

Disclosure Report Cover

Amendment

☐ 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 Information	
a. Full Name ERNIE MASCHE FOR MAYOR	c. ID Number -7DU6G6--
b. Mailing Address (include City, State and Zip Code) 3420 N CENTER ST HICKORY, NC 28601	d. Date Filed 01/28/2014
	e. Phone Number (828) 310-8823

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 10/22/2013	4. Period End Date (mm/dd/yy) 12/31/2013	5. Treasurer Full Name ERNEST MASCHE
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☒ Candidate Campaign	☐ Party	Municipal	State/County
☐ Joint Fundraiser	☐ PAC	☐ Organizational	☐ Organizational
☐ Referendum	☐ Legal Expense Fund	☐ Thirty-five day	☐ Quarterly
7. Type of Fund (if applicable, check one)		☐ Pre-primary	☐ First
☐ "Booster Fund"		☐ Pre-election	☐ Second
☐ Building Fund		☐ Pre-runoff	☐ Third
☐ Presidential Election Year Candidates Fund		☐ Semi-annual	☐ Fourth
☐ NC Public Campaign Financing Fund		☐ Mid Year	☐ Semi-annual
☐ Other:		☒ Year End	☐ Mid Year
		☐ Final	☐ Year End
		☐ Special	☐ Final
			☐ Special
8. Number of Fundraisers this Report 0		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN	c. Account Code EWM	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 68.42		d. Period Begin Balance \$

CERTIFICATION

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

ERNEST W. MASCHE
Printed Name of Signer

Ernest W. Masche
Signature of Appointed Treasurer

01/28/2014
Date

FOR OFFICE USE ONLY

Date Received: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

Date Postmarked: _____

Employee: _____

Date Scanned: _____

Employee: _____

Date Data Entered: _____

Employee: _____

☐ 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

Amendment

☐ Yes ☒ No

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	
ERNIE MASCHE FOR MAYOR		2013 Year End Semi-Annual		-7DU6G6--	
Start of Election Cycle: January 1, 2013		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 68.42		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 0.00	
6) Contributions from Individuals (CRO-1210)		\$ 0.00		\$ 1,587.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 11,700.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 400.00		\$ 400.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 400.00		\$ 13,687.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 359.20		\$ 13,511.28	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 54.50	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 12.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 359.20		\$ 13,577.78	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 109.22		\$ 109.22	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 11,700.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 232.58	

Refunds/Reimbursements To the Committee

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Amendment

☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
ERNIE MASCHÉ FOR MAYOR			-7DU6G6--	
3. Contributor Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		g. Comments
ALLEN FINLEY ADVERTISING 42 THIRD ST NW HICKORY, NC 28601 (828) 324-6700		☐ Candidate ☐ PAC		
		☐ Referendum ☐ Party		
		e. Level Registered (Specify)		
		☐ Federal ☐ County: ☐ State ☐ Municipality:		
		h. Original Expenditure Date		
				i. Original Expenditure Amt
				\$ 3,008.38
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date
		RETURNED FUNDS ON WORK NOT COMPLETED OR NEEDED		\$ 9,818.95
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
EWM	Check		10/24/2013	\$ 400.00
4. Total only this Page				\$ 400.00
5. Total of ALL CRO-1240 Pages (This line must be on line 10 of Detailed Summary Page CRO-1100)				\$ 400.00

CRO-1240

NC State Board of Elections

December 2007

Disbursements

Amendment Pg 1 of 1 ☐ Yes ☒ No

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	
ERNE MASCHER FOR MAYOR						-7DU6G6--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures							
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARTER COMMUNICATIONS PO BOX 742600 CINCINNATI, OH 45274				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
						\$ 355.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
EWM	Check	K	11/29/2013	\$ 120.74	PHONE/INTERNET/TV		
				\$			
4. Payee Information ☐ Add ☐ Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) MIKE MORRISON NC				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)			
				☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date	
						\$ 1,217.11	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
EWM	Check	K	11/01/2013	\$ 238.46	POWER BILL		
				\$			
5. Total only this Page						\$ 359.20	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						\$ 359.20	
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		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)							

Outstanding Loans

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Amendment

☐ Yes ☒ 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	
ERNIE MASCHE FOR MAYOR			-7DU6G6--	
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
ERNEST MASCHE 3420 N CENTER ST HICKORY, NC 28601		FREELANCE PHOTOGRAPHER		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		07/30/2013
		ERNIE MASCHE PHOTOGRAPHER		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 3,700.00		\$ 3,700.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
ERNEST MASCHE 3420 N CENTER ST HICKORY, NC 28601		FREELANCE PHOTOGRAPHER		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		08/06/2013
		ERNIE MASCHE PHOTOGRAPHER		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 1,300.00		\$ 1,300.00
k. Full Name of Lending Institution				l. Loan Number
3. Lender Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments
ERNEST MASCHE 3420 N CENTER ST HICKORY, NC 28601		FREELANCE PHOTOGRAPHER		e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field		08/08/2013
		ERNIE MASCHE PHOTOGRAPHER		f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance
%		\$ 4,700.00		\$ 4,700.00
k. Full Name of Lending Institution				l. Loan Number
4. Total only this Page				\$ 9,700.00
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 11,700.00

Outstanding Loans

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Amendment

☐ Yes ☒ 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	
ERNIE MASCHE FOR MAYOR		-7DU6G6--	
3. Lender Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
ERNEST MASCHE 3420 N CENTER ST HICKORY, NC 28601		FREELANCE PHOTOGRAPHER	e. Start Date (mm/dd/yyyy)
		c. Employer's Name/Specific Field	08/30/2013
		ERNIE MASCHE PHOTOGRAPHER	f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 2,000.00	\$ 2,000.00
k. Full Name of Lending Institution		l. Loan Number	
4. Total only this Page		\$ 2,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)		\$ 11,700.00	

CRO-1430

NC State Board of Elections

December 2007