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	PALIFIED BUS				"杜通江湖"。2018年2月
a. Full Name					c. ID Number
Committee to	Flect F	red f	aiter		43-3749026
b. Mailing Address (include City, State				1	d. Date Filed
Pa Kan K	757				
3 4 4 5 2 7	1 C				e. Phone Number
P.a Box 157 Durbon NC	27704			((919) 479-8305
2. Report Year 3. Period Start		Period End Da	te (mm/dd/yy)	5. Treasure	r Full Name
2017 7/1/20		12/31/20			sked Jr
6. Type of Committee (Check C	ne) 9. Typ	e of Report (c	heck only one	type of repo	rt from one category)
☐ Candidate Campaign ☐ Part		al	State/County		Referendum
PAC Refe	erendum Org	ganizational	Organizati	onal	Organizational
☐ Independent Expenditure ☐ Join	t Fundraiser	rty-five day	Quarterly		Pre-referendum
Legal Expense Fund	☐ Pre-	-primary	First		Final
	☐ Pre-	-election	Secon		Supplemental Final
7. Type of Fund (if applicable,		-runoff	Third		Annual
Booster Fund	Sen	ni-annual	Fourt		☐ Special
☐ Building Fund		Mid Year	Semi-annu		
	10	Year End	Mid '		10. Special Report Name
Other:	Fina		Year Year	End	
8. Number of Fundraisers this	Report Spe	cial	Final		
			Special		-
11. Account Information		11. Ac	count Inform	ation	
a. Financial Institution Full Name		a. Finar	ncial Institution l	Full Name	
Branch Rank &	Trust			79	
b. Purpose	c. Account Code	b. Purp	ose	1 1 1 1 1 1	c. Account Code
0					
Lunde					
^ 4	d. Period Begin Balanc	e			d. Period Begin Balance
Funds	\$186.09		¥		\$
CERTIFICATION					
I certify that the Committee or Fun	id is in compliance with	h all applicable p	rovisions of Art	icle 22A, 22B	& 22D-22M of Chapter 163
of the NC General Statutes and tha	it no funds are commin	gled with prohibi	ted or other nor	-disclosed fu	nds. I further certify that this
report is complete, true and correct	t and that I have been \$	rained by the NC	State Board of	Elections.	and the second second
	(1/ 0			
Jerry Head J	· ·	Yan)	Jeog Q		1-23-2018
Printed Name of Sign	er o	Signature of	Appointed Treasu	ırer	Date
FOR OFFICE USE ONLY	,		5 . 1		
1. 2. 2	124/18	Employee	Xalust	Deli	very Method
Date Received:	1 2 7/10	Employee:	10011-04	- 0	Normal Mail
		F 1			Registered Mail
Date Postmarked:		Employee:			Hand Delivered
Data Cananada		Employees			Electronically Filed
Date Scanned:	<u> </u>	Employee:		-	0'
Date Data Entered:	Ø _{4.5}	Employee:			Signer has not received mandatory training
Please Note: This form car	nnot be used to amer	id committee in	formation such	as the com	mittee address, treasurer,
[1]	treasurer, custodian				
	the Statement of Orga				
	- 0	And the second s			and the second s

CRO-1000

NC State Board of Elections

August 2008

IN PERSON

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		3. ID Number
Corsin Tex to Shet fred faity		43-3749026
Start of Election Cycle: January 1, 2012	Total this Reporting Period	Total this
4) Cash on Hand at Start	\$ 186,09	\$ 100,00
RECEIPTS	TOTAL SERVICE OF COMMENTS OF C	Out of the second of the secon
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 4682,00
6) Contributions from Individuals (CRO-1210)	\$ 1075,0	39 <u>4</u> 0
7) Contributions from Political Party Committees (CRO-1220)	\$.	\$ 500.0
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 37,50
9) Loan Proceeds (CRO-1410)	\$	\$ 100,00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$	\$ 3750
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$.01	\$.01
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$	\$
11c) Outside Sources of Income (CRO-1250)	\$	\$ 47.44
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)	\$ 1075.01	\$ 29357.49
EXPENDITURES		William Control of the Control of th
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 821.10	\$2871249
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$ 200,00
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures (CRO-1315)	\$	\$
15) Loan Repayments (CRO-1420)	\$	\$ 100,00
(CRO-1320) Refunds/Reimbursements from the Committee	\$	\$
(CRO-1510)	\$	\$
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 823,10	\$ 29013.49
(9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 438,00	\$ 438,00
ADDITIONAL INFORMATION	AND THE RESERVE	
	\$	
1) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$	
2) Debts and Obligations owed by the Committee (CRO-1610)	N PERSON	
3) Debts and Obligations owed to the Committee (CRO-1620)	\$	
4) Account Transfers Within the Committee (CRO-1720)	\$ JAN 24 2018	
5) Administrative Support (CRO-1710)	SURHAM BOE	\$
6) Forgiven Loans (CRO-1440)	\$	\$
7) 48-Hour Notice Reports Sum (CRO-2220)	\$	\$
8) Contributions to be Refunded (CRO-1215)	\$	\$

Cont	ributions fr	om Individua	ıls	Ps	of _	<u></u>	Amendment Yes No
Use this	s form to report i	ndividual contribution	ons over \$50 or c	ontributions und			
		ne (and Fund if app	^			2.	ID Number
Co	= Office	to eket o	fed kis	les .		4	12-1749026
3. Cont	tributor Informa	ation	d A	Add L Re	move	la c	Comments
F	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Profe	-	u. C	omments
(Incide	ic city, state, et zip)			Derti	it		
	ail Be			c. Employer's Na	me/Specific Field	-	
1.	208 Rid	de Rd.		Je St		e. E	lection Sum to Date
		JV (27713				\$	
		h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount
	Soz	Day-Pel			12/2/201	7	\$ 75,00
							\$
							\$
3. Cont	ributor Informa	ation	0	Add 🔲 Re	move		
	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ession	d. C	Comments
(includ	le city, state, & zip)			Realte	~		
J	ohn M.	tchell		a Employer's No	ma/Spacific Field	1	
1	1 Herry	751		South		o F	lection Sum to Date
	- 25 - 9	77)		South De De	rhan		lection Sum to Date
1	ushase.	1227713		De,	elopingat	\$	
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	ame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. C	omments
(inciud	le city, state, & zip)	IN PERS	ON	* a			
		III I LIN	JOIN	c. Employer's Na	me/Specific Field		
		JAN 24 2	018			e. El	lection Sum to Date
		DURHAM E	BOE			\$	av ·
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yy	yy)	k. Amount
				129,00			\$
							\$
							\$
4. Tot	al only this Pa	age				\$	1075.00
	A COMPANY OF THE PARTY OF THE P	0			non-content of the second	1	
5. Tot	al of ALL CR	10-1210 Pages				\$	1

Disbursem	nonte				Pg / of	Amendment Yes No
		for the commit	taa for (operating ex		ions to candidate/political
	o report expenditures I coordinated party ex		,66 101 0	peranng on	penses, condition.	ions to candidate, position
	Full Name (and Fun				And the second s	2. ID Number
0	. Hee to a		Ged	Les	Her	47-2749026
3. Type of Disb	oursement (Please	e use separate CR				
Operating Exp	STATE OF THE PROPERTY OF THE P	ntributions to Candida	The second second second second			ordinated Party Expenditures
4. Payee Inform		The second secon	Q		Remove	
a. Full Name, M	Mailing Address & Pho	ione		b. Coordinat	ted Committee Name	e d. Comments
(include city, state,	, & zip)	N 10 10 10 10 10 10 10 10 10 10 10 10 10				
US	25			c. Level Regi	istered (Specify) County:	
2				State	Municipa Municipa	ality: 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
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(include city, stat						
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DAR	S Minny	11.004		Federal	County:	
F.O. 1(1	ex 819			☐ State	☐ Municipa	lity: e. Election Sum to Date
L. Wier	~ NC2739	4	8			\$
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				(h)	\$	
4. Fayee Inform	nation		B	Add	Remove	The state of the s
a. Full Name, Mail	ling Address & Phone			b. Coordinate	ed Committee Name	d. Comments
(include city, stat	te, & zip)	N PERSO	N			
Wis	L. Com	JAN 2 4 2018		c. Level Regis	stered (Specify) County:	
e:		- UDUAN DOE		State	☐ Municipal	lity: e. Election Sum to Date
	U	DURHAM BOE	4		2	\$
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Lotz	Doubt	· A	91	12/2017	\$3,59	Lcb-Site
5. Total only th	is Page	ALL VICTORIAN CONTRACTOR	THE RES			\$ 151.97
BLALLINGS TO STATE BANK GOOD TO BE SEEN	CRO-1310 Pages		N/A			
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(This line goes in	line 13b of Detailed Sum	nmary Page CRO-110	00 if Cont	trib to Candida	ates/Political Comm)	\$ 823,10
(This line goes in	line 13c of Detailed Sum	mary Page CRO-110	0 if Coor	rdinated Party	Expenditures)	Management of the Control of the Con
7. Purpose C	odes (List detailed	expenditure code	in (h.)	above)		N Company of the Comp

O* Other

A* - Media

E - Salaries

I - Postage

B* - Printing F* - Equipment

J - Penalties

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disbursemen

^		~	Amendment		
Pg	2	of	2	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 I	Full Name (and Fur	nd if applicable)				2. ID Number
Cosos	. Hee to	Jest =	Fed	Les	ler_	47-2749026
3. Type of Dish	oursement (Pleas	e use separate Cl	RO-1310	forms for e	each type of Dis	bursement.)
Operating Exp	enses	ntributions to Candid	ates/Politi	cal Committees	s 🔲 Co	ordinated Party Expenditures
4. Payee Inform	nation	A CONTRACTOR OF	Ø	Add	Remove	
a. Full Name, M	failing Address & Pl	hone		b. Coordinat	ed Committee Nan	ne d. Comments
(include city, state	, & zip)	8 2	£ 4			
1					1.00 10	
413	L, Com				istered (Specify) County:	
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				State	L Wanterp	
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002	Doch	1				1 1 6 1
772	F	1 4	10		\$ 194,00	web-Jose
4. Payee Inform				Control of the second second	Remove	A Comment
And the second s	ing Address & Phone	*		D. Coordinate	ed Committee Nam	d. Comments
(include city, sta	te, & zip)	N PERSO	M	-		
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	L	JUNIANI DOL				\$
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P-P>	Dro Ct	14	12/	12/217	\$ 3.99	Leeb Site
4. Payee Inform	nation	grand makes the st	क्री		Remove	
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(include city, sta						
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780	E. Jim Down	eger Jokak	7	State	☐ Municipa	ality: e. Election Sum to Date
Oren		7097				\$
) , ,	h. Purpose Code	i Dota (nm/dd/yyyy)	i. Amount	k. Required Remarks
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	.5				\$	
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(This line goes in	line 13b of Detailed Sur	nmary Page CRO-11	00 if Com	trib to Candida	utes/Political Comm	1, 253,10
	line 13c of Detailed Sun					
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A* - Media	odes (List detailed B* - Printi			indraising	D - To	Another Candidate
E - Salaries	F* - Equip			itical Party		olding Public Office Expenses
I - Postage	J - Penalti			ffice Expens		onation to Legal Expense Fund
O* Other	J - I Cuatu		0			
The second of th	e detailed explanat	ion in required r	emarks	field (k)		tae

TO.						
Di	ςn	III	92	m	Pn	TS

		Amendment							
Pg	3	of	5	☐ Yes	No				

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

	full Name (and Fur			4		2. ID Number
0	. Hee to .	Set =		Less.		47-2749026
3. Type of Dish		e use separate Ci				
Operating Exp	Control of the contro	ntributions to Candid			The Secretary Design of the Edition of the	ordinated Party Expenditures
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(include city, state,	, & zip)		-	-		
Blue	Heating			c. Level Reg	istered (Specify) County:	720
760 .	E. Timpan	uger Ptu	4-	State	Municip	ality: e. Election Sum to Date
Orez	, ut s	4097				\$
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			1	/	\$	
4. Payee Inform	net ne		dD	Add \square	Remove	and the second second
\$100 B. \$30000 \$18,000 - 1000 Y LONG #1,9275	ing Address & Phone	1000000 100000000	- FR)	The second secon	ed Committee Nam	d. Comments
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Fame	Day Mad			c. Level Regi	stered (Specify)	
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Raley	Day Med. westelege &, NCZTO	ワ				\$
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DAG	T 0.1	<i>u</i>	in 1	1		
00-2	Draft	35	12	2/2017	\$ 175,00	Derthing
4. Payee Inforn	nation			Add 🔲	Remove	
Control of Cartilla Control of Control of Control	ng Address & Phone			b. Coordinate	ed Committee Nam	e d. Comments
(include city, stat	e, & zip)	PERSON				
		JAN 2 4 2018		c. Level Regis	stered (Specify) County:	
	DI	JRHAM BOE		State	-	ality: 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
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					\$	
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6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-11	00 if Con	trib to Candida	tes/Political Comm	\$ 23.5
	des (List detailed	and the second second second	To the succession	Courtes and Courtes Described		
A* - Media E - Salaries I - Postage O* Other	B* - Printi F* - Equip J - Penalti e detailed explanati	ng ment es	C* - Fo G - Pol K* - O	undraising litical Party ffice Expen	Н* - Н	Another Candidate olding Public Office Expenses onation to Legal Expense Fund

	ceipt Sources		P		_ □ Yes €	No
party and the second se	to report income not repo		i.e. interest inc	ome, not for profit		
1. Committee	Full Name (and Fund if	applicable)			2. ID Number	
	The to Elect		NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN		43-3749026	
3. Type of Re	ceipt Source (Please us					
Interest		utions from Not-for-Profit			Sources of Income	
4. Contributo			Shint manualty that	emove		No. 14
(include city, s	niling Address & Phone		b. Not-for-Profit	Federal ID#	d. Comments	
		Tried	c. Outside Source	e Explanation		
P.0,	Ed Bank &	11-01		•	e. Election Sum to Date	
wite	n, N C27 290	4			\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y) j. Amount	
JJ2	Deport Direct			7-1-17	\$ 01	
					\$	
4. Contributor			Add 🔲 Re	move		
	iling Address & Phone		b. Not-for-Profit	Federal ID #	d. Comments	
(include city, st	ate, & zip)	RSON				
	JAN 24		c. Outside Source	Explanation	e. Election Sum to Date	
	DORITO	,		İ	\$	
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The same of the contract of th	ling Address & Phone		b. Not-for-Profit	Federal ID #	d. Comments	
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			c. Outside Source	Explanation		
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. Total only	this Page				\$ 401	
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Other Receipt Sources

Amendment