Disclosure Re	port Cover				Yes No		
	neral report and committee	information, must be	signed and subi	mitted along with oth	her detailed forms.		
1. Committee Inform	to update information						
a. Full Name	mation				c. ID Number		
Scott Elliott for City	Council				c. ID Tumber		
	ude City, State and Zip Code)				d. Date Filed		
36 Gerogia Street N Concord, NC 28025	W						
2010014, 110 20023					e. Phone Number		
					704-534-7313		
		1 A D 1 1 1 1	E 15 /		704-334-7313		
2. Report Year	3. Period Start Date (mm/c	1d/yy) 4. Period 1 (mm/dd/yy)	End Date	5. Treasurer Full	Name		
2017	07/22/2017	09/2	6/2017	Mark Edwin Hayn	nes		
6. Type of Committe		9. Type of Report		ly one type of report			
Candidate Campa  PAC		Municipal	State/Co		Referendum		
Independent	Referendum	Organizational		Organizational	Organizational		
Expenditure Legal Expense Fu	Joint Fundraiser	Thirty-five day	′	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
Booster Fund"	16 +1	Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual Mid Year	.   📙 ,	Fourth Semi-annual	Special		
Other:		Year End		Mid Year	10. Special Report Name		
		Final		Year End			
8. Number of Funda	raisers this Report	Special		Final			
				Special			
11. Account Information Institution F			11. Account I	Information itution Full Name			
Uwharrie Bank	un ivaine			JS COUNTY			
b. Purpose	c. Account Code			ELECTIONS	c. Account Code		
Campaign	152	25					
Funds			OCT	<b>02</b> 2017	i noi in de noi		
	d. Period Begin Balanc	e			d. Period Begin Balance		
95	\$ 0		REC	EIVED	\$		
CERTIFICATION							
I certify that the Com	nmittee or Fund is in compl	iance with all applica	ble provisions	of Article 22A, 22B,	& 22D-22M of Chapter 163 of		
the NC General Statu	ites and that no funds are co correct and that I have been	ommingled with prob	ibited or other i	non-disclosed funds.	I further certify that this report		
Mark Edwir		ir trained by the Nex	125/	rections.	10/2/17		
	Printed Name of Signer	S	ignature of Appoint	ted Treasurer	Date		
FOR OFFICE USE O	NLY / /		0	W to	D.1' 16.4		
Date Received:	10/2/17	Employee:	4.7	Henry	Delivery Method Normal Mail		
Date Postmarked	4.	Employee:	O	0	Registered Mail		
Date I ostillar Rec	·- /- 1	Employee.	-		Hand Delivered		
Date Scanned:	10/3/17	Employee:	ome	7-	☐ Electronically Filed ☐ Signer has not received		
Date Data Entere	ed:	Employee:	U		mandatory training		
Date Data Effect	· · · · · · · · · · · · · · · · · · ·	Employee:					
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 Yes  $\boxtimes$ No

**Detailed Summary**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
Scott Elliott for City Council	35 Day		
Start of Election Cycle: January 1,	2014	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 130	\$ 130
6) Contributions from Individuals	(CRO-1210)	\$ 5,900	\$ 5,900
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 Organizati	ons (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, 11	lc, 11d and 11e)	\$ 6,030	\$ 6,030
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3986.50	\$ 3986.5
13b) Contributions to Candidates/Political Commi	ttees (CRO-1310)	\$ 300	\$ 300
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)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	15, 16 and 17)	\$ 4286.5	\$ 4286.5
19) Cash on Hand at End (Add lines 4 and 12 together, then suit	btract line 18)	\$ 1743.5	\$ 1743.5
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaig	(ns) (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)	\$	\$
20) Contributions to be Refunded	(CRO-1213)		Ψ

## **Aggregated Contributions from Individuals**

Page

<u>1</u> of <u>1</u>

nen	dment	
]	Yes	$\boxtimes$

No

Optional form used to report NC Contributions From Individuals of \$50 or less

	t Elliott for City		id if applicable)		2. 11	) Number
3 C	ntributor Info	rmation				
a. Am		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	1525	check	•		¢ 10
	Remove	1323	CHECK		9/8/2017	\$ 10
	Add	1525	check		9/8/2017	\$ 20
	Remove	1020	Check		37072017	Ψ 20
	Add Remove	1525	check	·	9/8/2017	\$ 50
	Add	1525	check		9/18/2017	\$ 50
	Remove	1323	CHECK		9/10/2017	\$ 50
	Add					\$
<u> </u>	Remove					Ψ
ᆜ	Add					\$
$\vdash$	Remove					*
	Add					\$
H	Remove Add					
H	Remove					\$
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	Add					\$
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H	Add Remove					\$
H	Add	_				-
Η	Remove	1				\$
H	Add					2
Ħ	Remove					\$
	Add					
	Remove					\$
	Add					¢
	Remove					\$
	Add					\$
	Remove					Ψ
TO SECURE A POST	otal only thi	Allowers and the state of the second			\$	130
	otal of ALL		[[[[[[[] [[] [[] [[] [[] [[] [[] [[] [[		\$	130
(Ih	is tine must be on l	ine 5 of Detailed S	ummary Page CRO-1100)			

		m Individuals		Pg			Yes	s 🛭 No
		ividual contributions		0 or contributions und	ler \$50 if form CR			
		(and Fund if applica	ble)			2. ID Nu	mber	
Scott Ell	iott for City Coun	cıl						
SOCIETATION AND POST	ibutor Informati				move			
a. Full Name, Mailing Address & Phone				b. Job Title/Profession		d. Commen	its	
	city, state, & zip)			Regional Manager Surety Bond Unde				
	gia Street NW			c. Employer's Name/Sp				
	, NC 28025			Philadelphia Inden	THE STREET STREET, STR			
				Insurance Compan	ıy	e. Election	Sum to Date	
						\$	5,000	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1525	Check			07/24/2	2017	\$	5,000
							\$	
							\$	
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Nai	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	its	
	city, state, & zip)			Salesman				
	Henderson Elliott			Truck parts sales				
	bon Lane			c. Employer's Name/S				
Charlotte	e, NC 28269			Retired from AG I		E Station with Wisesam 4.5		
				Sales & Service, In	nc	e. Election	Sum to Date	
						\$	300	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1525	Cash			07/27	/17	\$	300
							\$	
							\$	
3. Contr	ibutor Informati	on		Add 🗌 Re	move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	its	
	city, state, & zip)			Owner				
Joe C. H				Asphalt Paving Co				
	ghway 73 East , NC 28025			c. Employer's Name/S Piedmont Asphalt	A STATE OF THE PROPERTY OF THE PARTY OF THE			
Concord	, NC 20023			Company, Inc	raving	e. Election	Sum to Date	
				1		\$	200	2053 D.I. U.S. H. S. J. S.
f. Prior	g. Account Code	h. Form of Payment	i. In-	 Kind Description	j. Date (mm/dd/y	A STATE OF THE STA	k. Amount	i de la companya de
	1525	Check			08/15/2		\$	200
							\$	
							\$	
4. Tota	l only this Pag	ge				\$		5,500
	l of ALL CRO					\$		5,900
(This lin	e must be on line 6 oj	f Detailed Summary Page (	CRO-110	0)				2,200

Amendment

		m Individuals  ividual contributions of	over \$50	) or contributi	Pg ons unde	_2 of er \$50 if form CR	O 1205 is no	Amendment  Yes  ot used	No No
		(and Fund if applica					2. ID Nun		
Scott Elli	iott for City Counc	eil eil							
3. Contr	ibutor Informatio	on		Add	Ren	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/P	AND THE RESERVE OF THE PARTY.		d. Commen	ts	
	city, state, & zip)			Homemake	er				
Shannon					N /6	ie ni 11			
T. 1000	Greggor Drive NW , NC 28025			c. Employer's	Name/Sp	ecinc Field			
Concord,	, INC 20023			None			e. Election S	Sum to Date	
									Alternative section has se
							\$	250	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	ı	j. Date (mm/dd/yy	ууу)	k. Amount	
	1525	Check				09/15/2	017	\$	250
								\$	
								\$	
3. Contr	ibutor Informatio	o <b>n</b>		Add	Ren	nove			
a. Full Nar	ne, Mailing Address	& Phone	BU	b. Job Title/P	rofession		d. Commen	ts	
	city, state, & zip)			Salesman					
	C. Tuttle, Jr			Industrial s	2355-0000000				
	nington Drive			c. Employer's					
Concord,	NC 28025			National B	earing C	ompany	e Election	Sum to Date	
				W			\$	150	ulines escribules
f. Prior	g. Account Code	h. Form of Payment	i. In-I	 Kind Description		j. Date (mm/dd/y	yyy)	k. Amount	
	150	check				09/17/2	2017	\$	150
								\$	
								\$	
3. Contr	ibutor Informatio	o <b>n</b>		Add	Ren	nove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/P	rofession		d. Commen	ts	
(include	city, state, & zip)								
				c. Employer's	s Name/Sp	ecific Field	0		
							a Flaction	Sum to Date	
								Sum to Date	Blothing Standar
=							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	1	j. Date (mm/dd/y	ууу)	k. Amount	
								\$	
								\$ .	
				8.5					

CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

400

5,900

\$

\$

					Am	endment		
Disbursements	Pg	1	of	1		Yes	$\boxtimes$	No
Use this form to report expenditures from the committee for; operating e	expenses.	contri	butions to	cand	lidate/pol	itical		

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)  2. ID Number									
Scott Elliott for City Council									
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)									
Operating E	xpenses	Contributions to Car	ndidates/Political Committees	Co	oordinated Party Expenditures				
4. Payee Inform	nation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments				
(include city, state,	& zip)								
Wicked Graphic	es								
91 McGill Ave			c. Level Registered (Specify)						
Concord, NC 28	3025		Federal	County:					
			State	Municipality:	e. Election Sum to Date				
704-784-3333					\$ 48.15				
			<u> </u>		\$ 46.13				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	Check	В	08/03/201	\$48.15	Vehicle Graphic				
	Check	В	00/03/201	ψ+0.13					
				\$					
				Ψ					
4. Payee Inform	nation		Add	Remove					
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments				
(include city, state,									
KS Image Solut									
4464 Raceway 1	Dr. SW		c. Level Registered (Specify)						
Suite C			Federal	County:					
Concord, NC 28	3027		State	Municipality:	e. Election Sum to Date				
704-786-7763					\$ 3,615.20				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
		Contracted and the contracted an			Printing yard				
1	Check	В	08/30/2017	\$3,615.20	signs & cards				
					organis de curais				
				\$					
4. Payee Inform	nation		Add	Remove					
EXIST SUBMINISTRATION OF THE STREET,	ing Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,	[경구] 프레이 (에) (11년 1년 80년 1년								
US Post Office									
66 McCachern	Blvd		c. Level Registered (Specify)						
Concord, NC 2			Federal	County:					
			State	Municipality:	e. Election Sum to Date				
800-275-8777				•					
					\$ 323.15				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
1	check	I	08/19/2017	\$93.15	•				
1	check	I	8/26/2017	\$230.00					
5. Total only th	is Page				\$ 3986.5				
	CRO-1310 Pages								
		nmary Page CRO-110	00 if Operating Expenses)		•				
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)									
10 0.770	2.70%		00 if Coordinated Party Expenditu	1000					
7. Purpose Cod	es (List detailed ex	penditure code in	(h.) above)						
A* - Media	B* - Printing	C* - Fun	draising		her Candidate				
E - Salaries	F* - Equipment				g Public Office Expenses				
I - Postage	J - Penalties	K* - Offi	ice Expenses	Q* - Donati	on to Legal Expense Fund				
O* - Other	o detailed evaluant	ion in rooning!	comorks field (k)						
Coues requir	e detailed explanat	ion in required r	CHIAI KS HEIU (K)						

								Ame	ndment		
<b>Disbursements</b>				Pg	1	of <u>1</u>			Yes	$\boxtimes$	N
	932		_				5250 (2)				

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee Full Name (and Fund if applicable)

2. ID Num

Scott Elliott for	ull Name (and Fund City Council	и и аррисавіе)			2. ID Number
3. Type of Disb		sa usa sanarata C	RO 1310 forms for and	tung of Dishussan	ant )
Operating E			RO-1310 forms for each and dates/Political Committees		ent.) ordinated Party Expenditures
4. Payee Inform		Contributions to Car	Add	Remove	Drumated Farty Expenditures
- Your management of the parties of the Land Association	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state, Cabarrus Count, 1241 Boyden Pl Concord, NC 28	& zip) y GOP ace		c. Level Registered (Specify)  Federal  State		e. Election Sum to Date
704-267-8076					\$ 300.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	Check	G	8/1/2017	\$300	
				\$	
4. Payee Inform	ation		Add	Remove	
	ng Address & Phone		b. Coordinated Committee N	Name	d. Comments
(include city, state,	& zip)		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Inform	ation		Add	Remove	1
	ng Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
			c. Level Registered (Specify)  Federal State	County: Municipality:	e. Election Sum to Date
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only th	is Page				\$ 300
	CRO-1310 Pages				
(This line goes in (This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun	nmary Page CRO-110 nmary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Polit 0 if Coordinated Party Expendi	CONTRACTOR OF THE PROPERTY OF THE CO	\$ 300
	es (List detailed ex			D 20 1 3	
A* - Media E - Salaries I - Postage O* - Other  * Codes requir	B* - Printing F* - Equipment J - Penalties  re detailed explanat	K* - Offi	cal Party ce Expenses		er Candidate g Public Office Expenses on to Legal Expense Fund