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.

. Committee Information			0.0%的增长, <b>建设的建设</b> 出	<b>国家教教教</b> 的	
. Full Name	Barrisen in Beralter of Add			c.	ID Number
0	1		201.11		
omn't tes	de T	lect k	JOKE H	1921	. Date Filed
. Mailing Address (include City, State and Zip Code)					s /
9803 Scheer	Cast				9/18/14
Erade: 17-15	Nr 28	075		e.	. Phone Number
1				-	104 454-5622
D W D D I I W	LD.L.W. Burn	A d David F	nd Dote ( Juli a) 5	CONTRACTOR OF A CONTRACTOR OF	Full Name
. Report Year 3. Period Sta	rt Date (mm/dd/	yy) 4. Period E	na Date (mm/da/yy)	C Ilcasulci	I is
14/1	7	118	3/17 3	F. Kla	ke Kiget
Type of Committee (Check	k One)	9. Type of Rep	ort (check only one t		
and the second se		Municipal	State/County		Referendum
and Annual Annual	Referendum	Organizationa		nal	Organizational
	Joint Fundraiser	Thirty-five day	stration		Pre-ref INITIAL HERE
Legal Expense Fund		Pre-primary	First		Final
		Pre-election	Secon	3	Supplemental Final Annual
.Type of Fund	ple, check one)	Pre-runoff Semi-annual	Third Fourth		Special
Booster Fund		Mid Yea	haved	P	Special
Building Fund		Year End		L	10. Special Report Name
Other:		Final	Year		
8. Number of Fundraisers th	his Report	Special	Final		
			Special		
11. Account Information			11. Account Inform	ation	
a, Financial Institution Full Name			a. Financial Institution I	and the second division of the second divisio	
	-		CABARRU	S COUNT	Y
Balack fre	Ozan	22	00400.05		Account Code
b. Purpose	c. Account Co	de	b. Purpose		c. Account Code
0	DE	1	AUG 1	8 2017	
Compaign	d. Period Beg	in Palance			d. Period Begin Balance
esperses		0	DECI	1	
-12	\$_100	2.0⊕-0	RELI	EIVED	\$
CERTIFICATION					
I certify that the Committee or	Fund is in compl	iance with all app	licable provisions of Art	icle 22A, 22B	8 & 22D-22M of Chapter 163
of the NC General Statutes and	d that no funds are	e commingled wit	h prohibited or other not	n-disclosed fu	nds. I further certify that this
report is complete, true and co	prrect and that I ha	we been trained b	y the NC State Board of	Elections.	
0.1 1/1		$\bigcirc$			2/18/17
Hobe Hice	5		gnature of Appointed Treas	nirar.	Date
Printed Name of	THE REAL PROPERTY AND ADDRESS OF THE PARTY O	51	gnature of Appointed freas		Date
FOR OFFICE USE ONLY	1 N N N N N		2 1 +	Dal	ivery Method
Date Received:	9-18-17	Emplo	yee:		Normal Mail
			1	H	Registered Mail
Date Postmarked:		Emplo	oyee:	- 🕅	Hand Delivered
	alarlas	<b>P</b> 1	forma	「	Electronically Filed
Date Scanned:	0/63/11	Emplo	byee: Unig	Director	
Date Data Entered:		Emplo	ovee:		Signer has not received
		A REAL PROPERTY OF THE PARTY OF		REC	
Please Note: This for					mittee address, treasurer,
assi	stant treasurer, c	ustodian of boo	ks information, or acc	ount informa	ation.
	end the Stateme		on (CRO-2100A-E) to	make com	hutige analyses.
CRO-1000	ii) (M	NC State Bo	oard of Elections	CABA	RRUS COUNTY August 2
				BOARD	OF ELECTIONS

Amendment Ves No No

Detailed Summary		tory information		Yes No
Use this form to summarize all disclosure reporting forms and to 1. Committee Full Name (and Fund if applicable) 2	Type of R	eport	3. ID N	umber
Comm: Use to Bert blake	585	Total this		Total this
Start of Election Cycle: January 1, 2015	25-2-	_ Reporting Perio	d	Election Cycle
4) Cash on Hand at Start		\$	S	0
RECEIPTS	-			
	CRO-1205)	\$	\$	
and the second	(CRO-1210)	\$ 60	2 00,	100.00
7) Contributions from Political Party Committees	(CRO-1220)	s (C) C	\$	
the second se	(CRO-1230)	S	\$	
The second	(CRO-1410)	S	S	
	(CRO-1240)	\$	S	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	S	S	;
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	3
11c) Outside Sources of Income	(CRO-1250)	S	47	5
11d) Legal Expense Fund - Other Sources	(CRO-1270)	S	3	S
11e) Exempt Purchase Price Sales	(CRO-1265)	S	3	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9.10,11a,11b,11c,	11d and 11e)	S KON	5	\$ 100.00
EXPENDITURES		-		
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$		\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$		\$
13c) Coordinated Party Expenditures	(CRO-1310)			\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	S		S
15) Loan Repayments	(CRO-1420)	S		\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	S		\$
17) In-Kind Contributions	(CRO-1510)			\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17	) \$	0	\$ 0
13) TOTAL EATEROTTORIES (Tag and 12 together, then su	and the second se		00	\$ 100.00
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	) S		
24) Account Transfers Within the Committee	(CRO-1720	) S		
25) Administrative Support	(CRO-1710	)) \$		\$
26) Forgiven Loans	(CRO-144)	7) \$		S
27) 48-Hour Notice Reports Sum	(CRO-2220	) \$		\$
	(CRO-1215	) \$		S
28) Contributions to be Refunded	(CRO-1215 oard of Electio	STATUTE OF THE OWNER WATER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OWNE		\$ August 3

<b>a</b> .	·1 / · · · · ·							Amendment
		om Individual adividual contribution		ontributic	Pg na unde	of of	201	Yes No
	and the second sec	e (and Fund if appli	And the second	ontributic	ons unde	1 350 II IoIIII CF		D Number
$\sim$		1 1	D		1 .			
(c	WW. CA	E of gg	ect B	ake	K:	set.		
	ributor Informa			Add	Ren	nove	1. 0	
States and the states and	ame, Mailing Addre	ss & Phone		b. Job Tit	tle/Profes	sion	d. Co	omments
(includ	e city, state, & zip)	1.55		Consultant				
J Dake Kisel			c. Employer's Name/Specific Field					
(mellide city, state, & Zp) F Blake Kiget 2803 Scheet Cart Elegrisburg, NC 22075		Simon-Mayer Chentotte, ccc						
				e. El	ection Sum to Date			
-					\$	100,00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption		j. Date (mm/dd/yy	yy)	k. Amount
	DEK	Ged				8/14/1	7	\$ 100.00
	tricit							\$
								\$
3. Cont	tributor Informa	ation		Add	Ren	nove		
	ame, Mailing Addre			b. Job Ti	tle/Profes	sion	d. C	omments
(includ	le city, state, & zip)		de a trade de la companya de la comp					
				. E. I.	le Mes	- /S offic Field		
				c. Emplo	yer s Nan	ne/Specific Field	8	
							e. E	lection Sum to Date
							\$	
		L E CD	i In Kind Deceri	ntion		j. Date (mm/dd/yy		k. Amount
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	labaras. Of	J. Date (minuda yy	<u>yy</u> )	
								\$
								\$
								\$
3. Con	tributor Inform	ation		Add	Rei	nove		
a. Full N	lame, Mailing Addr	ess & Phone		b. Job T	itle/Profe	ssion	d. C	Comments
(inclue	de city, state, & zip)			<u>10</u>				
				c. Emplo	oyer's Nai	ne/Specific Field		
1							e. F	lection Sum to Date
							\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	iption		j. Date (mm/dd/yy	yyy)	k. Amount
								\$
								\$
								\$
4. To	tal only this F	Page					\$	100.00
4. Total only this Page \$ 100.00   5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) \$ 100.00								
		6 of Detailed Summary I	Page CRO-1100)	and of Pl	tions		φ	(00,00) Arril 200