Disclosure Rep	ort Cover							endment Yes	\boxtimes	No
Use this form for gene Do not use this form to	eral report and committee	informat	tion, must be	signed	I and su'	bmitted along with	other c	detailed forms.	<u> </u>	No
1. Committee Inform	to apaate information	THE REAL PROPERTY.			**************************************			NESSER CONTROL CONTROL		
a. Full Name	ation			A TOP AND A STATE OF THE PARTY	A CONTRACTOR					
Vote LeFevers	Section of the sectio	Styll Heavy		V. 25.400			c. J	ID Number		
			DE		-			8DUC	254	
b. Mailing Address (includ 615 N Main Ave	de City, State and Zip Code)			(6)	EIIV	[FD]	d. 1	Date Filed	心色素素	
Newton NC 28658			liñ	COT		1 1 1		10/02/2	1017	Alexander 1
110110111101111			III	JUI 1	0 2 201	17		30.0 C.C. (10.0 C.C.)	017	-
			l _D ,				е. 1	Phone Number		122
			Ву					828-234-	5927	
2. Report Year 3.	3. Period Start Date (mm/d	dd/yy)	4. Period E	and Da	ate	5. Treasurer Fu	ıll Nam			
2017	08/10/2017	LOCAL WATER TOWN	(mm/dd/yy)	217	A CONTRACTOR OF THE PARTY OF TH	Robin Drury			ALEXANDER OF THE PARTY OF THE P	ato Site
90.000.000		-	778.78.78.78	6/2017		→ ()				
6. Type of Committee Candidate Campaign	The second secon		pe of Report	(c	heck or	nly one type of repo				
Candidate Campaign PAC	n Party Referendum	Municip	A Market Comment of the Comment of t		State/C	County		ferendum	多 量恢复,	77.8
Independent			Organizational	- 1		Organizational		Organizational		
Expenditure Legal Expense Fund	Joint Fundraiser		Thirty-five day	²	1	Quarterly		Pre-referendum	i	
CONTRACTOR STOTE CONTRACTOR STOTE CONTRACTOR STORY	(if applicable, check one)		Pre-primary	1		P!,		· =		
Booster Fund"	J wpproximent	7 —	Pre-primary Pre-election	-	1	First Second		Final Supplemental F	"Autolog	
Building Fund			Pre-runoff		日	Second Third	H	Supplemental F Annual	inal	
		_	Semi-annual			Fourth		Special		
Other:	1		Mid Year		[Semi-annual				
Ulner.	,	님	Year End			Mid Year	10.	Special Repor	t Name	
8. Number of Fundrais	sove this Report	=	Final Special			Year End				
Granden Company	sers this report		Special			Final Special				
11. Account Information	an de la companya de			4 AC		Special	400000000000000000000000000000000000000			
a. Financial Institution Full	·····································	AST S SUITE				Information titution Full Name			EMSR	
Wells Fargo	National Section Co., Section C	Control of the second	AND THE PARTY OF	d. Pinne.	Clai Ano.	itution run maine	Land Street	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A Service
b. Purpose	c. Account Code			b. Purpo	ose		c.	Account Code		短机
Campaign	DEL	I.		100000000000000000000000000000000000000		The Paris of the P	No. of the last of	Account	20	District Control
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	\$ 0.00						\$			
CERTIFICATION			经验到 企	54			TENERAL T	A 1800 S 1800 S 1800 S		
I certify that the Commit	ittee or Fund is in complia	ance with	h all applicab	le prov	visions (of Article 22A, 22F	2 & 221	D 22M of Char	163 (· c
the re delicial statutes	s and mai no funds are con	mmingied	ed with prohibi	bited or	r other n	non-disclosed funds	s. I furth	her certify that	this repor)] rt
is complete, true and cor Robin Drury	prrect and that I have been	trained b	oy the NC Sta	ate Boa	ard of E'	lections.				·
	Printed Name of Signer		- Kc	She	-d)	10/02/2			
FOR OFFICE USE ONL			org	rature or	Арровне	ted Treasurer	S AND W	Date	The Shirt of	4.57
Date Received:			Employee:				Delive	ery Method		
			sinployee.			Security Security	□ 1	Normal Mail		
Date Postmarked:		F	Employee:			art u. k		Registered Mail		
Date Scanned:						大量在一点一点	A STATE OF THE PARTY OF THE PAR	Hand Delivered Electronically F		
Date Scanned.		E	Employee:					Signer has not i		
Date Data Entered:		F	Employee:					mandatory train		10,074
(6) 位于"多数"等(6) 等	A Washington Course W			A CHARLET	ANGELOW					Min.
Please Note: This for	orm cannot be used to ame	and comr	nittee informa	ation si	uch as t'	the committee addr	ess, trea	asurer, assistant	treasure	er,
	custodian	n of book	ks information	n, or acc	ccount ir	information.				٠,
Y01	ou must amend the Stateme	ent of Or	rganization (C	CRO-2	.100A-F	3) to make commit	tee char	iges.		

Amendment

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

1. Committee Full Name (and Fund if continuous)

Amendment \boxtimes Yes No

	. Type of Repor		为自己 成果的"人"在1912	3. ID N	lumber
vote Lerevers	2017 35 Day Rep	oort		8DUC5	
Start of Election Cycle: January 1,	2017		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	0.00	\$	0.00
RECEIPTS			k k k v k v k v k		
5) Aggregated Contributions from Individuals 6) Contributions for A. V. J.	(CRO-1205)	\$	50.00	\$	50.00
6) Contributions from Individuals	(CRO-1210)	\$	1255.00	\$	1255.00
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 Organization	s (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)	\$		\$	
2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 1	Id and IIe)	\$	1305.00	\$	1305.00
EXPENDITURES					
3) Disbursements		10 po (1) 31 Halla			
13a) Operating Expenditures	(CRO-1310)	\$	875.88	\$	875.88
13b) Contributions to Candidates/Political Committee	es (CRO-1310)	\$		\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
5) Loan Repayments	(CRO-1420)	\$	***	\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
7) In-Kind Contributions	(CRO-1510)	\$	55.00	\$	55.00
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 10		\$	930.88	\$	930.88
9) Cash on Hand at End (Add lines 4 and 12 together, then subtrace		\$	374.12	\$	374.12
DDITIONAL INFORMATION	K. S. S. S. H.				374.12
0) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	144 35 09 14 15 15 15 10 11		1,2828017414151151
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
B) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
Account Transfers Within the Committee	(CRO-1720)	\$			
5) Administrative Support	(CRO-1710)			Φ.	Milesian
Forgiven Loans		\$		\$	
48-Hour Notice Reports Sum	(CRO-1440)	\$		\$	
Contributions to be Refunded	-	\$		\$	
RO-1100 NC State Board of Election	(CRO-1215)	\$		\$	

Aggregated Contributions from Individuals

Amendment \boxtimes

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

1. Cor	mmittee Full Na LeFevers	2. ID Number					
Voic	Lerevers						8DUC54
3. Con	ntributor Inform		有数据的基本的表现的 。这				
a. Ame		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	vv)	f. Amount
	Add	-	In Kind	Booth Fee	08/04/2		\$ 25.00
	Remove Add				08/04/2	.017	\$ 25.00
H	Remove	-	In Kind	Parade Fee	08/04/2	017	\$ 25.00
౼	Add					.,	Ψ 23.00
Ħ	Remove	1					\$
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	Remove	1					\$
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	Add						
	Remove				6 1		\$
4. Total only this Page						\$	50.00
. Tota	al of ALL CH	RO-1205 Pa	ges				50.00
(This line must be on line 5 of Detailed Summary Page CRO-1100)						\$:	50.00

		m Individuals		Pg	<u> </u>	f <u>1</u>	Amenda	nent Yes 🖂 1	
1. Com	mittee Full Name	dividual contributions (and Fund if application)	over \$50 or cont	ributions und	ler \$50 if form C	THE RESIDENCE OF THE PARTY OF T			
Vote Le		quid rand in applies	ible)			2. ID Ni			
							8DUC5	4	
	ributor Informat ame, Mailing Address		Add	THE RESERVE OF THE PERSON NAMED IN	move	是於確認	***	the strong	
	e city, state, & zip)	& Thole	The First State of Control of Con	Fitle/Profession	Nr.	d. Comme	ents		
	eFevers			nour mustrati	J1				
300000000000000000000000000000000000000	615 N Main Ave Newton NC 28658			loyer's Name/Sp	ecific Field				
1 to witon			Doosa	an Bobcat		o Florida	6 (P (
							Sum to Date	Market and	
f. Prior						\$	1005.00)	
1. 1 1101	g. Account Code	h. Form of Payment	i. In-Kind Descr	ription	j. Date (mm/dd/y	ууу)	k. Amou	nt	
		In Kind	Filing Fee		07/21/2	2017	\$	5.00	
	DEL	Transfer		08/04		2017	\$	1000.00	
							\$		
	ibutor Informati		☐ Add	Ren	nove				
	me, Mailing Address	& Phone	DOMESTIC CONTROL OF THE PARTY O	itle/Profession		d. Commer	nts		
Jerry Mu	city, state, & zip)		Sales						
131 W 8			e Emple	overla Nome/Co		-			
	NC 28658		Retire	oyer's Name/Sp	ecilic Field	-			
			-				e. Election Sum to Date		
						\$	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	iption	j. Date (mm/dd/yy	(yy)	k. Amoun	t	
	DEL	Check			08/11/2	017	\$	250.00	
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(merude	city, state, & zip)		No. of the Control of						
			c. Emplo	yer's Name/Spe	cific Field				
			10			e. Election S	Sum to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yy	yy)	k. Amount		
							\$		
							\$		

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

CRO-1210

N NC State Board of Elections April 2007

\$

\$

1255.00

1255.00

4. Total only this Page

5. Total of ALL CRO-1210 Pages

Disbursen Use this form t	to report expenditure	s from the commit	Pg ttee for; operating expenses	1 of	Amendment 2
committees and	Full Name (and Fu	expenditures.			2. ID Number
3. Type of Dis Operating	bursement (Ple	Contributions to Ca	CRO-1310 forms for each andidates/Political Committees		
4. Payee Infor			Add Add	Remove	Coordinated Party Expenditures
a. Full Name, Mai (include city, state UPrinting.com 8000 Haskell A Van Nuys CA 888-888-4211	n Ave		b. Coordinated Committee N c. Level Registered (Specify) Federal State	Name	d. Comments e. Election Sum to Date
					\$ 323.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DEL	Debit	В	08/06/2017	\$107.56	Stickers
DEL	Debit	В	08/06/2017	\$65.79	Business Cards
4. Payee Inform	mation ling Address & Phone	14. 在沙区口的	Add b. Coordinated Committee N	Remove	
(include city, state, UPrinting.com 8000 Haskell A Van Nuys CA	Ave 91406		c. Level Registered (Specify) Federal State		c. Election Sum to Date \$ 323.03
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DEI	Debit	В	09/10/2017	\$149.68	Postcards
i. Payee Inform				\$	
The state of the s	ing Address & Phone	2000年	Add b. Coordinated Committee Na	Remove	《基本》的
include city, state, ONE PO BOX 48 Newton NC 286	& zip)		c. Level Registered (Specify) Federal State	County: Municipality:	d. Comments e. Election Sum to Date
Was Rainer of the State of the					\$ 115.00
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DEL	Debit	A	08/11/2017	\$115.00	Ad
				\$	

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
O*-Other

* Codes require detailed explanation in required remarks field (k)

5. Total only this Page

6. Total of ALL CRO-1310 Pages

(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)

438.03

875.88

\$

Disbursements Amendment Pg Yes \boxtimes Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures. No

Special Spec	Vote LeFevers	Full Name (and Fur	id if applicable)		发展的一种	2. ID Number
Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures			aso use senarate	CPO 1310 forms for anch	4 CDichus	8DUC54
Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Purpose Code Debit B Os/28/2017 S38.52 Update Banners Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Purpose Code Debit B Os/28/2017 S38.52 Update Banners Add Remove A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Purpose Code Debit B Os/28/2017 S38.52 Update Banners Add Comments A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (include city, state, & zip) A. Full Name, Mailing Address & Phone (incl	Operating	g Expenses	Contributions to (Candidates/Political Committees	type of Disburs	
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State Municipality C. Election Sum to Date						
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S 38.52 f. Account Code g. Form of Payment h. Purpose Code DEL Debit B 08/28/2017 \$38.52 Update Banners 4. Payce Information S. Add Payce Information S. Add Payce Information S. Coordinated Committee Name d. Comments 4. Payce Information S. Add Payce Information S. Coordinated Committee Name d. Comments 4. Payce Information S. Add Payce S. Phone (include city, state, & zip) deliverysigns.com 40 W Crystal Lake Orlando FL 32806 S. State Municipality: e. Election Sum to Date 5. State Municipality: e. Election Sum to Date 5. Coordinated Committee Name d. County: State Municipality: e. Election Sum to Date 5. Total only this Page S. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13a of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contribate Ordinated Party Expenditures)	Newton NC 28	,658			County:	
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DEL Debit B O8/28/2017 S38.52 Update Banners						\$ 38.52
DEL Debit B 08/28/2017 \$38.52 Update Banners 4. Payee Information	f. Account Code	g Form of Payment	h Purnose Code	Data (mm (dd hagur)	Tool on the second	
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) deliverysigns.com 40 W Crystal Lake Orlando FL 32806 855-596-6381 C. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date \$ 264.66 f. Account Code g. Form of Payment B DEL Debit B 09/24/2017 \$ 264.66 \$ 437.85 Total only this Page (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 Coordinated Party Expenditures) \$ 875.88						
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(include city, state, & zip) deliverysigns.com 40 W Crystal Lake Orlando FL 32806 855-596-6381 Federal County: State Municipality: e. Election Sum to Date \$ 264.66 f. Account Code g. Form of Payment B O9/24/2017 Debit B O9/24/2017 \$ 264.66 S Total only this Page (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 Coordinated Party Expenditures) S CLevel Registered (Specify) Lount: B County: B		The second secon		AND ASSESSMENT OF THE PROPERTY		
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7. Purpose Codes (List detailed expenditure code in (h.) above)	(This line goes in	line 13b of Detailed Sum	nary Page CRO-1100) if Contrib to Candidates/Politica	al Comm)	\$ 0/3.00
	Purpose Code	es (List detailed ext	anditure code in	if Coordinated Party Expenditur	res)	TOWNSTANGED TO THE TOWNSTON OF THE PROPERTY OF
A* - Media B* - Printing C* - Fundraising D - To Another Candidate	A* - Media	B* - Printing			D - To Anot	then Condidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses		F* - Equipment	G - Politica	cal Party	H* - Holdin	ng Public Office Expenses
7 - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund		J - Penalties	K* - Offic	e Expenses	Q* - Donati	on to Legal Expense Fund
* Codes require detailed explanation in required remarks field (k)		e detailed explanation	on in required re	marks field (k)		

In-Kind Contributions			_		Amendment	
Use this form to report non-monetary contributions done	tions, goods or	servi		of the cor	1 Ves No	
ese erro-1213 if ill-Killu Collinbutions were or will be r	efunded withir	7 da	ys.	the cor	illititee or rund.	
1. Committee Full Name (and Fund if applicable)	的推翻建造级		法国的标题	2. I	D Number	
Vote LeFevers					8DUC54	
3. Contributor Information Add		100				
a. Full Name, Mailing Address & Phone	Remov	NA POSSESSION NAMED IN	CHAMPAN CO		20世紀1952年195	
(include city, state, & zip)	Б. Ту		Contributor vidual	c. C	omments	
David LeFevers			viduai didate			
615 N Main Ave		Part				
Newton NC 28658		PAC	•			
828-234-5927		Refe	erendum	d. E	ection Sum to Date	
		Othe	er Receipt Source		5.00	
e. Description				\$	5.00	
Filing Fee			f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
Timing Tee			07/21/20	17	\$ 5.00	
					\$	
					\$	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone		-	ontributor	c. Co	mments	
(include city, state, & zip)		Indiv				
Chirs LeFevers	\boxtimes	Cand	lidate			
511 S Main Ave		Party				
Newton NC 28658 828-292-6432	PAC Referendum					
020-272-0432				d. Ele	ection Sum to Date	
		Other	r Receipt Source	\$	50.00	
e. Description	经外往交换	55%	f. Date (mm/dd/y	ууу)	g. Fair Market Amount	
Booth Fee			08/04/201	7	\$ 25.00	
Parade Fee		08/04/2017			f 25.00	
		-	06/04/201	-	\$ 25.00	
					\$	
3. Contributor Information Add	Remove	12.4	Section 8	10°4258		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type		ntributor	c. Cor	nments	
(include city, state, & zip)		Indivi				
	18	Candi	date			
	IH	Party PAC				
	Referendum Other Receipt Source			d Ele	ction Sum to Date	
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e. Description			f. Date (mm/dd/yy		g. Fair Market Amount	
					\$	
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4. Total only this Page

5. Total of ALL CRO-1510 Pages

\$

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55.00

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Amendment