Disclosure Repor					Yes No					
	report and committee inform	ation, must be	signed and sub	mitted along with of	her detailed forms.					
Do not use this form to update information 1. Committee Information										
a. Full Name	<u>III </u>				c. ID Number					
Committee to Elect Scott	Stone			· · · · · · · · · · · · · · · · · · ·						
b. Mailing Address (include Ci	ty, State and Zip Code)				d. Date Filed					
PO Box 33185					10/26/2015					
Charlotte, NC 28233					e. Phone Number					
					C 2 None i tumbet					
2. Report Year 3. Pe	riod Start Date (mm/dd/yy)	4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name					
2015	09/0 2/ 2015	10/1	9/2015	Jinger LuAnn Kel	ley					
6. Type of Committee (C	The state of the s	ype of Report		ly one type of report						
Candidate Campaign PAC	Party Mun Referendum	icipal Organizational	State/C	ounty Organizational	Referendum Organizational					
Independent	Joint Fundraiser	Thirty-five day	1-	Quarterly	Pre-referendum					
Expenditure Legal Expense Fund		rinity -rivo day	,	Quarterry	Tro-restriction					
	oplicable, check one)	Pre-primary		First	Final					
"Booster Fund"	\boxtimes	Pre-election		Second	Supplemental Final					
Building Fund		Pre-runoff Semi-annual	H	Third Fourth	Annual Special					
		Mid Year	r 🗀 ;	Semi-annual	Бреми					
Other:		Year End	· 🔲	Mid Year	10. Special Report Name					
O N. J. CE J		Final		Year End						
8. Number of Fundraise	's this Report	Special		Final Special						
0 11, Account Information			11. Account l	_						
a. Financial Institution Full Na	ng mga samana sa kacamata kacamata kacamata kacamata sa kacamata kacamata kacamata kacamata kacamata kacamata k	·	100000100100010000200020000000000000000	itution Full Name						
Bank of America					•					
b. Purpose	c. Account Code		b. Purpose		c. Account Code					
General Receipts and	001									
Dispursement	d. Period Begin Balance				d. Period Begin Balance					
•	\$ 22,040.32				\$					
	\$ 22,040.32				3					
CERTIFICATION	D 1'' 1'	43 31 11		64 .: 1 004 000	0.000.0014.001.4.100.0					
					& 22D-22M of Chapter 163 of I further certify that this report					
is complete, true and corre	ct and that I have been train		State Board of E	Elections.	,					
Jinger L Kelley	. 121		rigad Kell		10/26/2015					
FOR OFFICE USE ONLY	nted Name of Signer		ignature of Appoint	ted Treasurer	Date					
Date Received:	MECKLENBURG COUNTY	Employee:		<u>A</u>	Delivery Method Normal Mail					
Date Postmarked:	001 2 0 2015	Employee:	***************************************		Registered Mail Hand Delivered					
Date Scanned:	BOARD OF ELECTIONS	Employee:	Con	C	Electronically Filed Signer has not received					
Date Data Entered:	DAVIDA OL CECATIONS	Employee:		· · · · · · · · · · · · · · · · · · ·	mandatory training					
Please Note: This form			mation such as		ess, treasurer, assistant treasurer,					
You	must amend the Statement		-		ee changes.					

Amendment

CRO-1000 August 2008 NC State Board of Elections

Amendment Yes No

Detailed SummaryUse 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	TO SECURE A SECURITARIA A S	3. ID Number
Committee to Elect Scott Stone P	re-Election Repo	rt	
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 22,040.32	\$ 5,725.62
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 325.30
6) Contributions from Individuals	(CRO-1210)	\$ 3,620.00	\$ 92,874.28
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 250.00
9) Loan Proceeds	(CRO-1410)	\$	\$ 30,000.00
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 Organization	s (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	11d and 11e)	\$ 3,620.00	\$ 123,449.58
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 22,210.40	\$ 90,471.00
13b) Contributions to Candidates/Political Committee	es <i>(CRO-1310)</i>	\$	\$ 475.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$ 30,000.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 350.00	\$ 350.00
17) In-Kind Contributions	(CRO-1510)	\$	\$ 4,779.28
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 22,560.40	\$ 126,075.28
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	<u> </u>	\$ 3,099.92	\$ 3,099.92
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-2200)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Contri	ibutions fror	n Individuals		Pg	of		Yes Yes	No No		
Use this f	orm to report indi	vidual contributions o	ver \$50	or contributions und	ler \$50 if form CR	O 1205 is no	t used			
1. Comm	ittee Full Name (and Fund if applical	ole)			2. ID Num	ber			
Committe	e to Elect Scott S	tone				***************************************				
3. Contri	butor Informatio	n		Add 🗌 Re	move					
	ie, Mailing Address á	& Phone		b. Job Title/Profession	l	d, Comments	5			
(include David Po	city, state, & zip)									
	na kleby Court			c. Employer's Namc/S	necific Rield					
	, NC 28210									
						e. Election Si	um to Date			
						\$	1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount			
	001	Credit Car			09/02/2	015	\$	250.00		
							\$			
							\$			
Medica presidence de careca di Cale	butor Informatio				move					
	ie, Mailing Address &	& Phone		b. Job Title/Profession	<u> </u>	d. Comments	3			
James Kin	city, state, & zip)									
	meade Dr			c. Employer's Name/S	pecific Field	<u> </u>				
Charlotte,	, NC 28270									
					c. Election Sum to Date					
***************************************						\$	500.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount			
	001	Credit Car			09/04/2	015	\$	500.00		
							\$			
							\$			
. resultant security control and the control a	butor Informatio	26.000000000000000000000000000000000000		Transfer and the same of the s	move	·		<u> </u>		
	ie, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession		d. Comments	<u> </u>			
Gary Wol										
8410 Fair				c. Employer's Name/S	pecific Field					
Charlotte,	NC 28226									
						e. Election Si	um to Date			
						\$	250.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-K	and Description	j. Date (mm/dd/yy	yy)	k. Amount			
	001	Credit Car			09/04/2	015	\$	250.00		
							\$			
	en for the grant for the second stage of the first of the second stage of the second stage of the second second				Bank comment and a comment of the co	,	\$			
4. Total	only this Page	e	15 (5) (5) (5) (5) (5)			\$		1,000.00		
5. Total	of ALL CRO	-1210 Pages				\$		3,620.00		
(This line	must be on line 6 of i	Detailed Summary Page C	RO-1100)		Ψ		3,020.00		

Contributions from Individuals

Amendment

Contr	ibutions fro	m Individuals			Pg <u>2</u>	of	8	Yes	s 🛛 No
Market School and School and School and School		ividual contributions		or contributions u	nder \$50 if	form CR			
1. Comr	nittee Full Name	(and Fund if applica	ble)			3 3 63 3 1	2. ID Nut	nber	
Commit	tee to Elect Scott S	tone							
3. Contr	ibutor Informatio	011		Add 🔲 1	Remove		1		
	me, Mailing Address	& Phone		b. Job Title/Profess	ion		d. Commen	ts	
	city, state, & zip)			<u> </u>					
Bryant K	anney Ternor Morrison St	#518		c. Employer's Name	o/Snacific Eigl	a .			
	e, NC 28211	#510		C. Employer 3 Name	cropeciale Fie.	<u> </u>			
							e. Election S	Sum to Date	.*
							\$	450.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	i Kind Description	j. Date	(mm/dd/yy	<u> </u> уу)	k. Amount	2 1779
	001	Credit Car				09/06/2	015	\$	200.00
П								\$	
							,	\$	
3 Contr	ibutor Informatio	<u> </u>		Add 🗍 I	Remove				1 20 20 20 30
ACRESCOP SETTLES W	me, Mailing Address o			b. Job Title/Profess			d. Commen	ts	
	city, state, & zip)								
Jeffrey I									
-	iet Creek Dr			c. Employer's Name	:/Specific Fiel	đ			
Lancaste	er, SC 29720								
							e. Election S	Sum to Date	
							\$	470.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date	(mm/dd/yy	уу)	k. Amount	
	001	Check				09/08/2	015	\$	100.00
	001	Cash				09/08/2	015	\$	20.00
								\$	
2014300000000000000000000000000000000000	ibutor Informatio	SERVICE CONTRACTOR SERVICES CONTRACTOR SERVICES CONTRACTOR SERVICES CONTRACTOR SERVICES CONTRACTOR SERVICES CO		Add 🗌 I	Remove				
	me, Mailing Address &	& Phone		b. Job Title/Professi	ion		d. Commen	ts	
Douglas	city, state, & zip)								
-	ushmore Dr			c. Employer's Name	/Specific Fiel	d			
Charlotte	e, NC 28277								
							e. Election S	Sum to Date	
							\$	1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date	(mm/dd/yy	уу)	k. Amount	
	001	Check				09/08/2	015	\$	1,500.00
								\$	· · · · · · · · · · · · · · · · · · ·
								\$	
4. Tota	l only this Pag	e					\$		1,820.00
5. Tota	l of ALL CRO	-1210 Pages					\$		3,620.00
(This lin	ie must be on line 6 of	Detailed Summary Page C	CRO-1100			g goderne.	φ		3,020.00

Amendment

Contr	ibutions fro	m Individuals		I	Pg <u>3</u> of	_8	Yes No
		ividual contributions) or contributions ur	nder \$50 if form CR	O 1205 is no	ot used
1. Comn	ittee Full Name	(and Fund if applica	ble)			2. ID Nur	nber
Committ	ee to Elect Scott S	itone					
3. Contr	ibutor Informatio	on		Add 🔲 R	Lemove	1	
1	ne, Mailing Address	& Phone		b. Job Title/Profession	on	d. Commen	ts
<u> </u>	city, state, & zip)						
Marc Bo	gan Ilfe Ridge Rd			c. Employer's Name/	Specific Field		
4	, NC 28210			C. Employer sivames	Specific Field		
	•					e. Election S	Sum to Date
						\$	100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-F	i Lind Description	j. Date (mm/dd/yy) (33)	k. Amount
	001	Credit Car			09/15/2	015	\$ 100.00
							\$
	1 11111 1 1 1 1						\$
3. Contr	i lbutor Informatio			Add □ R	Semove .		
72.45 CHANG WAS (0.0504)	ne, Mailing Address &			b. Job Title/Profession		d. Commen	ts
 	city, state, & zip)	. 1 .		President			
1) Alvarado						
163 Agne				c. Employer's Name/			
Mooresv	ille, NC 28117			Marand Builders		e, Election S	Sum to Data
						\$	350.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	001	Credit Car			09/02/2	015	\$ 100.00
							\$
							\$
3. Contr	ibutor Informatio	on .		Add 🔲 R	emove		
1	ne, Mailing Address &	& Phone		b. Job Title/Profession	on	d. Commen	ts
(include David Pf	city, state, & zip)			Consultant			
	t 5 th Street, Unite 6	529		c. Employer's Name/	Specific Field		
	, NC 28202	,2,		BRG	bpteme Field		
						e. Election S	Sum to Date
						\$	1,100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount
	001	Credit Car			09/02/2	015	\$ 100.00
							\$
							\$
4. Tota	l only this Pag	e				\$	300.00
5. Tota	l of ALL CRO	-1210 Pages				\$	3,620.00
(This lin	e must be on line 6 of	Detailed Summary Page C	CRO-1100)			5,020.00

Amendment

~ .		¥ 31 1 3 1					0	Amendme	nt
		m Individuals ividual contributions o	arran ድናለ	an aantuihutiana	Pg	of	1205 is no	Ye	s 🔯 No
		(and Fund if applica		or contributions	unaer \$30 II Ioi	m CRC	2. ID Nur		
	ee to Elect Scott S					-V-482-1758-16-16			
3 Contr	ibutor Informatio		F	Add 🗍	Remove				
	ne, Mailing Address			b. Job Title/Profes			d. Commen	ts	
(include	city, state, & zip)			Executive					
I .	Lehew III								
	npkin Park Dr s, NC 28269			c. Employer's Nan Hines Securitie					
Charlotte	, NC 20209			rimes securitie	S	-	e, Election S	Sum to Date	
						-	\$	1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	ind Description	j. Date (mr	m/dd/yyy	у)	k. Amount	t North State
	001	Check			1	0/05/20	15	\$	500.00
								\$	
								\$	
3. Contr	ı ibutor Informatio	on		Add 🗍	Remove				
1	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Commen	ts	
(include	city, state, & zip)								
				c. Employer's Nam	e/Specific Field				
							e. Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	ind Description	j. Date (mr	n/dd/yyy	y)	k. Amount	
	001							\$	
								\$	
								\$	
Name a personage of the Paris	ibutor Informatio	PERSONAL SECTION OF THE SECTION OF T		Add 🗌	Remove	A 73 S			Sec. 20. 35
	ne, Mailing Address	& Phone		b. Job Title/Profes	sion		d. Comment	ts	
unciude	city, state, & zip)								
			Ì	c. Employer's Nam	e/Specific Field				
						-	e, Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-Ki	ind Description	j. Date (mr	n/dd/yyy	y)	k. Amount	
	001							\$	
								\$	
								\$	
4. Total	only this Pag	e					\$		500.00
5. Total	of ALL CRO	-1210 Pages				888	\$		3 620 00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

3,620.00

\$

Dishaysom	a-a4a			gar.	Amendment
Disburseme		from the committee	Pg		Yes No
	report expenditures coordinated party ex		ee for; operating expenses,	contributions to c	andidate/political
Mark de la Charle de la companya de	ull Name (and Fund				2. ID Number
Committee to E		And the Manager of the Control of th	Application of the Control of the Co	September 2 of the control of the co	**************************************
3. Type of Disbi	A CONTRACTOR OF THE PROPERTY O		RO-1310 forms for each ty		
Operating E		Contributions to Can	didates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add b. Coordinated Committee Na	Remove	d. Comments
(include city, state,	ing Address & Phone & zin)		D. COOLUIDACCO COMMINGCE 114	ame	d. Comments
Bank of Americ	- · · · · · · · · · · · · · · · · · · ·				
PO Box 15019			c. Level Registered (Specify)	•	
Wilmington, DE	3 19886		Federal	County:	
			State	Municipality:	e. Election Sum to Date
	T				\$ 2,037.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	О	09/23/2015	\$15.00	Parking Charlette
					Charlotte Campaign team
001	Check	О	09/23/2015	\$5.99	communcation
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Bank of Americ PO Box 15019	a Credit Card		c. Level Registered (Specify)		
Wilmington, DE	₹ 19886		Federal Federal	County:	
,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	717000		State	Municipality:	e. Election Sum to Date
		A			\$ 2,037.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	О	09/23/2015	\$14.95	Web Hosting
001	Check	I	09/23/2015	\$9.80	Stamps
4. Payee Inform			Add : []	Remove	
	ng Address & Phone	1	b. Coordinated Committee Na	ıme	d. Comments
(include city, state, a Bank of America					
PO Box 15019	a Cicuit Cara	ŀ	c. Level Registered (Specify)		
Wilmington, DE	3 19886		Federal	County:	
<u> </u>			State	Municipality:	e. Election Sum to Date
					\$ 2,037.38
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	0	09/23/2015	\$16.98	Social media
001	Check	О	09/23/2015	\$14.00	Parking Charlotte
5. Total only thi				<u> </u>	\$ 76.72
	CRO-1310 Pages line 13a of Detailed Sum	warn Paga CRO-1100	(Consenting Expanses)		
		-	ty Operaung Expenses) If Contrib to Candidates/Politica	al Comm)	\$ 22,210.40
			if Coordinated Party Expenditu		
	es (List detailed exp				
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fundi G - Politica		D - To Anothe H* - Holding	r Candidate Public Office Expenses

I - Postage

O* - Other

J - Penalties

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

K* - Office Expenses

Q* - Donation to Legal Expense Fund

			ee f	Pg or; operating expenses,		Amendment Yes No andidate/political
CONTRACTOR OF STREET,	full Name (and Fun					2, ID Number
Committee to E	Elect Scott Stone					
3. Type of Disb		ise use separate C	RO	-1310 forms for each ty		
Operating I		Contributions to Can	ıdida	ntes/Political Committees		ordinated Party Expenditures
4. Payee Inforn			*	dd 🔲	Remove	
•	ing Address & Phone		b.	Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)					
Jinger Kelley	O'1.		<u> </u>	Y 123 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3103 Julian Gle			e.	Level Registered (Specify)	Country	
Waxhaw, NC 2	8173] <u> </u>] Federal [County:	El di Conta Dita
		:	┞┺	State	Municipality:	e, Election Sum to Date
						\$ 6,265.46
f. Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	0		09/06/2015	\$797.96	Professional Fees
001	Check	О		10/01/2015	\$652.50	Professional Fees
4. Payee Inforn	nation		Α	dd 🔲	Remove	
a. Full Name, Mail	ing Address & Phone		b.	Coordinated Committee Na	me	d. Comments
(include city, state,	& zip)					
Political Ink		:				
1220 19th Street			c,	Level Registered (Specify)		
Washington, D	C 20036		-	J Federal ∐	County:	m .: 0 . 1 m .
			╠	State	Municipality:	e. Election Sum to Date
						\$ 35,604.81
f. Account Code	g. Form of Payment	h, Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Wire	С		09/04/2015	\$6,410.03	Printing/Mail
	** 11 C			——————————————————————————————————————	φυ,410.05	Marketing
001	Wire	С		09/09/2015	\$6,410.03	Printing/Mail
	 	-	0.074.0			Marketing
4. Payee Inform			t en	dd Coordinated Committee Na	Remove	1 Comments
a. Fun Name, Man (include city, state,	ing Address & Phone		υ.	Coordinated Committee Na	ine	d. Comments
Matt Tremblay	& zipj					
18903 Swan Ha	ven Ct		C.	Level Registered (Specify)		
Davidson, NC 28036			Г	Federal	County:	
				State	Municipality:	e. Election Sum to Date
				<u> </u>		\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	Т	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	0		09/11/2015	\$500.00	Office Support
001	Ol I		_	00/15/0015	0050.00	Office Support

Check 09/17/2015 \$250.00 5. Total only this Page \$ 15,020.52 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 22,210.40 (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) B* - Printing A* - Media 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 * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

					Amendment
Disburseme	ents		Pg	<u>7</u> of	Yes No
			ee for; operating expenses,		
C-11-4-C1-11-11-11-11-11-11-11-11-11-11-11-11-	coordinated party ex				
1. Committee F Committee to E	ull Name (and Fundlest Scott Stone	d if applicable)			2. ID Number
3. Type of Disbi		use use senarate C.	RO-1310 forms for each ty	une of Dishursem	ont)
Operating E	1111/111/111/111/11		ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
and the second s	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,		1.5			
•	nunications Group		TI Desistered (Consist)		
2812 Emerywood Richmond, VA	•		c. Level Registered (Specify) Federal	County:	
Monniona, 111.	4 <i>34</i> 7 7		State	Municipality:	e. Election Sum to Date
			<u> </u>		
					\$ 7,055.70
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	Check	С	09/13/2015	\$4,767.00	Phone Campaign
001					Phone Campaign
001	Check	С	09/18/2015	\$2,288.50	
4. Payee Inform			Add	Remove	
	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, Authorize. Net	& zip)				
PO Box 947		at a l'Assessa	c. Level Registered (Specify)		
American Fork,	UT 84003		Federal Federal	County:	
, , , , , , , , , , , , , , , , , , ,	01 01002		State	Municipality:	e. Election Sum to Date
				. ,	\$ 1,513.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	ACH	0	10/02/2015	\$8.40	Online Pymt
001	71011		10/02/2013	φο.40	Fees
001	ACH	O	10/02/2015	\$34.26	Online Pymt
4. Payee Inform	otion		Add	Remove	Fees
	ng Address & Phone		b. Coordinated Committee Na	architector, scareta de risponição e impres pera com se	d. Comments
(include city, state,		·			
Bank of Americ					
9923 Rae Road			c. Level Registered (Specify)		
Charlotte, NC 2	8277		Federal _	County:	
			State	Municipality:	e, Election Sum to Date
					\$ 273.60
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
001	АСН	0	10/07/2015	\$15.00	Bank Fees
001	АСП	L	10/07/2013	\$13.00	
				\$	
5. Total only thi	s Page	P		J	\$ 7,113.16
	CRO-1310 Pages				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	line 13a of Detailed Sum				\$ 22,210.40
		• -) if Contrib to Candidates/Politica	'	Ψ 22,210,40
) if Coordinated Party Expenditus	res)	
7. Purpose Code A* - Media	es (List detailed exp B* - Printing	penaiture code in (C* - Fund		D - To Anothe	or Condidata
E - Salaries	F* - Equipment	G - Politica			Public Office Expenses
I - Postage	J - Penalties	K* - Offic	e Expenses		n to Legal Expense Fund

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

I - Postage
O* - Other

		ents From the Committee imbursements, including contribution	- 	of <u>\$</u> _	mendn]	nent Yes 🔀 No	
1. Committee Full ?				uto1.	2,]	ID Number	
Committee to Elect Scott					2 Rost (1990)		
					1		
3. Payee Informatio	and the consideration of the second of the second of		dd Remove				
a. Full Name, Mailing A			d. Type of Committee		h. C	Original Receipt Date	
(include city, state, &	zip)		Candidate	PAC		08/04/2015	
Daniel Barry			e. Level Registered (Specify	Party	 	riginal Receipt Amount	
8207 Lake Providence Dr	ſ		Federal Federal	County:	1		
Weddington, NC 28104			State	Municipality:	\$	500.00	
			f. Purpose Code		j, E	lection Sum to Date	
			L		s	500.00	
7 7-1 (1994) (Dance-Jan		1					
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		+	Account Code	
Senior VP		Lockton	Guidelines limit politica		001		
l. Form of Payment	- Deguired I		Contributions to \$150.00	1 5 //11/	Ţ <u></u>	r	
Check	m. Required F	Cemarks		n. Date (mm/dd/yy	'УУ)	o. Amount	
CHOOK				09/28/2015		\$ 350.00	
3. Payee Informatio		□ Ac	dd Remove		GI (E) (C		
a. Full Name, Mailing A	ddress & Phone		d. Type of Committee	A STATE OF THE STA	h. C	Original Receipt Date	
(include city, state, &	zip)		Candidate	PAC			
			Referendum	Party	<u> </u>		
			e. Level Registered (Specify		i. O	riginal Receipt Amount	
			Federal State	County:	\$		
			f. Purpose Code	Municipality:		lection Sum to Date	
			1. Purpose Code] J. E.	ection Sum to Date	
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
l. Form of Payment	m. Required R	demarks		n. Date (mm/dd/yy	уу)	o. Amount	
			!			\$	
3. Payce Informatio	in .	∏ Ad	dd Remove				
a. Full Name, Mailing Ac	Committee And And Angel State of the Committee of the Com		d. Type of Committee		h. O	Priginal Receipt Date	
(include city, state, & 2			Candidate	PAC	1 *** ~	Highan Meeth Pass	
***************************************			Referendum	Party			
			e. Level Registered (Specify		i. Or	riginal Receipt Amount	
			Federal	County:	\$		
			State	Municipality:	<u> </u>	· <u>-</u> .	
			f. Purpose Code		j. Et	lection Sum to Date	
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ecount Code	
			0		<u> </u>		
I. Form of Payment	m. Required R	demarks		n. Date (mm/dd/yy)	уу)	o. Amount	
						\$	
4. Total only this Pa	170				<u> </u>		
		S (This line must be on line 16 of Detailed	-		\$		
L - Returned to Contribu		S (1 ms une must be on une 16 of Detailed) M - Overpayment for Service		Contribution Limit	\$	350.00	
P* - Reimbursement of	of In-Kind	O* Other	TO LIAVOURU (John Tomica	sterios vesta		

Amendment
Yes