Disclosure Re	Amendment							
	eneral report and comm	ittee informat	ion, must be	signed and sub	mitted along with	Yes No other detailed forms.		
Do not use this form	n to update information	1			Ü			
1. Committee Info	rmation							
a. Full Name						c. ID Number		
Callawa	1		iCi I			XCL 687		
b. Mailing Address (inc	lude City, State and Zip C	ede)				d. Date Filed		
						9/20/17		
	e. Phone Number							
						919-695-3232		
2. Report Year	3. Period Start Date	(mm/dd/yy)	4. Period I (mm/dd/yy)	End Date	5. Treasurer Fu	ıll Name		
2017	7/1/17		8 29	17	Laurer	Maxey		
6. Type of Commit	tee (Check One)	9. Typ	e of Report	(check on	ly one type of repo	ort from one category)		
Candidate Camp	=	Municip	Control of the Contro	State/Co		Referendum		
PAC Independent	Referendum		Organizational		Organizational	Organizational		
Expenditure Legal Expense F	Joint Fundrai	ser 🔀	Thirty-five day		Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)		Pre-primary		First	Final		
Booster Fund"			Pre-election		Second	Supplemental Final		
Building Fund			Pre-runoff		Third	Annual		
			Semi-annual		Fourth	Special		
Other:			Mid Year		Semi-annual	10 C		
Other:		IH	Year End Final		Mid Year Year End	10. Special Report Name		
8. Number of Fund	raisers this Report		Special		Final			
					Special			
11. Account Inform	nation			11. Account I	nformation			
a. Financial Institution				a. Financial Insti	tution Full Name			
The state of the s	edit Union							
b. Purpose	c. Account Code			b. Purpose		c. Account Code		
Campaign expense	LAt 2							
expense	d. Period Begin I	Balance				d. Period Begin Balance		
aq	\$ 100.0	0				\$		
CERTIFICATION								
						B, & 22D-22M of Chapter 163 of		
						ls. I further certify that this report		
is complete, true and	d correct and that I have		by the NGS	tate Board of E	lections.	9/21/2017		
Lenere	Printed Name of Signer-			gnature of Appoint	ed Treasurer	Date		
FOR OFFICE USE O			51	gnature of Appoint	ed Treasurer	Date		
Date Received: 921 2017 Employee: Delivery Method								
Date Postmarke	d		Employees	IN PE	ERSON	Registered Mail		
Date Fostiliarke	u		Employee:	CED	2 1 2017	Hand Delivered		
Date Scanned:			Employee:	SEP	2 1 4011	Electronically Filed		
Date Data Ente	red:		Employee:	DURH	AM BOE	Signer has not received mandatory training		
Please Note: Th	is form cannot be used	to amend con	nmittee infor	mation such as	the committee add	dress, treasurer, assistant treasurer,		

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.	Use this form to	summarize all	disclosure	reporting:	forms and	to total	monetary	information.
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e of Reports		D Number
Day R	<u> </u>	CL 687
<u> </u>	Total this Reporting Period	Total this Election Cycle
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(CRO-1205)	\$	\$
(CRO-1210)	\$ 1150	\$ 1496.52
(CRO-1220)	\$	\$
(CRO-1230)	\$	\$
(CRO-1410)	\$	\$
(CRO-1240)	\$	\$
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(CRO-1250)	\$	\$
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(CRO-1265)	\$	\$
nd 11e)	\$ 1150.04	\$ 1496.52
	44	0745
(CRO-1310)	<u>\$ 2465.03</u>	\$ 2711.55
(CRO-1310)	\$	\$
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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.									
	l coordinated party ex Full Name (and Fun		as the						
Callain			<u> </u>	<u>931 - 35 - 34</u>	3443		2.1D Number メントルタチ		
3. Type of Dish	oursement (Plea	ast use separate C	RO-	-1310 for	rms for each t	yne of Dispussed	vent.)		
Operating I	Expenses	Contributions to Car	ındida	ites/Politica			oordinated Party Expenditures		
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(include city, state.	. & zip)	D. \	Coordinar	ed Committee N	ame	d. Comments			
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Durnam	NC 2770	<i>)</i>		State		Municipality:	e. Election Sum to Date		
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						\$			
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a. Full Name, Maili (include city, state,	ing Address & Phone		b. t	Coordinate	ed Committee Na	ıtne	d. Comments		
G10 Daddy	''' 		-				Website & Email		
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		!	State Municipality:			Municipality:	e. Election Sum to Date		
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(This line goes in l	line 13b of Detailed Sumi	mary Page CRO-1100	if Co	ntrib to Ca	ndidates/Politica		s 2465.03		
	line 13c of Detailed Sum List detailed exp		•		Party Expenauur	es)			
A* - Media	B* - Printing	C* - Fundi	raisin	ng		D - To Another			
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politica K* - Office					Public Office Expenses		
O* - Other			_	_		Ų* - D0แผมขม	to Legal Expense Fund		
* Codes require	e detailed explanatio	on in required re	marl	ks field (ki 🗥 🖂 🗀				

Amendment

Disbursem Use this form to committees and		from the committe	Pg e for; operating expenses	of , contributions to	Amendment Yes No candidate/political
	nil Name (and Fun Ny Toy (Ursement (<u>Plea</u>	d if applicable) , ty (DUN) (se itse separate C)			2.10 Number XCL 684 ordinated Party Expenditures
(include city, state,	ng Address & Phone & zip)			Remove	d. Comments Campaign +-Shire
	ikey Dosigod st # 1 in NC 27		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date
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Disbursem			Pg	of	Yes No				
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political									
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3. Type of Disb			RO-1310 forms for each t	une of Dichurcom	XCL-687				
Operating E			ndidates/Political Committees		ordinated Party Expenditures				
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HEA OX			c. Level Registered (Specify)						
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	s (List detailed exp		if Coordinated Party Expenditur	res)					
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E - Salaries	F* - Equipment	G - Politica	al Party	H* - Holding	Public Office Expenses				
I - Postage O* - Other	J - Penalties	K* - Office	e Expenses	Q* - Donation	to Legal Expense Fund				
* Codes require detailed explanation in required remarks field (k)									

Disbursements

Amendment

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Amendment

	eipt Sources		Pg	of _		Amendment Yes No			
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Interest		tions from Not-for-Profit			Source	es of Income			
4. Contributor	Maria Maria		Add Ren	***************************************	7.				
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