Amendment
☐ Yes ☒ No

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
ERNIE MASCHE FOR MAYOR

b. Mailing Address (include City, State and Zip Code)
3420 N CENTER ST
HICKORY, NC 28601

c. ID Number
-7DU6G6--

d. Date Filed
09/30/2013

e. Phone Number
(828) 310-8823

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	08/28/2013	09/23/2013	ERNEST MASCHE

6. Type of Committee (Check One)
- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report
0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☒ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

3. Account Information

a. Financial Institution Full Name
FIRST CITIZENS BANK

b. Purpose
CAMPAIGN

c. Account Code
EWM

d. Period Begin Balance
$ 181.82

3. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

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 MASCHE — Printed Name of Signer

Ernest Mascho — Signature of Appointed Treasurer

09/30/2013 — Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

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

☐ 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.

Amendment
☐ Yes ☒ 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
ERNIE MASCHE FOR MAYOR	2013 Pre-Primary	-7DU6G6--

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 181.82	$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 0.00	$ 0.00
6) Contributions from Individuals	(CRO-1210)	$ 975.00	$ 1,287.00
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)	$ 2,000.00	$ 11,700.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 0.00
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)		$ 2,975.00	$ 12,987.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,574.75	$ 12,344.18
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	$ 48.75
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)		$ 2,574.75	$ 12,404.93
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 582.07	$ 582.07
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)	$ 232.58	$ 232.58

Contributions from Individuals

Pg 1 of 2

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
NATASHA BOLDEN 585 NC HWY 16 S TAYLORSVILLE, NC 28681	OWNER	ROASTED 'TATER		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	EWM	Electric Funds Tran		08/30/2013	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHUCK LAMONS 2808 5TH ST NE HICKORY, NC 28601	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	EWM	Check		08/29/2013	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ERNEST MASCHE 3420 N CENTER ST HICKORY, NC 28601	FREELANCE PHOTOGRAPHER	ERNIE MASCHE PHOTOGRAPHER		$ 612.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	EWM	Electric Funds Tran		09/16/2013	$ 300.00
☐					$
☐					$

4. Total only this Page $ 900.00

5. Total of ALL CRO-1210 Pages $ 975.00

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

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BETH MEADLOCK 2778 PLAYERS CIRCLE NE HICKORY, NC 28613	MARKETING	X9 REAL TIME EVENTS		$ 25.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	EWM	Electric Funds Tran		08/30/2013	$ 25.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ARNOLD STARNES 4830 1ST ST CT NW HICKORY, NC 28601	RESTAURANT	WINDY CITY GRILL		$ 50.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	EWM	Check		09/06/2013	$ 50.00
☐					$
☐					$

4. Total only this Page $ 75.00

5. Total of ALL CRO-1210 Pages $ 975.00

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

Loan Proceeds

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

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	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	ERNIE MASCHE PHOTOGRAPHER	08/30/2013
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
%		EWM	Electric Funds Tran	$ 2,000.00

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field
	d. Percentage	e. Amount
	%	$

5. Total of ALL CRO-1410 Pages $ 2,000.00

(This line must be on line 9 of Detailed Summary Page CRO-1100)

Amendment

Disbursements

Pg 1 of 2 ☐ 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
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Type of Disbursement ***(Please use separate CRO-1310 forms for each type of Disbursement.)***

☒ 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ALL GLASS, INC. 262 1ST AVE SE HICKORY, NC 28602		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 95.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Check	F	08/29/2013	$ 95.00	GLASS TOP FOR DESK
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ALLEN FINLEY ADVERTISING 42 THIRD ST NW HICKORY, NC 28601 (828) 324-6700		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 10,218.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Check	B	09/03/2013	$ 1,826.22	PHOTO AND BIO CARDS
EWM	Check	B	09/16/2013	$ 373.06	BALLOONS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
FIRST CITIZENS BANK 1855 N. CENTER ST HICKORY, NC 28601 (828) 326-1161		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 24.95

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Draft	B	08/28/2013	$ 24.95	CHECKS
				$	

5. Total only this Page $ 2,319.23

6. Total of ALL CRO-1310 Pages $ 2,574.75

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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)**

Amendment ☐ Yes ☒ No

Disbursements

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
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

PIRYX, INC.
144 2ND ST 1ST FLOOR
SAN FRANCISCO, CA 94105
(888) 648-2220

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 30.19

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Draft	O	08/30/2013	$ 1.44	FEE
EWM	Draft	O	08/30/2013	$ 28.75	FEE

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

SIGNS BY SOHO
2731 24TH AVE NE
HICKORY, NC 28601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 50.33

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Check	K	09/05/2013	$ 50.33	BANNER
				$	

☐ Add ☐ Remove

4. Payee Information

a. Full Name, Mailing Address & Phone (include city, state, & zip)

VIEWMONT STREET STRUT
44 29TH AVE NE
HICKORY, NC 28601

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 175.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
EWM	Check	A	09/09/2013	$ 175.00	FESTIVAL PARTICIPATION
				$	

5. Total only this Page $ 255.52

6. Total of ALL CRO-1310 Pages $ 2,574.75

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

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

Pg 1 of 2

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	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	ERNIE MASCHE PHOTOGRAPHER	07/30/2013
		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	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	ERNIE MASCHE PHOTOGRAPHER	08/06/2013
		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	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	ERNIE MASCHE PHOTOGRAPHER	08/08/2013
		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

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--

☐ Add ☐ Remove

3. Lender Information		
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	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	ERNIE MASCHE PHOTOGRAPHER	08/30/2013
		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

Amendment ☐ Yes ☒ No

Contributions to be Reimbursed

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Contributor Information ☐ Add ☒ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
LOWES HOME CENTERS 1450 2ND STREET NE HICKORY, NC 28601	FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PAINT FOR HQ	08/29/2013	N	$ 29.94

3. Contributor Information ☐ Add ☒ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
LOWES HOME CENTERS 1450 2ND STREET NE HICKORY, NC 28601	FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
PAINT AND SUPPLIES FOR HQ	08/29/2013	N	$ 58.70

3. Contributor Information ☐ Add ☒ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
PARTY CITY 1942 CATAWBA VALLEY BLVD SE HICKORY, NC 28602	FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
SUPPLIES FOR HQ	08/29/2013	N	$ 17.08

3. Contributor Information ☐ Add ☒ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
PARTY CITY 1942 CATAWBA VALLEY BLVD SE HICKORY, NC 28602	FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
SUPPLIES FOR HQ	08/29/2013	N	$ 43.66

4. Total only this Page	$ 149.38
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 232.58

Amendment ☐ Yes ☒ No

Contributions to be Reimbursed

Use this form to report Contributions under $1,000 which will be refunded within 7 days.
Refunds must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name	2. ID Number
ERNIE MASCHE FOR MAYOR	-7DU6G6--

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
WAL MART 2525 US HWY 70 HICKORY, NC 28602	FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
2 TABLES FOR HQ	08/29/2013	N	$ 83.20

4. Total only this Page	$ 83.20
5. Total of ALL CRO-1215a Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 232.58