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							
a. Full Name			c. ID Number				
Committee to Re- S. b. Mailing Address (include City, Stat	01						
b. Mailing Address (include City, Stat	d. Date Filed						
911 Patricia Av	01/24/2018						
HARrisburg. NL2	e. Phone Number						
	980-521-6569						
2. Report Year 3. Period Start			er Full Name				
2017 01/01,		1/2017 PAU	D- Hunt				
6. Type of Committee (Check C		ort (check only one type of repo					
Candidate Campaign Part	·	State/County	Referendum				
	erendum Organizationa		Organizational				
	t Fundraiser  Thirty-five day	1000	Pre-referendum				
Legal Expense Fund	Pre-primary	First	Final				
	Pre-election	Second	Supplemental Final				
7. Type of Fund (if applicable,	CALIBRATION STATEMENT	Third	Annual				
Booster Fund	Semi-annual	Fourth	Special				
☐ Building Fund	Mid Yea		10 C - 1 D - 4 N				
Other:	Year End Final		10. Special Report Name				
8. Number of Fundraisers this	Control of the last of the las	Year End Final	1				
6. Number of Fundraisers tims	Keport		1				
		L Special					
11. Account Information		11. Account Information					
a. Financial Institution Full Name		a. Financial Institution Full Name					
FISHL Third Bm		CABARRUS COUNTY	Ş				
b. Purpose	c. Account Code	b. BURDOSED OF ELLC	c. Account Code				
Campaisn Funds	01	JAN 23 2018					
CAMPAISA FUNDS			d. Period Begin Balance				
	\$ 9515.53	RECEIVED	\$				
CERTIFICATION		KECLIA					
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 of Elections.    Printed Name of Signer   Signature of Appointed Treasurer   Date							
FOR OFFICE USE ONLY							
j.	- JU - 18	O17 De	livery Method				
Date Received:	-29-18 Employ	yee:	Normal Mail				
Date Postmarked:	Employ	V	Registered Mail				
Date Fostmarked:	Employ	yee	Hand Delivered				
Date Scanned: //	24/18 Emplo	yee: <u>smg</u>	Electronically Filed				
Date Data Entered:	Emplo <sub>2</sub>	yee:	Signer has not received 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.							

## 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 l		Report	3. ID Number	
Committee to Re-Elect BMJ Rite, Shuiss	Year		01	
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Lection Cycle	
4) Cash on Hand at Start		\$ 9515,53	\$ 9540.37	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
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 Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
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)	\$ Ø	\$	
<u>EXPENDITURES</u>		•		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 40.95	\$ 65.83	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1:	5, 16 and 17)		\$ 65.83	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	\$ 9474.35	\$ 9474.54		
ADDITIONAL INFORMATION		l .		
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-2220)	\$	\$	
28) Contributions to be Refunded	(CRO-1215)	\$	\$	

Disbursem	ents				Pg 0	ıf	Amendment  Yes No
	1 (150 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	from the committ	ee for o	perating exp			to candidate/political
committees and	coordinated party ex	penditures					
1. Committee F	'ull Name (and Fund	d if applicable)		1			2. ID Number
Commit	ter to Rr- F=1.	ict Brad	Rile.	, Shen	11		01
3. Type of Disb	ursement (Please	use separate CR	<i>O-1310</i>	forms for e	each type of Di	<u>sburse</u>	ement.)
Operating Exp		tributions to Candida	tes/Politic			oordina	ted Party Expenditures
4. Payee Inform				Add $\square$	Remove		
	failing Address & Ph	one		b. Coordinat	ed Committee Na	me	d. Comments
(include city, state,							
Whirl wind Creative. 6525 Hudspell Rd. HAMISSUR. NL 28075 704-454-5598			c. Level Registered (Specify)  Federal County:  State Municipality: e. l			e. Election Sum to Date	
12 W/V 7 200	704-454-5	5598					\$ 65.83
	g. Form of Payment		i. Date (	mm/dd/yyyy)		k. R	equired Remarks
01	Check # 1278	A	08/	05/2017	\$ 40.99		Donal-NAR Reneval
				in and a survey of the second	\$	T	
4. Payee Inform	nation			Add	Remove		
a. Full Name, Mail	ing Address & Phone			b. Coordinat	ted Committee Na	me	d. Comments
(include city, sta	te, & zip)						
				- In			1
				c. Level Registered (Specify)  Federal County:			
				State			e. Election Sum to Date
						1 7	s
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. R	Required Remarks
					\$		
					\$		
4. Payee Inform	nation			Add	Remove		
	ling Address & Phone			_	ted Committee Na	me	d. Comments
(include city, sta	te, & zip)						
				- Property	istered (Specify)		
				Federal State	Count	y: ipality:	a Election Com to Date
				State	Within	ipanty:	
							\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. I	Required Remarks
					\$		
***************************************	<u> </u>	<b>†</b>	<b>†</b>		\$	$\dashv$	
5. Total only th	nis Page				Ψ		\$ 65.83
6. Total of ALL CRO-1310 Pages  (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							\$ 65.83
, ,	n tine 13a of Detailed Sui n line 13b of Detailed Sui				150 and a second	nm)	\$ 65.
	n line 13c of Detailed Sur						
	odes (List detailed		-				
A* - Media	B* - Printi			undraising	D - T	o And	other Candidate
E - Salaries	E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense						
I - Postage	J - Penalt	ies	K* - (	Office Expe	nses Q* -	Dona	tion to Legal Expense Fund

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