	Amendment	
Disclosure Report Cover	Yes	No

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 Infor	mation				
a. Full Name					c. ID Number
Committee to Elect	Bill Dusch				
b. Mailing Address (incl	ude City, State and Zip Code)				d. Date Filed
P.O. Box 997 Concord, NC 2802	26-0997				1/24/2018
					e. Phone Number
					704-791-7221
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full	Name
2017	10/24/2017	12/3	1/2017	Dan Alan Boone	
6. Type of Committ	tee (Check One)	9. Type of Report	(check on	ly one type of report	from one category)
Candidate Campa	aign Party	Municipal	State/C		Referendum
PAC	Referendum	Organizationa		Organizational	Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five day	,	Quarterly	Pre-referendum
Legal Expense Fu 7. Type of Fund	(if applicable, check one)	Dea mina		First	Final
"Booster Fund"	(і) аррисавів, спеск впе)	Pre-primary Pre-election	18	Second	Supplemental Final
Building Fund		Pre-runoff	ᅵ片	Third	Annual
Building I und		Semi-annual	IH	Fourth	Special
		Mid Year	, <u> </u>	Semi-annual	Special
Other:		Year End		Mid Year	10. Special Report Name
		Final		Year End	10. Special Report Pante
8. Number of Fund	raisers this Report	Special	IH	Final	
31.111111111111111111111111111111111111	1			Special	
11. Account Inform	ation		11. Account	•	
a. Financial Institution 1				titution Full Name	<u> 100 SUI GERME : 24 SUI SUI SUI EAU GUI EAU CHA EAU C</u>
Uwharrie Bank				- Secretary activities of the secretary of the second published the second seco	
b. Purpose	c. Account Code		b. Purpose	F ELECTIONS	c. Account Code
For all			BOARD	H ELECTIONS	
campaign			144	24 2018	
expenses	d. Period Begin Balance		JAI	4 2 4 5010	d. Period Begin Balance
	\$ 1,297.23		RI	CEIVED	\$
CERTIFICATION					
the NC General State	utes and that no funds are co I correct and that I have beer	mmingled with prob	nibited or other	non-disclosed funds.	& 22D-22M of Chapter 163 of I further certify that this report $1/24/2$ of 8
	Printed Name of Signer	8	ignature of Appoin	ted Treasurer	Date
FOR OFFICE USE C	DNLY		VICTOR TO LIVE		
Date Received:	1-24-18	Employee:	13		Delivery Method Normal Mail
Date Postmarke	d:	Employee:		MANAGED HOUSE AND A STATE OF THE STATE OF TH	Registered Mail Hand Delivered
Date Scanned:	1/26/18	Employee:	Smy	7_	Electronically Filed Signer has not received
Date Data Enter	red:	Employee:	Annual Military and a		mandatory training
Please Note: Th		nend committee information of books information			ess, treasurer, assistant treasurer,

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment Yes \boxtimes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

pe of Report			3. ID N	umber
AL				
17				Total this Election Cycle
	\$	1,297.23	\$	0.00
	•			
		5 4 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		10 770 00
		5,460.83		12,750.83
(CRO-1220)				
(CRO-1230)			\$	
(CRO-1410)			\$	1,500.00
(CRO-1240)	\$		\$	
(000 7070)	6		Φ.	
(CRO-1250)				
(CRO-1270)	\$		\$	
(CRO-1265)	\$		\$	
and 11e)	\$	5,460.83	\$	14,250.83
				
	Φ.			10.100.00
	-	5,706.13		13,198.90
(CRO-1310)	-			
(CRO-1310)	\$		\$	
(CRO-1315)	\$		\$	
(CRO-1420)	\$	576.10	\$	576.10
(CRO-1320)	\$		\$	
(CRO-1510)	\$	475.83	\$	475.83
ınd 17)	\$	6758.06	\$	14,250.83
ine 18)	\$	0.00	\$	0.00
(CRO-1330)	\$			
(CRO-1430)	\$	0.00		
(CRO-1610)	\$	14		
(CRO-1620)	\$	(56)		
(CRO-1720)	\$			
(CRO-1710)	\$		\$	
			_	
(CRO-1440)	\$	923.90	\$	923.90
(CRO-1440) (CRO-2220)	\$	923.90	\$	923.90
	(CRO-1205) (CRO-1210) (CRO-1220) (CRO-1230) (CRO-1230) (CRO-1240) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1250) (CRO-1310)	CRO-1205 \$ (CRO-1210) \$ (CRO-1230) \$ (CRO-1240) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1265) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1310) \$ (CRO-1320) \$ (CRO-1320) \$ (CRO-1310) \$ (CRO-1320) \$ (CRO-1320) \$ (CRO-1310) \$ (CRO-1320) \$ (CRO-1	Total this Reporting Period \$ 1,297.23 (CRO-1205) \$ (CRO-1210) \$ 5,460.83 (CRO-1220) \$ (CRO-1230) \$ (CRO-1240) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1250) \$ (CRO-1255) \$ (CRO-1265) \$ (CRO-1310) \$ 5,706.13 (CRO-1310) \$ 5,706.13 (CRO-1310) \$ 576.10 (CRO-1320) \$ (CRO-1320) \$ (CRO-1320) \$ (CRO-1320) \$ (CRO-1320) \$ (CRO-1310) \$ (CRO-1320) \$ (CRO-1310) \$ 0.00 (CRO-1330) \$ 0.00 (CRO-1430) \$ 0.00 (CRO-1430) \$ 0.00 (CRO-1610) \$ (CRO-1620) \$ (CRO-16	Total this Reporting Period S 1,297.23 S

Contri	butions from	m Individuals		Pg	_1 of	6	Yes	No No
Use this fe	orm to report indi	vidual contributions of	ver \$50	or contributions unde	r \$50 if form CRO) 1205 is not	used	
1. Comm	ittee Full Name ((and Fund if applical	ble)			2. ID Num	ber	
Committe	e to Elect Bill Du	ısch		* 127 24			27	
3. Contri	butor Informatio	on		Add Rem	nove			
	e, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
Jing H. H	city, state, & zip)			Business Owner				
763 W Fa				c. Employer's Name/Spe	ecific Field			
	e, MD 21201			Dragon Palace Rest				
						e. Election Su	ım to Date	
						\$	2000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			10/27/20)17	\$	2000.00
							\$	
		N					\$	
3. Contri	butor Informatio	on		Add Rem	nove			
a. Full Nam	ne, Mailing Address	& Phone	b. Job Title/Profession		d. Comments			
(include city, state, & zip)				Lawyer				
Ben Tuck				a Employanta Nama/Cm	ocific Field			
285 Deer	e, NC 27048			c. Employer's Name/Spe Folger & Tucker, P.				
Stonevine	,, 110 270 10			l organ ac manan, m	•	e. Election Su	ım to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			10/27/20	017	\$	200.00
	e						\$	
							\$	
	butor Informatio	CONTRACTOR OF THE PROPERTY OF		Add Rem	nove		f f full	
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	ì	
Douglas S	city, state, & zip)			Principal				
655 Abin				c. Employer's Name/Spo	ecific Field			
	NC 28025			Girffin Stafford Ho	March Street Company of the Company			
*				4		e. Election Su	um to Date	
			*			\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Check			10/27/	17	\$	500.00
						8	\$	
							\$	
	only this Pag					\$		2700.00
5. Total	of ALL CRO	-1210 Pages				\$		5460.83
(This line	a must be on line 6 of	Detailed Cummary Page (PO 110	0)				

Amendment

		m Individuals ividual contributions or	vor \$50	Pg	of	6_ O 1205 is not	Yes Yes	No No
		(and Fund if applications		or continutions unde	27 \$30 H 10HH CK	2. ID Num		
	ee to Elect Bill Du							
3 Contri	ibutor Informatio	on.		Add Ren	nove	form in the		
	ne, Mailing Address &		KA .	b. Job Title/Profession	nove	d. Comments		
	city, state, & zip)			Business Owner		. I destinations digestione		
Roy L Cl								
300 17 th				c. Employer's Name/Sp Condo World	ecific Field	-		
IN IVIYITIE	Beach, SC 29582	100		Colido world		e. Election Su	ım to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i In I	Kind Description	; Dota (mm/dd/xx			
I. Prior			1. 111-10	and Description	j. Date (mm/dd/yy	215,72	k. Amount	500.00
Ш	1	Check			10/27/2	017	\$	500.00
	-						\$	
	7,						\$	29
3. Contri	ibutor Informatio	on		Add Ren	nove			
	me, Mailing Address &			b. Job Title/Profession		d. Comments	3	
	city, state, & zip)			Home Maker				
Jane Lile:				- Elavaria Nama/Sr	ice Pield			
	bridge Ct NE , NC 28025			c. Employer's Name/Sp	ecific Field			
Concora,	140 20025					e. Election Su	um to Date	
						\$	100.00	2
f. Prior	g. Account Code	h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy	(vv)	k. Amount	
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			1				\$	
							\$	
3 Contr	ibutor Information			Add Rer	move		J , P	
	me, Mailing Address			b. Job Title/Profession	nove	d. Comments	s	
	city, state, & zip)			Business Owner				
Neta B H								
	ewood Circle NE			c. Employer's Name/Sp				
Concoru,	, NC 28025			Neta's Clothing Sto	ore	e. Election S	um to Date	
23						Emmandement of productions		
c n :	T ,		· v		1.5.4.4.414	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	1. 111-1	Kind Description	j. Date (mm/dd/yy		k. Amount	100.00
	1	Check	-		10/27/2	.017	\$	100.00
							\$	
				F			\$	
	l only this Pag					\$		700.00
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Amendment

		m Individuals ividual contributions of	over \$50	or contributio	Pg ns unde	<u>3</u> of er \$50 if form CR0		Amendmen Yes ot used	t No
		(and Fund if applical					2. ID Nun		
Committ	ee to Elect Bill Du	isch							
3. Contr	ibutor Informatio	on		Add	Ren	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Pro	ofession		d. Commen	ts	
(include	city, state, & zip)			Insurance B	roker				
J Dougla									
51 Mean				c. Employer's	CLINICAL CONTRACTOR				
Concord,	, NC 28025			Corporate B	rokerag	ge Services			
							e. Election S	Sum to Date	
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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								\$	
				P.5				\$	
3. Contr	ibutor Information	on		Add	Ren	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Pro	ofession		d. Commen	ts	
	city, state, & zip)			Nurse			12		
Ann Sch									
4403 Sto	ugn Rd , NC 28027			c. Employer's I	Name/Sp	ecific Field			
Concord	, NC 28027			CHS			e Flection	Sum to Date	
				-1					
-							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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		,						\$	
				3				\$	
3. Contr	ibutor Informati	on	\boxtimes	Add	Ren	nove			
	me, Mailing Address	& Phone		b. Job Title/Pr	ofession		d. Commen	ts	
	city, state, & zip)			Teacher					
Toni Fag 5580 Yo				a Employada	No	:C. E:.13			
	, NC 28027			c. Employer's I	The second secon	e trapasi suore antennessa sessenti tutti il tenessa il tenessa suore su			
Concord	, NC 20027			Gwillett Col	unty Eu	System	e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description		j. Date (mm/dd/yy	yy)	k. Amount	
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								\$	
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5. Tota	of ALL CRC)-1210 Pages					\$	D0 : 1	5460.83

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

		m Individuals			Pg	_4 of	6_	Yes	No No
		ividual contributions o		or contri	butions unde	r \$50 if form CRO			-1
		(and Fund if applicat	ole)				2. ID Num	ber	
Committe	ee to Elect Bill Du	ısch	12						
	ibutor Informatio		\boxtimes	Add		nove			
	ne, Mailing Address &	& Phone			itle/Profession		d. Comments		
John K. C	city, state, & zip)			Custon	ner Relations	i			
150 Tetbu				c. Emplo	yer's Name/Spe	ecific Field			
	NC 28025			Walma					
							e. Election Su	m to Date	
							\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descri	ption	j. Date (mm/dd/yy	yy.)	k. Amount	
	1	Check				11/10/20	017	\$	150.00
								\$	
								\$	
3. Contri	ibutor Informatio	on	\boxtimes	Add	Ren	nove			
a. Full Name, Mailing Address & Phone				THE STANSON OF THE ST	itle/Profession		d. Comments	į.	
(include city, state, & zip)				Physician					
Cheryl Kelling 512 Winfield Blvd SE				e Emple	oyer's Name/Sp	ssific Field			
	, NC 28025			CHS-N		ecinc ricia			
5							e. Election Su	ım to Date	
							\$	100.00	2
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Online				11/10/20	017	\$	100.00
								\$	
			,					\$	
3. Contri	ibutor Informatio	on	\boxtimes	Add	Ren	nove			
	me, Mailing Address &	& Phone			itle/Profession		d. Comments	i	
(include Kathy Pil	city, state, & zip)			Attorne	ey		79.		
640 Deve	N-20			e, Emple	oyer's Name/Sp	ecific Field			
	, NC 28025			-	mployed	**************************************			
1000	4						e. Election Su	um to Date	
							\$	35.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	iption	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Online				11/10/	17	\$	35.00
								\$	
		161	41					\$	
4. Total	l only this Pag	çe .					\$		285.00
5. Total	l of ALL CRO)-1210 Pages					\$		5460.83
(This lin	o must be on line 6 of	f Detailed Summary Page ("RO-110/	0)			7		2.00.05

Amendment

		n Individuals vidual contributions o	ver \$50	Pg or contributions unde	_ <u>5</u> of er \$50 if form CR	<u>6</u> O 1205 is not	Amendment Yes used	No No
1. Comm	ittee Full Name (and Fund if applical	ole)			2. ID Numl	ber	
Committe	e to elect Bill Du	sch						
3. Contri	butor Informatio	on		Add Ren	nove			
	e, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Banker				
Joseph C 81 Grove				c. Employer's Name/Specific Field				
Concord, NC 28025				Retires	20110 1 1010			
			[9]		e. Election Su	m to Date		
					\$ 200.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-K	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	1	Online			11/10/	17	\$	200.00
							\$	
				······································			\$	
3. Contri	butor Informatio	on		Add Ren	nove			
a. Full Nam	e, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
	city, state, & zip)			Dean				
Anita Bro	wn rfield Dr NW			a E-malausula Nama/Sm	Field			
	NC 28027			c. Employer's Name/Sp Cabarrus College o				
,				Human Sciences		e. Election Su	m to Date	
						\$	475.83	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	_	475.	83	11/10/2	014	\$	475.83
							\$	
							\$	
	butor Informatio			Add Rer	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	6	
	city, state, & zip) fford Sult Jr			RE Developer				
1151 Bise				c. Employer's Name/Sp	ecific Field			
	NC 28027			Sherwood Develop	oment Group			
				<u>a</u>		e. Election Su	ım to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i, In-H	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	Check			12/8/	17	\$	500.00
				·			\$	
	-						\$	
	only this Pag					\$		1175.83
5. Total	of ALL CRO)-1210 Pages				\$		5460.83
(This is	a marret ha en line (-4	Dotailed Current Dear	PO 1100	01				

		n Individuals		Pg	<u>6</u> of	6_		No No
				or contributions unde	r \$50 if form CR			
	et to elect Bill Du	and Fund if applicates	ole)			2. ID Num	ber	
3 Contri	butor Informatio		\boxtimes	Add Rem	ove			
	e, Mailing Address			b. Job Title/Profession	,	d. Comments		
	city, state, & zip)	a i none		RE Broker		u. comments		
John Mor				TED DIVINGS				
	nitage Dr SE			c. Employer's Name/Spe	ecific Field			
	NC 28025			New Branch Real E		1		
						e. Election Su	ım to Date	
					\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-H	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	Online			11/30/	17	\$	150.00
				-			\$	
							\$	
3. Contri	butor Informatio	on	\boxtimes	Add Rem	nove			
	ne, Mailing Address			b. Job Title/Profession	,	d. Comments		
	city, state, & zip)			Contractor				
Betty Lile								
	691 Williamsburg Dr NE			c. Employer's Name/Spe	ecific Field			
Concord,	NC 28025			Liles Construction				
		1				e. Election Su	ım to Date	
						\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
	1	Online			11/10/2	017	\$	150.00
						-	\$	
		~				1	\$	
3. Contri	butor Informatio	on		Add Rem	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comments	3	
(include	city, state, & zip)							
				c. Employer's Name/Spo	ecific Field			
				c. Employer's Name/Spi	ecine Field			
						e. Election St	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y		k. Amount	
							\$	
)			\$	
				Ÿ			\$	
4. Total	l only this Pag	e				\$		300.00
	of ALL CRO					0		5460.02

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

5460.83

\$

T	Parameter and the second second
Dis	bursements

		yr.	•	
Pg	 of	3	Amendment Yes	No No

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

	coordinated party ex 'ull Name (and Fund					2 ID Number
	4		~			2. ID Number
Charles and the control of the contr	Hee to E					
3. Type of Disb					each type of Disb	ursement.)
Operating Exp		tributions to Candida	tes/Politi			rdinated Party Expenditures
4. Payee Inform				Add	Remove	
	failing Address & Pho	one		b. Coordinat	ed Committee Name	d. Comments
(include city, state,	& zip)					
itek	2 4			c. Level Regi	stered (Specify)	`
7075	B Aviation	Bra NW		Federal	County:	
Concor	d, NC 2	8027		State	Municipa	e. Election Sum to Date
704-	357-6002					\$ 1,864.00
	g. Form of Payment	h. Purpose Code	i, Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	I	10/2	4/2017	\$ 619.46	Between
<u> </u>	great		10/2	4204	0 1 1 1 0	Postage
4. Payee Inforn	pation			Add	Remove	
	ing Address & Phone		ш		ed Committee Name	e d. Comments
(include city, sta				b. Coordinat	ed Committee Name	u. Comments
Till	1 + 701					
Indep.	endent Trib	une			stered (Specify)	-
363	Church S	+ N-Ste	140	Federal	County:	
Couca	d NC 2	8025		State	Municipa	dity: e. Election Sum to Date
To 4	rd, NC 29					\$ 1,290.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	li Amount	k. Required Remarks
1	Check	A	/		The same of the sa	
ļ	Check	Λ	10/2	4/2011	4 4 50.00	Advertising
					\$	
4. Payee Inform				Add	Remove	
	ing Address & Phone			b. Coordinat	ed Committee Name	d. Comments
(include city, sta	te, & zip)					1
itek			,	c Level Pegi	stered (Specify)	
7075 1	3 Aviation	BIVE NU	J	Federal	County:	
				State		ality: e. Election Sum to Date
Concor		28027				
	351-6002					\$2,467.21
f. Account Code	g. Form of Payment		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	B	10/2	7/2017	\$ 603.21	Printing fliers
			1	,	\$	J
5. Total only th	is Page			1000		\$ 1,712.67
	CRO-1310 Pages					
	line 13a of Detailed Sum	ımarı Page CRO-11	00 if One	eratina Evnanc		\$ 5,706.13 M
	line 13b of Detailed Sum			0 1		\$ 110.13
	line 13c of Detailed Sum		-			7 5,683.2
	odes (List detailed			THE RESIDENCE OF		
A* - Media	B* - Printin			undraising	D - To	Another Candidate
E - Salaries	F* - Equip			litical Party		olding Public Office Expenses
I - Postage	J - Penaltic			Office Exper		onation to Legal Expense Fund
O* Other				_		
* Codes requir	re detailed explanati	on in required r	emark	s field (k)		

Disbursements

				77"	
Pg	2	of	3	Amendment 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 Fund						2. ID Number
^ ~ · · ·	ttee to E	lat Bi	11 *	Dusch			
3. Type of Dish		use separate CK	_		and tuna	of Diah	
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	failing Address & Pho	one		b. Coordinate		tee Name	d. Comments
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363	Church St	N-Stel	40	Federal		County:	
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7016-	nderd Trik Church St d NC 28 189-9105	9					\$ 1,720.00
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(include city, sta							
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revig	I ductions,	INCIL		c. Level Regi		County:	
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Concor	rd NC 2802	5		- Suite	44	rrameipai	.,,
704-	Productions, dgewood A rd NC 2802 188-2949						\$4,275.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks
1	Check	A	11/0	1/2017	\$ 1.45	8.00	Marketing - Oct, 2017
	O,CCC. Y	-	1	770.	6		Will 15011119 - 601, 2011
			L				
4. Payee Inform					Remove		
	ling Address & Phone			b. Coordinat	ed Commit	tee Name	d. Comments
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	ng St SW			Federal		County:	the control of
^ .	115 284	35		State	-		ity: e. Election Sum to Date
Concord	JNC 280						
704-9	18-4093						\$ 2,401.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount		k. Required Remarks
	Check	l A	12/1	5/2017	\$ 754	.35	Shirts W/Logo
			1	1	\$		7 9
5 m () 1 ()			ATTACHE TO SERVE	Establish to the	Ψ		10.01.01.75
5. Total only th				78 Jako			\$ 2,634.35
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A* - Media	B* - Printin	-		undraising			Another Candidate
E - Salaries	F* - Equip			litical Party			olding Public Office Expenses
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O* Other	re detailed evalence	on in required	romonle	e field (le)			
Codes regul	re detailed explanati	on in required i	сшагк	s field (K)	0.000		

Disbursements

			_ v	Amendmen	t
Pg	3	of	2	☐ Yes	No No

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

Λ' /.		penditures					
/ \	ull Name (and Fund				25 315		2. ID Number
Committee to Gest Bill Dusch							
3. Type of Disb		use separate Ch					
Operating Expe	THE RESERVE AND ADDRESS OF THE PARTY OF THE	tributions to Candida	ates/Politic			Coordina	ted Party Expenditures
4. Payee Inform		ancia de Caración		Add	Remove		
	ailing Address & Pho	one		b. Coordinate	ed Committe	ee Name	d. Comments
(include city, state,							
Techno	Box 997	lge, Inc.		c. Level Regis	stand (Sna	if _v)	-
PA	R 997	0		Federal		County:	
(DOX 111	28176		State		Aunicipality:	e. Election Sum to Date
Concor	a NC	20020				1	
704-7	188-8426						\$ 586.19
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	equired Remarks
1	Check	A	12/1	5/2017	\$ 586	19	Website
	ONICOR		· / ·	-1-	0		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					Φ		
4. Payee Inform			Ц		Remove		
	ng Address & Phone			b. Coordinate	ed Committ	ee Name	d. Comments
(include city, stat							
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26 44	1 / 61	Ŧ 0		Federal	-	County:	
35 Ma	rket otre	eer		State	-	•	e. Election Sum to Date
Concar	-d. NC 2	8025				puntj.	
704-	rket Stre -d NC 2 692-6549	l					\$ 750.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. R	lequired Remarks
1	Check	A	1 1/2	0/2017	\$ 750.0	1/	-12
· ·	CILCOR	/\	1075	970.1		V V	ideography
-					\$		/
4. Payee Inform	nation			Add	Remove		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Committ	ee Name	d. Comments
(include city, stat	e, & zip)						
DD							1
Pay Y				c. Level Regi	general Control	County:	
22/11	Jorth First	st.		State			e. Election Sum to Date
	95. (10)	V (1758) 175, 113		State	<u>, 124</u>	viumerpanty.	
- T	60 (4						
San Jo	se CA	<u>~1</u>		111			\$ 55.53
San Jo 858 f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. F	\$ 55.53 Required Remarks
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Loan Repayments

mei	ıdment			
	Yes	\boxtimes	No	

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JSE	Inis	IOIIII	10	report	paymen	IS OH	an	existing	man.

1. Committee Full Name (an	2. ID Number			
Committee to Elect Bill Dusc	ch			
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address & P	Phone			b. Comments
(include city, state, & zip) William Coltrane Dusch				
92 Louise Drive SE				c. Original Loan Date
Concord, NC 28025				7/11/2017
				d. Original Loan Amount
				\$ 1,500.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 923.90	1	Check	12/31/2017	\$ 576.10
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address & F (include city, state, & zip)	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information	多数数据数据 12 GH	Add	Remove	
a. Full Name, Mailing Address & I (include city, state, & zip)	Phone			b. Comments
(include city, state, & zip)				
a				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$			A	\$
\$				\$
4. Total only this Page				\$ 576.10
5. Total of ALL CRO-1		0)		\$ 576.10
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Outstan	ding	Loans
O CH CO CECHA	CALLET	LICOTELLO

				Amei	idment		
Pg	1	of	1		Yes	\boxtimes	No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)						2. ID Number
Committee to Elect B	ill Dusch					
3. Lender Informatio			dd		Domovo	
a. Full Name, Mailing Add				itle/Profession	Remove	d. Comments
(include city, state, & zi			LUCTOS LUCS LITTLE SOLISTICS	resident		d. Comments
William Coltrance Du				ation Tech		
92 Louise Drive SE	iscii		111101111	ation recii		e. Start Date (mm/dd/yyyy)
Concord, NC 28025			c Emplo	yer's Name/Specif	fic Field	c. Start Date (mm/dd/yyyy)
20023				ologies Edge	ne rieid	07/11/2017
			Toomin	orogico Eage		f. End Date (mm/dd/yyyy)
						8 2
						12/31/2017
g. Rate	h. Security Pledg	ged		i. Original Loan	Amount	j. Remaining Loan Balance
0 %	0 % None			\$ 1,500.00		\$ 0.00
k. Full Name of Lending I	 nstitution					l. Loan Number
R. Pull Name of Lending I	usutuuon					i. Loan Number
3. Lender Informatio	n	ПА	dd		Remove	
a. Full Name, Mailing Add			T	itle/Profession	j remove	d. Comments
(include city, state, & zi						ui comments
	8/					
						e. Start Date (mm/dd/yyyy)
			c. Emplo	yer's Name/Specif	fic Field	
						f. End Date (mm/dd/yyyy)
						<
g. Rate	h. Security Pledg	ged		i. Original Loan	Amount	j. Remaining Loan Balance
%			\$			\$
k. Full Name of Lending I	nstitution					I. Loan Number
The state of the s						
3. Lender Informatio	n	A	dd		Remove	65. 在51. 中,并自己的
a. Full Name, Mailing Add	lress & Phone		b. Job T	itle/Profession		d. Comments
(include city, state, & zi	p)					7
						9.1
						e. Start Date (mm/dd/yyyy)
			c. Emplo	yer's Name/Specia	fic Field	
						f. End Date (mm/dd/yyyy)
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g. Rate	h. Security Pleds	ged		i. Original Loan	Amount	j. Remaining Loan Balance
%				\$		\$
* (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	netitution					
k. Full Name of Lending I	nstitution					I. Loan Number
4. Total only this Pag	re	and the first the	references			\$ 0.00
5. Total of ALL CRO						P2824
(This line must be on lin		mmary Page Cl	RO-1100)			\$ 0.00
	-	Convince				

1				T		
H	nr	OIX	en	1 .6	nan	31
		CI V			A CE 11	

Pg 1 of 1 Amendment No

Use this form to report any loan which has been forgiven by the lender.

A Forgiven loan statement (CRO-6200) must accomp	any ea	ach forg	given I	oan.		3
1. Committee Full Name (and Fund if applicable)				2. ID Number		
Committee to Elect Bill Dusch					3.0	
	_					
3. Lender Information		Add		Remove		
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)						
William Coltrane Dusch						
92 Louise Drive SE				c. Original Loan Da	te (mm/dd/yyyy)	f. Election Sum to Date
Concord, NC 28025			nc nc	07/11/2	2017	\$ 1,500.00
				d. Original Loan An	nount	g. Date (mm/dd/yyyy)
				\$ 1500.0	00	07/11/2017
				e. Remaining Loan I	Balance	h. Forgiven Amount
				\$ 923.90)	\$ 923.90
3. Lender Information		Add		Remove		
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)						
				. Original Laran Da		CEL . C. A. D.
				c. Original Loan Da	te (mm/dd/yyyy)	f. Election Sum to Date
						\$
				d. Original Loan An	nount	g. Date (mm/dd/yyyy)
				\$		
				e. Remaining Loan I	Balance	h. Forgiven Amount
				\$		\$
3. Lender Information		Add		Remove		的数据工程的对象
a. Full Name, Mailing Address & Phone				b. Comments		
(include city, state, & zip)						
				c. Original Loan Da	te (mm/dd/yyyy)	f. Election Sum to Date
	*					\$
				d. Original Loan An	nount	g. Date (mm/dd/yyyy)
				\$		
				e. Remaining Loan	Balance	h. Forgiven Amount
				\$		\$
4. Total only this Page					\$ 923.90)
5. Total of ALL CRO-1440 Pages					\$ 022.00	1
(This line must be on line 26 of Detailed Summary Page CRO-	-1100)				\$ 923.90)
The lender information should contain the same information as s	supplie	d under t	he origi	nal loan proceed.		

Use this form to report non-monetary contributions, donations, gour Use CRO-1215 if In-Kind Contributions were or will be refunded				e comn	nittee or fund.				
1. Committee Full Name (and Fund if applicable)				2. ID Number					
Committee to Elect Bill Dusch									
3. Contributor Information Add Remove									
. Full Name, Mailing Address & Phone b. Type of Contributor			c. Comments						
(include city, state, & zip)	Individual Candidate								
Anita Brown		Party							
1220 Greenside Dr NW		PAC			% ¹				
Akita Brown 1220 Greenside Dr NW Concord, NC 28027	Referendum		rendum	d. Election Sum to Date					
74-786-0029		Other Receipt Source		\$ 475.83					
e. Description	f. Date (mm/dd/y			yy)	g. Fair Market Amount				
Meet and Greet @ Wine Room	_		11/01/201	7	\$ 475.83				
Meet and Greet @ Wine Room Afton Village					\$				
					\$				
3. Contributor Information Add Remove									
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor Individual			c. Con	nments				
(include city, state, & zip)	Candidate								
Party									
		PAC							
			rendum	d. Election Sum to Date					
		Othe	er Receipt Source	\$					
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount				
					\$				
					\$				
					\$				
3. Contributor Information Add Remove									
Ill Name, Mailing Address & Phone b. Type of Contributor				c. Comments					
(include city, state, & zip) Individual Candidate Party				1.5					
						PAC Referendum			
	d. Election Sum to Date								
		Otne	er Receipt Source	\$					
e. Description f. Date (mm/dd/yyy				yy) g. Fair Market Amount \$					
							\$		
						4. Total only this Page			
				5. Total of ALL CRO-1510 Pages				\$ 475.83	

In-Kind Contributions



Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Forgiven Loan Statement

This form is used to report a loan that has been forgiven by the lender. The lender's signature is required on this form and it must accompany the next filed report.

Name of Lender: William Coltrane Dusch

Committee receiving loan: Committee to Elect Bill D

Date of loan: 07/11/2017

Amount of original loan: 1,500.00

*Amount of loan to be forgiven: 923.90

I, <u>William Coltrane Dusch</u> do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

Signature of Lender

Signature of Committee Treasurer

Note: This Statement is to be filed with the Election Board where the committee's reports are filed.