Disclosure Report Cover

Amendment
□ Yes 🖾

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 LAURIE VENZON b. Mailing Address (include City, State and Zip Code) d. Date Filed 1210 SAMUEL SPENCER PKWY 01/22/2017 DAVIDSON, NC 28036 e. Phone Number (704) 975-1615 2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name BRENDA KOLLS 2016 11/02/2016 12/31/2016 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) X Candidate Campaign Party Municipal State/County Referendum Joint Fundraiser □ PAC Organizational Organizational Organizational Referendum Legal Expense Fund Thirty-five day Quarterly Pre-referendum (if applicable, check one) 7. Type of Fund Pre-primary First Final "Booster Fund" Pre-election Second Supplemental Final ☐ Building Fund Pre-runoff Third ☐ Annual Presidential Election Year Candidates Fund Special Semi-annual Fourth NC Public Campaign Financing Fund Mid Year Semi-annual X Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final ☐ Special 3. Account Information 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name BB&T b. Purpose c. Account Code b. Purpose c. Account Code **COLLECTION AND** LAV2017 DISBURSEMENTS OF d. Period Begin Balance **FUNDS** d. Period Begin Balance CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board 01/22/2017 Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: Employee: Normal Mail Registered Mail Date Postmarked: Employee: Hand Delivered ▼ Electronically Filed Date Scanned: Employee: ☐ Signer has not received Date Data Entered: Employee: mandatory training Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment **Detailed Summary** X No ☐ Yes Use 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 2016 Year End Semi-Annual COMMITTEE TO ELECT LAURIE VENZON Total this Total this 2016 Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 0.00 0.00 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 0.00 \$ 0.00 \$ 2,508.20 \$ (CRO-1210) 2,508.20 6) Contributions from Individuals Š 7) Contributions from Political Party Committees (CRO-1220) 0.00 0.00 0.00 \$ 8) Contributions from Other Political Committees (CRO-1230) \$ 0.00 0.00 \$ (CRO-1410) 0.00 9) Loan Proceeds \$ \$ (CRO-1240) 0) Refunds/Reimbursements to the Committee 0.00 0.00 11) Other Receipt Sources 0.00 \$ (CRO-1250) \$ 0.00 11a) Interest on Bank Accounts \$ 0.00 \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) 0.00 Š 0.00 \$ 11c) Outside Sources of Income (CRO-1250) 0.00 S 0.00 \$ 0.00 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 0.00 \$ (CRO-1265) 0.00 11e) Exempt Purchase Price Sales [2] TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ 2,508.20 2,508.20 EXPENDITURES 13) Disbursements (CRO-1310) S 13a) Operating Expenditures \$ 0.00 0.00 13b) Contributions to Candidates/Political Committees 5 (CRO-1310) 0.00 0.00 13c) Coordinated Party Expenditures (CRO-1310) 0.00 0.00 (CRO-1315) \$ \$ 14) Aggregated Non-Media Expenditures 12.00 12.00 (CRO-1420) 15) Loan Repayments 0.00 0.00 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ 0.00 0.00

17) In-Kind Contributions	(CRO-1510)	\$	258.20	\$ 258.20
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$	270,20	\$ 270.20
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	2,238.00	\$ 2,238.00
ADDITIONAL INFORMATION	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	S	0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	0.00	
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00	
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)	\$	0.00	\$ 0.00
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	\$ 0.00
CRO-1100 NC State Board	of Elections			August 2008

Contributions from Individuals

				Amendm	ent
$\mathbf{p}_{\mathbf{g}}$	1	of	3	☐ 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 applicab COMMITTEE TO ELECT LAURIE VENZON	le)		2.ID N	umber	
3. Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add Re		d. Comments e. Election Sum to Date		
RONALD CHARBONNEAU 18716 HAMMOCK LN DAVIDSON, NC 28036	c. Employer's RETIRED	Name/Specific Field			
			\$	500.00	
f. Prior g. Account Code h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. A	mount	
LAV2017 Check		12/11/2016	\$	500.00	
			\$		
			s		
3. Contributor Information	☐ Add ☐ Re	emove			
a. Full Name, Mailing Address & Phone	b, Job Title/P.	rofession	d. Com	ments	
(include city, state, & zip)	ORAL SURG	EON			
PATRICK COLEMAN		Name/Specific Field			
209 AVINGER LANE	hamana				
DAVIDSON, NC 28036	CAROLINA	ORAL & FACIAL	e. Elect	ion Sum to Date	
	SURGERI		\$	750.00	
f. Prior g. Account Code h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k A	lmount	
□ LAV2017 Check		12/29/2016	S	750.00	
			S		
			s		
3. Contributor Information		emove			
a. Full Name, Mailing Address & Phone	b. Job Title/P	rofession	d, Com	ments	
(include city, state, & zip)	ACCOUNTAI	NT			
BRENDA KOLLS		Name/Specific Field			
19219 CALLAWAY HILLS LN	***************************************	***************************************			
DAVIDSON, NC 28036	SELF-EMPLO	UYED	e, Elect	ion Sum to Date	
			\$	500.00	
f. Prior g. Account Code h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	lk. A	lmount	
□ LAV2017 Check		12/23/2016	\$	500.00	
			\$		
			s		
4. Total only this Page			S	1,750.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary	P (PO 1100)		S	2,508.20	

Contributions from Individuals

				Am	endm	ent	
$\mathbf{p}_{\mathbf{g}}$	2	of	3		Yes	X	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

***************	***************************************	(and Fund if applicable LAURIE VENZON	?)			2. ID Num	ber	
a. Full N	ibutor Information	lress & Phone		Add Rer		d. Comme	o is	
STEPHI 15027 Л	de city, state, & zi EN SZILAGYI JNE WASHAM R SON, NC 28036				Name/Specific Field ADERSHIP, LLC	e. Election Sum to Date \$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)	k. Ame	ount	
	LAV2017	Check	annin ministration	arin arin ann an a	12/09/2016	\$	500.00	
	1911			- ***		\$		
						s		
3. Contr	ibutor Informati	on The Control of		Add 🗌 Rer	nove	1		
LAURIE VENZON 1210 SAMUEL SPENCER PKWY DAVIDSON, NC 28036				b. Job Title/Profession d. Comments CONSULTANT c. Employer's Name/Specific Field SELF-EMPLOYED				
(704) 97					•	e. Election \$	Sum to Date 258.20	
f. Prior	g. Account Code	h. Form of Payment	i, In-Kind Des	 cription	j. Date (mm/dd/yyyy)	k. Amo	ount	
	LAV2017	In-Kind	MEALS/REFRE FOR	SHMENTS	11/11/2016	\$	23.16	
П	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	11/15/2016	\$	22.32	
	LAV2017	In-Kind	THANK YOU N	OTES	12/03/2016	\$	20.00	
a. Full N (inclu	ributor Informati Iame, Mailing Ado de city, state, & z E VENZON	lress & Phone		Add Rer b. Job Title/Pr CONSULTAN	***************************************	d. Comme	nts	
1210 SA	MUEL SPENCER SON, NC 28036	PKWY		c. Employer's l	Name/Specific Field OYED	e, Election	Sum to Date	
(107)),	J-1015					\$	258.20	
f. Prior	g. Account Code	h, Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k Ame	unt	
	LAV2017	In-Kind	STAMPS		12/04/2016	\$	10.00	
	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	12/05/2016	\$	13.12	
	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	12/05/2016	S	35.00	
4. Tota	al only this Pa	ge				S	623.60	
100000000000000000000000000000000000000	al of ALL CRO	O-1210 Pages 6 of Detailed Summary F	age CRO-1100)			S	2,508.20	

	Y 4	F	T12		Ŧ
Contri	butions	: from	Indi	vidna	2

				Amen	ıdmer	LŤ	
$\mathbf{p}_{\mathbf{g}}$	3	of	3	$\square_{\mathbf{Y}}$	es	X	No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

I. Comi	uittee Full Name	(and Fund if applicabl	e)		mananananananananananananananananananan	2.1	D Numb	er
COMMI	ITTEE TO ELECT	LAURIE VENZON						
3. Contr	ributor Informatic	n -		Add 🔲 Re	move			
a. Full N	ame, Mailing Add	ress & Phone		b. Job Title/Profession			Commen	its
(inclu	de city, state, & zi	l p)		CONSULTAN	ΝΤ			
	E VENZON			######################################				
	MUEL SPENCER	PKWY		<u> </u>	: Name/Specific Field	1		
	SON, NC 28036			SELF-EMPLO	OYED		Tartice (Sum to Date
(704) 97	/5-1615							
						\$		258.20
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy)		k. Amor	unt
	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	12/05/2016		S	42.72
	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	12/06/2016		S	24.54
	LAV2017	In-Kind	MEALS/REFRE	ESHMENTS	12/08/2016		\$	12.32
	ributor Informatio				emove			
	lame, Mailing Add			b. Job Title/P	mfession	d. (Commen	ts .
(inclu	de city, state, & zi	ip)		CONSULTAN	ΝΤ			
	E VENZON			. F1	: Name/Specific Field	1		
	MUEL SPENCER	PKWY		***************************************	.4	•		
(704) 97	SON, NC 28036 75-1615			SELF-EMPLO	OIED	e. P	lection !	Sum to Date
(107) 31	2 1013					\$		258.20
	WWW.		1	State of the state			t and the second second	
f, Prior	g. Account Code	h. Form of Payment	i, In-Kind Des		j. Date (mm/dd/yyyy)	1	k Amo	unt
	LAV2017	In-Kind	MEALS/REFRE FOR	ESHMENTS	12/08/2016		\$	32.43
	LAV2017	In-Kind	MEALS/REFRE FOR	MEALS/REFRESHMENTS 12/27 FOR			\$	22.59
							\$	
4. Tota	al only this Pa	ge				S		134.60
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Pags CRO-1100)			s		2,508.20

Aggregated	Non-Media	Expenditures
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	Am	endm	ent	
Page1 of1		Yes	X	No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

Орионаі к	nm used to repo	II NC Non-Media	Expenditures o	1 \$50 Of 1635.		
1. Committe	ee Full Name (and	l Fund if applicable)			2. ID Number	ananananananananananananananananananan
COMMITTI	EE TO ELECT LA	URIE VENZON				
4 D T-J	•					
3. Payee Inf		. V CD	d Promoco Codo	e. Date (mm/dd/yyyy)	£ Amount	g. Required Remarks
<u></u>	o, Account Code	c. form of rayment	a, rurpuse Coue	e, Date (minuty))))	antanananan mananan mananan manan	
∐ Add	LAV2017	Draft	0	12/09/2016	\$ 12.0	BANK FEES
☐ Remove						
4. Total o	nly this Page				\$	12.00
5. Total o	FALL CRO-1	315 Pages			s	12.00
(This line r	must be on line 14 o	f Detailed Summary Pa	ige CRO-1100)		3	12.00
6. Purnos	e Codes (List o	detailed expenditu	re code in (d) a	bove)		
		- Printing	C* - Fundr		To Another C	andidate
E - Salar	ies F*	- Equipment	G - Political	Party H*	- Holding Pu	blic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses Q*	- Donations t	o Legal Expense Fund
O* - Ot	her					
* Code:	s require detai	led explanation i	n required ren	narks field (g)		
			. 73 - 5 - 5 - 12 - 12			D 200

CRO-1315

NC State Board of Elections

December 2009

In-Kind Contributions		Pe	1 of	2	Amendm	tent X No
Use this form to report non-monetary contributions, donation		goods or serv	vices provided t		3	
Use CRO-1215 if In-Kind Contributions were or will be	refu	nded withir	n 7 days.	la ma	Tumber	
1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT LAURIE VENZON		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.117		anansaana ananana anana
3. Contributor Information	Αć	id 🔲 Rei	move			
a. Full Name, Mailing Address & Phone (include city, state, & zip) LAURIE VENZON 1210 SAMUEL SPENCER PKWY		Type of Con Individual Candidate Party	tributor	c. Com	menis	
DAVIDSON, NC 28036		PAC Referendum	1	d Fler	tion Sum	to Date
(704) 975-1615	=	Other Rece		S		258.20
e. Description			f. Date (mm/d		g. Fair M	arket Amount
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS			11/11/20		s	23.16
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS			11/15/20	016	s	22.32
THANK YOU NOTES			12/03/20)16	S	20.00
	250000000000000000000000000000000000000	id 🗌 Rei				
a. Full Name, Mailing Address & Phone (include city, state, & zip)	- Lauren	Type of Con Individual	tributor	c. Com	ments	
LAURIE VENZON		Can ód ate Party				
1210 SAMUEL SPENCER PKWY DAVIDSON, NC 28036	1—	PAC				
(704) 975-1615		Referendum	_	d. Elec	tion Sum	to Date
	╽└┙	Other Rece	ipt Source	\$		258.20
e. Description			f. Date (mm/d	d/yyyy)	g. Fair M	arket Amount
STAMPS			12/04/20	016	\$	10.00
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS			12/05/20	016	\$	13.12
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS			12/05/20	016	s	35.00
3. Contributor Information	Ac		move			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Type of Con Individual	tributor	c. Com	ments	
LAURIE VENZON	남	Candidate Party				
1210 SAMUEL SPENCER PKWY	占	PAC				
DAVIDSON, NC 28036 (704) 975-1615		Referendum	1	d. Elec	tion Sum	to Date
		Other Rece	ipt Source	\$		258.20
e. Description			f. Date (mm/d	d/yyyy)	g. Fair M	larket Amount
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS	**********		12/05/20)16	S	42.72

	_ oma meespi somes	\$	258.20	
e. Description	f. Date (mm.	Date (mm/dd/yyyy)		arket Amount
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS	12/05/2	2016	\$ 42.	
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS	12/06/2	2016	S	24.54
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS	12/08/2	2016	\$	12.32
4. Total only this Page	The first of the second	\$		203.18
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-	1100)	\$		258.20

							Amendment		
In-Kind Contributions		Pg		2	of _	2	☐ Yes	X	No
Use this form to report non-monetary contributions, donation Use CRO-1215 if In-Kind Contributions were or will be a	ns, g refur	oods or ser	vices n 7 d	prov avs.	ided to	the com	mittee or	fund.	
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 (include city, state, & zip) LAURIE VENZON		b. Type of Contributor I Individual Candidate			e. Com	menis			
1210 SAMUEL SPENCER PKWY DAVIDSON, NC 28036 (704) 975-1615		Party PAC Referendum Other Rece	-	ource		d. Election Sum to Date			
e. Description			f, Date (mm/dd			/vvvv)	-		258.20 Amount
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS	***********				/08/201	ininaaninin	S		32.43
MEALS/REFRESHMENTS FOR FUNDRAISING/AWARENESS/INPUT MEETINGS		12/27/2016			S		22.59		
							\$		
4. Total only this Page						\$			55.02

CRO-1510

5. Total of ALL CRO-1510 Pages
(This line must be on line 17 of Detailed Summary Page CRO-1100) NC State Board of Elections

December 2007

258.20

\$