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 i	com to update	mionnation.							
1. Committee In	formation								
a. Full Name			· · · · · · · · · · · · · · · · · · ·						c. ID Number
COMMITTEE TO	DELECT LAUR	HE VENZON		******************	****************	********	*********************	***************************************	***************************************
	January Milor			NA.	arkla	nh	urg Cou	ntv	
b. Mailing Addre	ss (include Cit	y, State and Zip	Code)	***************************************	\## \## \ \## \## \###	1-11-0	ary waa a	111.9	d. Date Filed
1210 SAMUEL S		***************************************		***************************************					
DAVIDSON, NO		•			JAN	1	1 2018		01/09/2018
DITTIDDON, INC	20050								e. Phone Number
				P	nord	ΔĒ	Election	16	(704) 975-1615
				l _o j	VCHV	VI.	E-IGUHUH	i O	(104) 515 1015
2. Report Year	3. Period Star	t Date (mm/dd/v	(')	4. Period I	nd Dat	e (n	om/dd/ev)	5. Treasur	er Full Name
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,						BRENDA I	
2017	10	0/24/2017			12/31/2	017		DICERDA	COLLS
6. Type of Comn	nittee (Check C)ne)	Q Tyn	e of Report	(r)	ar k	nulv one	nne of rem	ort from one category)
X Candidate Can			Munie				te/County	K. K	Referendum
Joint Fundrais				Organizatio	*******	********	Organizatio	nai	Organizational
Referendum	-	al Expense Fund		Thirty-five		_	Quarterly		Pre-referendum
7. Type of Fund		e, check one)		Pre-primary		П	First		☐ Final
"Booster Fund	******************************			Pre-election		Ħ	Second		Supplemental Final
☐ Building Fund	•			Pre-runoff	•	H	Third		Annual
	lection Year Can-	didates Fund	ш	Semi-annual		H	Fourth		Special
☐ NC Public Can				Mid Ye			Semi-annual	1	- opecial
No respic can	iipaigii I mancing	1 000	_	Year E	_	_	Mid Ye		10. Special Report Name
Other:				Final	10	Η	Year Er		to. Special Report Name
		T 10 1 10 1 10 10 10 10 10 10 10 10 10 10	ä	Special		H	Final	10	
8. Number of Fu	maraisers inis	Keport	Ц	орестат					
	0						Special		
3. Account Infor	mation				3. Acc	o m	t Informati	ON	
a. Financial Inst		me		te against the second second				n Fuli Nam	ie
BB&T		***************************************	***************************************		BB&T				· · · · · · · · · · · · · · · · · · ·
DDCI					DDCI				
b. Purpose		e. Account Cod	e		Ե. Рա դ	ose		····	c. Account Code
COLLECTION A	ND					*******	CAMPAIG	······································	
DISBURSEMEN		LA'	V2017						LAVCC
FUNDS	113 01	d. Period Begin	Balan	ICE	EXPENSES			d. Period Begin Balance	
TONDO									
		S		1,603.62					8
CERTIFICATIO	W								
		ne Fund is in so	mutian	ca with all s	unnlical	da e	rasieiane	of Article 7	2A, 22B & 22D-22M of
									other non-disclosed
_						-	-		ed by the NC State Board
iuius. riuin	iei ceimy mai i	nas report is co	mbiere	, itue anu c	onect a	miu i	man i mave	Deell frank	ed by the NO state board
	Brand	Kalle			///	de de	11.		01/09/2018
	rinted Name of S	<u>K-6/1/5</u>			1 / / / / / / / / / / / / / / / / / / /	100	ointed Trea	MERC	Date
<u>. </u>		igites		សធ្វេរ	ar Die Oi	Apı	Jointed Tiea	201 £1	Date
FOR OFFICE U						Λ	1 .	_	
Date Receiv	ed: Macri	denburg Co	ounty	Emplo	vee	Ü			livery Method
	1410-	7-1/		•	•			- <u>冷</u>	Normal Mail
Date Postma	arked:	LANE 4 \ 201	A	Emplo	vee			ᆜ	Registered Mail
		JAN 1 1 EU 1		F	, · · · •	Λ	$\Delta \Delta \Lambda$	- □	Hand Delivered
Date Scanne	ed:		_	Emplo	vee		ピア	لا	Electronically Filed
	n n	ard of Elect	เดกร		· •			-	
Date Data E	ntered:	MIN		Emplo	vee				Signer has not received
				T	, ,			-	mandatory training
Please Not	e: This form c	annot be used	to ame	nd committ	ee info	mat	ion such a	s the comm	ittee address, treasurer,
		nt treasurer, cu							
•									
i '	i ou must amen	d the Statemen	t OI Utj	gamzauön (UKU-2	100/	n-e) to mak	te committe	e changes.

Detailed Summary Use this form to summarize all disclosure reporting forms an	d to tutal m			mendment 1 Yes 🏿 No
	2. Type of Rep		3. ID	Number
	***************************************	d Semi-Annual	**********	
Start of Election Cycle: January 1, 2016		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 1,603.		
RECEIPTS			·	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 50.	00 \$	470.00
6) Contributions from Individuals	(CRO-1210)	\$ 977.	59 \$	13,092.07
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.	00 \$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.	00 S	0.00
9) Loan Proceeds	(CRO-1410)	\$ 0.	00 \$	0.00
 10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.	00 \$	250.00
II) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	s 0.	00 \$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)		00 \$	
11c) Outside Sources of Income	(CRO-1250)	\$ 0.	00 \$	0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.	00 S	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.	00 \$	0,00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	ildandile)	\$ 1,027.		
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2,618.	76 \$	12,843.98
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.	00 \$	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.	00 \$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 12.	45 \$	353.61
15) Loan Repayments	(CRO-1420)	\$ 0.	00 \$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$ 0.	00 \$	0.00
17) In-Kind Contributions	(CRO-1510)	\$ 0.	00 \$	614.48
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 2,631.	21 \$	13,812.07
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 0.	00 \$	0.00
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)		00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)		00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$ 0.	00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	<u> </u>	00	
24) Account Transfers Within the Committee	(CRO-1720)	\$ 0.	00	
25) Administrative Support	(CRO-1710)	\$ 0.	00 \$	0.00
26) Forgiven Loans	(CRO-1440)	\$ 0.	00 \$	0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	<u> </u>	00 \$	
28) Contributions to be Refunded CRO-1100 NC State Board	(CRO-1215)	\$ 0.	00 \$	0.00 Assesset 2008

		. ,		j			
		outions from I t NC Contributions	ndividuals Page From Individuals of \$		1	Amendm Yes	ent XI No
COMMITTE	e Full Name (and l E TO ELECT LAUI or Information	Fund if applicable) RIE VENZON			2. ID N	Yumber	
a. Amend		c. Form of Payment	d. In-Kind Description	e. Date (mm/d	d/yyyy)	f. Amoun	t
Add Remove	LAV2017	Draft		11/01/20	17	\$	50.00
4. Total or	nly this Page				\$		\$50.00
	f ALL CRO-12 nust be on line 5 of D	05 Pages etailed Summary Page	CRO-1100)	******	s		\$50.00
CRO-1205		N	C State Board of Elections				April 2007

Amendment **Contributions from Individuals** Pg 1 of ☐ Yes X No 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 LAURIE VENZON 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SENIOR VICE PRESIDENT & MICKEY BAUCOM COMPANY DIRECTOR c. Employer's Name/Specific Field 15715 JUNE WASHAM RD DAVIDSON, NC 28036 TEKMATEX, INC 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 Draft LAV2017 10/27/2017 \$ 100.00 \$ Ś 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CONSULTANT LAURIE VENZON c. Employer's Name/Specific Field 1210 SAMUEL SPENCER PKWY DAVIDSON, NC 28036 SELF-EMPLOYED (704) 975-1615 e. Election Sum to Date 1,384.75 f. Prior g. Account Code h. Form of Payment k Amount i. In-Kind Description j. Date (mm/dd/yyyy) Check LAV2017 11/24/2017 \$ 802.59

13412 F	OBERT WALKEI	R DR		c. Employer's Name/Specific Field FAMILY HEALTHCARE OF LAKE NORMAN				
DAVID	SON, NC 28036						ection Sum t	o Date
						\$		75.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	. 1	k: Amount	
	LAV2017	Check			10/24/2017		\$	75.00
							\$	
							\$	
4. Tot	al only this Pa	ge				S		977.59
	al of ALL CR	O-1210 Pages 6 of Detailed Summary F	Page CRO-1100)			s		977.59

☐ Add ☐ Remove

MANAGER

b. Job Title/Profession

3. Contributor Information

(include city, state, & zip)

VINCE WINEGARDNER

a. Full Name, Mailing Address & Phone

\$

\$

d. Comments

Disbursem	ents				D.	1 of	2	Ame \[\sum_{\text{Y}} \]	ndment _{'es} XI No
	report expenditures	from the committe	e for o	perating exper				- 1	
	coordinated party ex		,	borgen 2 cuber			J114 14	canala	.c. ponticai
1. Committee Fu	ull Name (and Fund	f applicable)						2. ID Nu	mber
COMMITTEE T	O ELECT LAURIE V	ENZON							
3. Type of Disbu	irsement <u>(Please</u>	use separate CRC	-1310	fonns for eac	li type	of Disbu	rseine	nt.)	
X Operating Ext	penses 🔲 Cont	ributions to Candidat	es/Polit	ical Committees		Coc	ordinate	ed Party E	xpenditures
4. Payee Inform				Add 🔲	Remo	ve			
	ailing Address & Ph	one		b. Coordinate	d Com	mittee N	me	d. Comm	ents
(include city, sta	ıte, & zip)	*******************************							
ABNO GROUP				c. Level Regis		C56.A			
	OSS CENTER COUR	T		Federal	iterea (County			
HUNTERSVILL	E, NC 20030			State	Ē			e. Electic	n Sum to Date
				***************************************	***************************************			*****************	(tord-databa-p-p-p-1-)-1
	,							\$	1,000.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	*********	***************************************	quired R	**********
LAV2017	Check	0	1	0/26/2017	\$	1,000.00	CAM	PAIGN C	CONSULTING
					\$		FEE		
4. Payee Inform	ation			Add 🔲	Remo	ve			
a. Fuli Name, M	ailing Address & Ph	one		b. Coordinate	d Com	mittee N	ame	d. Comm	ients
(include city, sta	ıte, & zip)	12.Te.TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
BNR BRANDIN	G SOLUTIONS								
	OSS CENTER CT			c. Level Regis	****************	17:::::::::::::::::::::::::::::::::::::			
#166	77 N.G. 60050			Federal State		County:		a Flantia	n Sum to Date
HUNTERSVILL	E, NC 28078			- orace		1 Moniet	anty.	107-04-711111111111111111111111111111111) is Jum to Date
								\$	5,405.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Am	ount	k. Re	quired R	emarks
LAV2017	Check	О	1	1/24/2017	\$	905.00	WEB	SITE HO	STING,
					s		DIGI	TAL MA	RKETING &
4. Payee Inform	ation			Add 🔲	Remo	Ve.		Value Value	
	ailing Address & Ph	Otte		b. Coordinate		,,	anie	d. Comm	ents
(include city, sta	**				***************************************		4	***************************************	***************************************
BB&T CREDIT				"					
130 HARBOUR	PLACE DR			c. Level Regis	************				
STE 130				☐ Federal	Ļ	County:		774 15	
DAVIDSON, NO	28036			State	<u>F</u>	Municip	ality:	e. Llectio	n Sum to Date
								\$	2,344.83
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	· (mm/dd/yyyy)	j. Am	ount	k Re	quired R	emarks
LAV2017	Draft	o	1	1/08/2017	\$	313.76	CRE	DIT CAR	D PAYMENT
					\$				
5. Total only thi					 Valentata			٥	0.210.7/
								S	2,218.76
	CRO-1310 Pages						White		
	in line 13a of Detailed . in line 13b of Detailed .		-			Ballidani C	·	\$	2,618.76
	in line 130 of Detailed !						onmy		
	odes (List detailed								
A* - Media	B* - Printi			undraising	erreite teate.	D - To	Anofl	ner Cand	date
E - Salaries	F* - Equipm			litical Party					office Expenses
I - Postage	J - Penaltic			Mice Expense	s				al Expense Fund
O* Other				•		•		-	•
* Codes requir	e detailed explanation	n in required ren	ıarks f	leld (k)					

Disburseme	ents				Pg	2 of	2	Amenda Yes	
	eport expenditures pordinated party ex	from the committe	e for o						
	l Name (and Fund i					, 13 and 14 a	-Adadesis	2. ID Numb	ær
COMMITTEE TO	ELECT LAURIE V	ENZON							
3. Type of Disbur		use separate CRO		*******************************	type				
X Operating Exper		ributions to Candidate				☐ Coo	cdinat:	ed Party Exp	enditures
4. Payee Informat				Add 🔲	Remo	ve			
a. Full Name, Mail	ing Address & Ph	one		b. Coordinated	i Con	mittee Na	me	d. Commen	1ts
(include city, state, & zip) SAVVY STRATEGIES 386 GOODRUM ST DAVIDSON, NC 28036			3.11	c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum					Sum to Date
f. Account Code g	Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	i, An	ount	lt. Re	S quired Rem	,
LAV2017	Check	0	t	1/08/2017	S			IPAIGN OPI	***************************************
				1700,2017	\$	100103	FEE	armon, cri	301110110
5. Total only this	Page							\$	400.00
(This line goes in	line 13a of Detailed . line 13b of Detailed .	Summary Page CRO- Summary Page CRO- Summary Page CRO-	-1100 ij	f Counib to Caud	lidates		onnn)	\$	2,618.76
7. Purpose Cor	les (List detaile <i>d</i>	1 expenditure code	in (h.)	above)					
A* - Media	B* - Printir	ng	C* - F	fundraising		D - To	Anot	her Candida	ite

CRO-1310

E - Salaries

I - Postage O* Other

F* - Equipment

J - Penalties

* Codes require detailed explanation in required remarks field (k) NC State Board of Elections

G - Political Party

K* - Office Expenses

December 2009

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Aggregated	Non-Media	Expenditures
------------	-----------	--------------

		Iedia Expendi ort NC Non-Media		Page_ f \$50 or less.	1 of 1		Amendment ☐ Yes 🗵 No	
1. Committe	e Full Name (and	l Fund if applicable)			2. ID Numb)el'	o cara camban a Ela	
COMMITTEE TO ELECT LAURIE VENZON								
3. Payee Inf								
n. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount		g. Required Remarks	
Add Remove	LAV2017	Draft	О	10/27/2017	\$	8.ZU	ONLINE DONATION SERVICE CHARGE	
Add Remove	LAV2017	Draft	o	11/01/2017	ŝ	4.25	ONLINE DONATION SERVICE CHARGE	
4 T-4-1 -	l 41.: D			saveta terrakista etaan lehebika territ				1

H* - Holding Public Office Expenses

Q* - Donations to Legal Expense Fund

4. Total only this Page	\$ 12.45
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)	\$ 12.45
6. Purpose Codes (List detailed expenditure code in (d) above)	
B* - Printing C* - Fundraising D - 7	Γο Another Candidate

G - Political Party

K* - Office Expenses

O* - Other * Codes require detailed explanation in required remarks field (g)

F* - Equipment

J - Penalties

CRO-1315

E - Salaries

I - Postage

NC State Board of Elections

December 2009

_	ons Owen By the Col	- D		Yes No		
1. Committee Full Name (and	Fund if applicable)	by the committee, to h	retude camp	2. ID Number		
COMMITTEE TO ELECT LAU		M(111))())())()()()()()()()()()()()()()(14) (14(***********************************			
3. Creditor Information		Add Remov	⁄e			
a. Full Name, Mailing Address	s & Phone	Note: All payments	made towar	d debts should be listed on		
(include city, state, & zip) BB&T CREDIT CARD				ee listed as this creditor.		
130 HARBOUR PLACE DR		b. Description of Cred		MDD ADA OL O LA LO LEGA		
STE 130 DAVIDSON, NC 28036		CREDIT CARD USED FOR	OPEKATING E.	XPENSES OF CAMPAIGN		
c. Beginning Balauce	d. Total Amount Paid	e. Total Amount Incui	rred	f. Remaining Balance		
\$ 271.68	\$ 313.76	\$	42.08	\$ 0.00		
g. Incurred Debts (what the co	mmittee received this period)					
gl. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy) g3. Am	ouut		
(include city, state, & zip)		11/05/2017	s	42.08		
VOICEBROADCASTING.COM 1527 SOUTH COOPER ST						
ARLINGTON, TX 76010		g4. Purpose Code		ed Remarks		
		О	ROBO CALLS FOR EARLY VOTING			
gl. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy)) g3. Am	ount		
(include city, state, & zip)						
	/		\$			
		g4. Purpose Code	g5. Require	ed Remarks		
gl. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy) g3. Am	ouut		
(include city, state, & zip)			ŝ	***************************************		
			, ,			
		g4. Purpose Code	g5. Require	ed Remarks		
gl. Purchase Place Full Name	, Mailing Address & Phone	g2. Date (mm/dd/yyyy)) g3. Am	ount		
(include city, state, & zip)	-		S	***************************************		
		g4. Purpose Code	g5. Required Remarks			
		E4. Lathose Code	go. Nequire	ed Vemarks		
			1			
gl. Purchase Place Full Name	Mailing Address & Phone	g2. Date (mm/dd/yyyy)) g3. Am	A1111		
(include city, state, & zip)	, mining radices to a none	E2. Date (mm/dd/3333	S			
· · · · · · · · · · · · · · · · · · ·						
		g4. Purpose Code	g5. Require	ed Remarks		
4. Total only this Page						
(This should be the sum of al	ll items 'g3.' from this nage)		\$	0.00		
5. Total of ALL CRO-1	and the second of the second o					
나는 사람들이 하는 그들은 살 이번 살 수 있다면 살아보고 있습니다. 하는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	of Detailed Summary Page CRO-I	l 100)	\$	0.00		
	letailed expenditure code i					
		undraising	D - To An	other Candidate		
	* *	litical Party	H* - Holdi	ng Public Office Expenses		
		ffice Expenses	O* - Other	ľ		
in (ndec remitte detailed eva):	anation in required remarks field.	(σ5)				

Amendment