/30/2018 \$ 4,01 Political MODINIES 1234 CUM i. Pavecinformution . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) 6th District Convention c. Level Registered (Specify) Sn Ar School Federal County: Bally Bally arthur Municipality: e. Election Sum to Date State \$ 20,00 k. Required Remarks Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 20100 234 Alli sa 🗖 s Remeye 4. Payer Information . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) DillardS Alamance Close 19 Busington 11 27215 c. Level Registered (Specify) Federal County: State Municipality: 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 18 154.75 04/20/2018 Convertion were reserved cash Chickmic du Page i Tina (II A Che CRe 23 () Pages (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 (List 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 Codesseguire detaller explanation in regulrer remarks field. (£):

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Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

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a. Full Name, N	Mailing Address & Pl	hone	Sint Residence	The second second	ted Committee N	lame	d. Comments
(include city, state		The second second					
#12045	ens Ross 5. Chua	4151			istered (Specify)		
Berling	100, NC 2721	2		Federal State	Coun	•	e. Election Sum to Date
(334)	594-7265	,					\$ 3,33
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	J. Amount	k.	Required Remarks
1234	cash	0	05/1	11/2018	\$ 3, 83		office
					\$		
4, Payes Infor	muition illing Address & Phone				Remove ed Committee N	Jame	d. Comments
(include city, sta	. –	en menemental debug de skepte de Esperient melado hant almine aparise participa		D, Course	M Commission .	Ditte	u. Commento
		,		e Level Regi	stered (Specify)		4
			1	☐ Federal	Coun	ity:	~
				State	☐ Muni	cipality:	e. Election Sum to Date
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Amount	k. F	Required Remarks
			 		\$		
					\$		
4 Payee Inform	mation Iling Address & Phone		Ц	The state of the s	Remove ed Committee N		d. Comments
a. Fun Mame, Man (include city, sta				D. COOR GRAMM	A Commence 1.	Aire	G. Comments
				Y avel Dogi	stered (Specify)		4
				Federal	Count		1

Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Requi	red Remarks
				\$		
				\$		
	is Page				\$	3,33
	ICNALISTO Pages line 13a of Detailed Sum	mary Page CRO-110	N if Operating Expense	s)	s	2/34/49
(This line goes in	line 13b of Detailed Sum	mary Page CRO-110	90 if Contrib to Candida	tes/Political Comm)		,
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	00 if Coordinated Party	Expenditures)		

State

ДŢ	- L	VI	ea	ıa	

B* - Printing

C* - Fundraising

D - To Another Candidate

Municipality:

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage O* Other

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

e. Election Sum to Date

CRO-1310

NC State Board of Elections

December 2009

Disclosure Report Cover Use this form for general report and co

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 Lisa	e Patrick						
b. Mailing Address (include City, Sta	te and Zip Code)				d. Date Filed			
2711 Monticello (ourt				12/31/2018			
BurlingtoniNC	27213				e. Phone Number			
V					336-264-1160			
2. Report Year 3. Period Start	Date (mm/dd/yy) 4	l. Period End	Date (mm/dd/yy)	KEELSHALL TOWN ACCOUNTS AND ADDRESS OF THE PARTY OF THE P	r Full Name			
2018 07/01/2	018	12/31	2018	LISA	PAtrick			
6. Type of Committee (Check (PALICE AND ADDRESS OF THE PROPERTY OF THE PROP	pe of Report	(check only one	type of repo	rt from one category)			
Candidate Campaign Par	12596697-217		State/County		Referendum			
Property Comments	A A STATE OF THE PARTY OF THE P	Organizational	Organizati	onal	Organizational			
		hirty-five day	Quarterly		Pre-referendum			
Legal Expense Fund	Total Control	re-primary	First		Final			
		re-election	Secon		Supplemental Final			
7. Type of Fund (if applicable,	WAS CONTROL OF THE PARTY OF THE	re-runoff	Third		Annual			
Booster Fund	S	emi-annual	Fourt		Special Special			
Building Fund		Mid Year	Semi-annu					
		Year End	Mid		10. Special Report Name			
Other:	Decemen	inal	Year	End				
8. Number of Fundraisers this	Report S	pecial	Final					
0			L Special					
11. Account Information		11.	Account Inform	nation				
a. Financial Institution Full Name		a. Fi	nancial Institution	Full Name				
Proponent Federal	redit Union							
b. Purpose	c. Account Code	b. Pt	ırpose		c. Account Code			
Campaigning	1234							
	d. Period Begin Bala	700			d. Period Begin Balance			
		nce						
	\$ 48.40				\$			
CERTIFICATION								
I certify that the Committee or Fun	nd is in compliance w	ith all applicabl	e provisions of Art	cicle 22A, 22E	3 & 22D-22M of Chapter 163			
of the NC General Statutes and the					nds. I further certify that this			
report is complete, true and correct	et and that I have beer	n trained by the I	NC State Board of	Elections.				
1	,	\$	()//		12/2/22/2			
LISATATACA		100	at all	<u> </u>	12/3/12018			
Printed Name of Sign	er	Signature	e of Appointed Treas	urer	Date			
FOR OFFICE USE ONLY								
Date Received:	-22-19	Employee:	JG		ivery <u>Method</u> Normal Mail			
Date Postmarked:	<u> </u>	Employee:		_ 📮	Registered Mail Hand Delivered			
Date Scanned:	-31-19	Employee:	JG		Electronically Filed			
Date Data Entered:		Employee:			Signer has not received			
		Mostalian selections and a		CONTRACTOR PROPERTY CONTRACTOR	mandatory training			
Please Note: This form ca								
	treasurer, custodia							
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.								

CRO-1000

NC State Board of Elections

August 2008



Amendment ⊡ No ☐ Yes

Detailed Summary Use this form to summarize all disclosure reporting forms and	to total mo	natory information	Amendment Yes No
	2. Type of		3. ID Number
Committee to elect Lisa Patrick	Yea	r End	
Start of Election Cycle: January 1,	131/2018	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 48.40	\$
RECEIPTS	******************************		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 0	\$
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	TO SERVICE OF THE PERSON OF TH		
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)	\$ <i>(</i>)	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,55	\$ 4,55
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)	\$ 4,55	\$ 4.55
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 43.80	\$
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)	\$	\$

Disburser					Pg	of _	Amendment Yes No
committees an	d coordinated party e	xpenditures	ttee for o	operating ex	penses, contr	ibutions	to candidate/political
1. Committee	Full Name (and Fu	id if applicable)	. D.	LINI		350	2. ID Number
Com	imitee to e	elect US	K PK	IFICI			
3. Type of Dis	Name of the second second second second second second second second second second second second second second	e use separate C.				Disburs	<u>ement.)</u>
Operating Ex		ntributions to Candid	Strander Strander	and a supplemental		Coordina	nted Party Expenditures
4. Payce Infor	mauon Mailing Address & P	hone	L	Add D. Coordinat	Remove de Committee	Name	d. Comments
(include city, stat	•						
Walmar		1 4- C					
Burling	t fon,NC 2721 04-6400	Carlos		C. Level Kegi	stered (Specify		-
1221 158	4-6400			☐ State			e. Election Sum to Date
(2301)	•						s 3 • 17
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy)	j. Amount	k. F	lequired Remarks
122,4	Cash	TK		10612018	\$		office supports
		1	1		\$		<u>,</u>
4. Payee Infor	mation			Add 🔲	Remove	(8) (F) (F)	50 TO 100
	iling Address & Phone	2000		b. Coordinate	ed Committee !	Vame	d. Comments
(include city, st	ate, & zip)						
Dollar (ree Starts In	~		c. Level Regis	stered (Specify)	
Burling	tond, NC			Federal	Cou	•	
,				State	<u>∟⊿</u> Mun	icipality:	e. Election Sum to Date
							\$ 1.38
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			equired Remarks
1204	Casi	K	(1)	00 2018	\$ 1.38		office supplies
					\$		
4. Payee Infor	mation -			Add 🗆	Remove		SA SATURE.
	iling Address & Phone			b. Coordinate	ed Committee N	lante	d. Comments
(include city, st	ate, & zip)						
					tered (Specify)		
				Federal State	Cour	•	e. Election Sum to Date
	9			State	I WALL	странту.	
							\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (ı		j. Amount	k. R	equired Remarks
			ļ		\$		
					\$		
5. Total only ti				resta per esta de la composición de la composición de la composición de la composición de la composición de la			\$ 4,55
THE RESERVE OF THE PARTY OF THE	L CRO-1310 Pages						s 4,55
-	n line 13a of Detailed Sur n line 13b of Detailed Sur					mm)	\$ 4
_	n line 13c of Detailed Sur						
CERON STREET CONTRACTOR CONTRACTOR	odes (List detailed	CONTRACTOR OF STREET, SEC. AND STREET, SEC.	NAME OF THE PARTY	TOTAL CONTRACTOR OF THE PARTY O			
A* - Media	B* - Printi			ındraising			her Candidate
E - Salaries - Postage	F* - Equip J - Penalti			itical Party ffice Expens			ng Public Office Expenses on to Legal Expense Fun
O* Other	a - i citatti	~ 0	4x - U	LIVE EINDUIG	v.	vuati	on to regai pyhense ran