1. Committee Info	rmation						
a. Full Name						c.	ID Number
Vote LeFevers							8DUC54
	clude City, State and Zip Code)					d.	Date Filed
615 N Main Ave	2						01/26/2018
Newton, NC 2865	8					- 1	Phone Number
						e, i	
			A Desiral E	1D-4-			828-234-5927
2. Report Year	3. Period Start Date (mr	n/dd/yy)	4. Period E (mm/dd/yy)	nd Date	5. Treasurer F	ull Nan	ie
2017	10/24/2017		12/31	/2017	Robin Drury		
6. Type of Commit	tee (Check One)	9. Ty	pe of Report	(check o	nly one type of rep	ort from	one category)
Candidate Camp		Munici		2017	County		ferendum
PAC	Referendum		Organizational		Organizational		Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day	******	Quarterly		Pre-referendum
Legal Expense F 7. Type of Fund	(if applicable, check one)		Pre-primary		First	1	Final
"Booster Fund"	(ij applicable, check one)	ᅱᇊ	Pre-election	١Ħ	Second		Supplemental Final
Building Fund		lΠ	Pre-runoff	١Ħ	Third		Annual
			Semi-annual		Fourth		Special
n 990a/55			Mid Year	Mid Year			
Other:			Year End			10	. Special Report Name
		- 1 님	Final		Year End		
8. Number of Fund	Iraisers this Report		Special		Final		
11 A AT C		1		<u>                                      </u>	Special	to the second second second	
11. Account Inform a. Financial Institution					Information stitution Full Name		
Wells Fargo	Tun Name			a. I manciai ins	sitution Fun Ivame		
b. Purpose	c. Account Code			b. Purpose		c	. Account Code
Campaign	П	EL					
	d. Period Begin Balan	1ce				d	. Period Begin Balance
	\$ 61.12					S	
CERTIFICATION		25					
							2D-22M of Chapter 163 of
	d correct and that I have be					ias. i iur	ther certify that this report
Robin Drui		on trained		20-1-	D. accord	01/2	5/2018
-	Printed Name of Signer		Sig	nature of Appoin	nted Treasurer	-	Date
FOR OFFICE USE O		==1		. \ /	) 11		
Date Received:		[EIN]	Employee:	H	Ith	Deliv	very Method
	13			9170	<u> </u>	H	Normal Mail Registered Mail
Date Postmarke	ed:	_ []	Employee:			H	Hand Delivered
Data Caannad			Employees				Electronically Filed
Date Scanned:	Ву		Employee:				Signer has not received
	Section 1. Company of the Company of					mandatory training	
Date Data Enter	red:	_	Employee:	<u> </u>			• 0

Amendment

CRO-1000

NC State Board of Elections

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

## **Detailed Summary**

Amendment

□ Ve

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	in to the desired to	3. ID Number
Vote LeFevers	2017 Semi-annual		8DUC54
Start of Floation Cycles L	Year End	Total this	Total this
Start of Election Cycle: January 1,		Reporting Pe	
4) Cash on Hand at Start		\$ 61.12	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$ 50.00
6) Contributions from Individuals	(CRO-1210)	\$ 250.00	\$ 1,755.00
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 Organizatio	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, 11c,	, 11d and 11e)	\$ 250.00	\$ 1,805.00
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 285.34	\$ 1,724.22
13b) Contributions to Candidates/Political Committee	ees (CRO-1310)	\$	\$
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)	\$ 25.78	\$ 25.78
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 55.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 311.12	\$ 1,805.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtre	act line 18)	\$ 0	\$ 0
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)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support	(CRO-1710)	\$	S
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$ 25.78	\$ 25.78

Use this form to report individual contributions	over \$5	Pg 0 or contributions und			Yes	⊠ No
1. Committee Full Name (and Fund if applica			01 000 11 101111 01	2. ID Nu		
Vote LeFevers					8DUC54	
3. Contributor Information		Add 🗌 Rer	move			
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Commer	nts	
(include city, state, & zip)  Dean Lutz		Self-employed	074-07500-000			
PO Box 936		Real Estate & Fina c. Employer's Name/Sp		4		
Lincolnton, NC 28093		Lutz Properties	Secilic Field	-		
704-472-6844		Real Estate & Final	ince	c. Election	Sum to Date	
Section of Management of the Control		W Debastach and a strong consumer consu	20.50	\$	250.00	
f. Prior g. Account Code h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
DEL Check	10		10/27/2	2017	\$	250.00
					\$	
					\$	
3. Contributor Information		Add Ren	nove			
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Commen	nts	
(include city, state, & zip)	<u> </u>					
		N-wolfe		4		
		c. Employer's Name/Spe	ecific Field	4		
			e. Election !	Sum to Date		
				\$	Jun to Date	***************************************
f. Prior g. Account Code h. Form of Payment	i. In-J	Kind Description	j. Date (mm/dd/yy		k. Amount	
			1. Date (men an 1)	(33)	\$	
					\$	
					\$	-
3. Contributor Information		Add Rem	10ve			
a. Full Name, Mailing Address & Phone		b. Job Title/Profession		d. Commen	ts	
(include city, state, & zip)		-				
		c. Employer's Name/Spe	ifia Field	-		
		C. Employer S Name/Spe	echic Fleiu	-		
				e. Election S	Sum to Date	
				\$		
				50,480		
f. Prior g. Account Code h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
f. Prior g. Account Code h. Form of Payment	i. In-k	Gind Description	j. Date (mm/dd/yy	yyy)	k. Amount	
f. Prior g. Account Code h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	(yy)		
f. Prior g. Account Code h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	yy)	\$	
f. Prior g. Account Code h. Form of Payment	i. In-k	Cind Description	j. Date (mm/dd/yy	yyy) \$	\$	250.00

**Contributions from Individuals** 

Amendment

**Disbursements** 

Pg <u>1</u>

of <u>3</u>

Amendment
Ves

No

 $\boxtimes$ 

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

	Full Name (and Fun	id if applicable)			2. ID Number				
Vote LeFevers					8DUC54				
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)								
Operating E			andidates/Political Committees		ordinated Party Expenditures				
4. Payee Inform			Add	Remove					
	ling Address & Phone		b. Coordinated Committee N	Name	d. Comments				
(include city, state,	& zip)								
Wells Fargo									
102 S Main Ave			c. Level Registered (Specify)						
Newton, NC 28	8658		Federal	County:					
828-464-0201			State 🖂	Municipality:	e. Election Sum to Date				
					\$ 30.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
DEL	Draft	О	10/26/2017	\$10.00	Service Fee				
DEL	Draft	0	11/27/2017	\$10.00	Service Fee				
4. Payee Inform	nation		Add	Remove					
	ing Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,			D. 00010	THILL	u. Comments				
Wells Fargo	с ир)		-						
102 S Main Ave	A		c. Level Registered (Specify)		1				
Newton, NC 28			Federal	County:	-				
828-464-0201	1036		State	Municipality:	e. Election Sum to Date				
020-404-0201			☐ State ☑	Municipanty.	e. Election Sum to Date				
	7				\$ 30.00				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
DEL	Draft	О	12/27/2017	\$10.00	Service Fee				
				\$					
4. Payee Inform	ation		Add	Remove					
	ing Address & Phone		b. Coordinated Committee N		d. Comments				
(include city, state,									
Facebook			1						
650-543-4800			c. Level Registered (Specify)	26 28	1				
OF TOTOCHERA AUCTEMINATION			Federal	County:	1				
			State	Municipality:	e. Election Sum to Date				
				mane-pan-,					
					\$ 27.14				
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks				
DEL	Debit	A	10/31/2017	\$6.52	Ads				
DEL	Debit	A	12/01/2017	\$15.00	Ads				
5. Total only thi	is Page				\$ 51.52				
	CRO-1310 Pages				<b>V</b> 31.32				
	line 13a of Detailed Sum	mary Page CRO-1100	0 if Operating Expenses)						
			0 if Contrib to Candidates/Politic	cal Comm)	\$ 285.34				
		138 139	0 if Coordinated Party Expenditu	875					
	es (List detailed exp								
A* - Media	B* - Printing	C* - Fund		D - To Anothe	er Candidate				
E - Salaries	F* - Equipment	G - Politic	cal Party	H* - Holding	Public Office Expenses				
I - Postage	J - Penalties	K* - Offic	ce Expenses	Q* - Donation	n to Legal Expense Fund				
O* - Other	1-t-thad amplement		1 6.13 (1)						
"Codes require	e detailed explanati	on in required re	emarks field (k)						

Disbursements Pg 2

Amendment

 $\boxtimes$ 

No

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

	full Name (and Fun	d if applicable)			2. ID Number
Vote LeFevers					8DUC54
3. Type of Disbu		ise use separate C	CRO-1310 forms for each t	ype of Disbursen	<u>ient.)</u>
Operating E			ndidates/Political Committees	☐ Co	oordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	Catalog Many Edwards
a. Full Name, Maili	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,	& zip)	nessen in section			
Facebook					
650-543-4800			c. Level Registered (Specify)		1
			Federal	County:	1
			State 🖂	Municipality:	e. Election Sum to Date
					0.7714
					\$ 27.14
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
DEI	Dala's		7-28-27-48-21 North-April 19	05.60	Ads
DEL	Debit	A	12/01/2017	\$5.62	
1	!			\$	1
4. Payee Inform	ation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
Observer News			1		
309 N College A			c. Level Registered (Specify)		1
Newton, NC 28			Federal	County:	1
828-464-0221	1036		State	Municipality:	e. Election Sum to Date
020-404-0221			State	Winnerparty.	
					\$ 425.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				Transper to to	Ads
DEL	Debit	A	11/03/2017	\$70.00	nus.
ļ	1			\$	
4. Payee Inform	ation		Add $\square$	Remove	
	ing Address & Phone		b. Coordinated Committee Na		d. Comments
(include city, state,	A CONTRACTOR OF THE PROPERTY O		Di Cool dinates Committee	· · · · · · · · · · · · · · · · · · ·	u comment
Carolina Vines	& Zip)		1		
	-a Ava		c. Level Registered (Specify)		-
19 North Colleg Newton, NC 28			Federal Federal	County:	-
	1038			ASSESSMENT OF THE PROPERTY OF	- Plantian Com to Date
828-743-8463			☐ State	Municipality:	e. Election Sum to Date
					\$ 109.46
f. Account Code	- Form of Dayment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1. Account Code	g. Form of Payment	II. I ui pose code	i, Date (mm/dd/yyyy)	J. Amount	Thank You
DEL	Debit	0	11/07/2017	\$109.46	Gathering
					Gamering
ļ	1			\$	
To tell emberth	. n				\$ 185.08
5. Total only thi					\$ 185.08
	CRO-1310 Pages	Page CPO 1100	o (CO		4
	line 13a of Detailed Sum line 13b of Detailed Sum		맛있다. 의 전투 전 100 10 마음이를 통하게 되었는데 이렇게 있었다면 하는 그 없다고 그 없다고 모르다.	-1 C\	\$ 285.34
	Annual Contract Contr		0 if Contrib to Candidates/Politica 0 if Coordinated Party Expenditus		
				resj	
	es (List detailed exp			D T- 44	0 111
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic		D - To Anoth	er Candidate g Public Office Expenses
I - Postage	J - Penalties		cai Party ce Expenses		on to Legal Expense Fund
O* - Other	o - I characs	10	е Барсизез	Q Donnas	ii to Degai Expense I and
	e detailed explanati	on in required re	emarks field (k)		

## Refunds/Reimbursements From the Committee

Amendment
Pg <u>1</u> of <u>1</u> Yes ⊠ N

Jse	this	form	to report	refunds	/reimbursements	including	contribut	ions	returned	to t	he contri	butor

1. Committee Full N	lame (and Fu	ind if applicable)			2. ID Number		
Vote LeFevers					8DUC54		
2 D T C		∑ Ad	II Damaria				
3. Payee Informatio		⊠ Ad	d. Type of Committee		h. Original Receipt Date		
a. Full Name, Mailing Ac (include city, state, & a			Candidate	PAC	10/13/2017		
David LeFevers	ыр)		Referendum	Party	10/13/2017		
615 N Main Ave			e. Level Registered (Specify		i. Original Receipt Amount		
Newton, NC 28658			Federal	County:	\$ 250.00		
828-234-5927			State 🖂	Municipality:	\$ 230.00		
			f. Purpose Code		j. Election Sum to Date		
			L		\$ 1,255.00		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
Technical Illustrato		Doosan Bobcat	Candidate		DEL		
		Mfg. Portable Pwr Eq					
l. Form of Payment	m. Required F			n. Date (mm/dd/yyy	y) o. Amount		
Transfer	Closing accoun	nt at end of campaign		01/31/2018	\$ 25.78		
3. Payee Informatio	n	☐ Ac	ld Remove				
a. Full Name, Mailing Ac	***************************************		d. Type of Committee		h. Original Receipt Date		
(include city, state, & a	zip)		Candidate	PAC			
			Referendum	Party	7. Company (1982)		
			e. Level Registered (Specify		i. Original Receipt Amount		
			Federal	County:	\$		
			f. Purpose Code	Municipality:	j. Election Sum to Date		
			i. Turpose Code				
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
l. Form of Payment	m. Required F	l Remarks		n. Date (mm/dd/yyy	y) o. Amount		
					\$		
2 Danie Informatio		☐ Ac	id Remove				
3. Payee Informatio			d. Type of Committee		h. Original Receipt Date		
a. Full Name, Mailing Ad (include city, state, &			Candidate	PAC	ii. Original Receipt Date		
(include city, state, &	zip)		Referendum	Party			
			e. Level Registered (Specify	7)	i. Original Receipt Amount		
			Federal	County:	\$		
			State	Municipality:			
			f. Purpose Code		j. Election Sum to Date		
					\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. Account Code		
I. Form of Payment	m. Required I	Remarks	Language in a contract of the	n. Date (mm/dd/yyy	y) o. Amount		
	an required i			(	\$		
4 Total ambuthin D					\$ 25.78		
4. Total only this Pa		S (This line must be on line 16 of Detailed	Cummary Page CDO 1100		\$ 25.78		
L - Returned to Contrib		M - Overpayment for Service		Contribution Limit	Ψ 23.70		
P* - Reimbursement o	of In-Kind	O* Other	IN - EXCOUNT				
* Codes require detailed	explanation in	required remarks field (m)					

Amendment

## Contributions to be Reimbursed

Pg	1	of	1	Yes	$\boxtimes$	No
1 8	<u> </u>	OI	1			

Use this form to report Contributions of \$1,000 or less to be reimbursed within 7 days. Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

1. Committee Full Name					2. II	Number	
Vote LeFevers						8DUC54	
3. Contributor Information		Add		Remove			
Full Name & Mailing Address of the Payee		TOWNS AND AND ADDRESS OF THE PARTY OF THE PA	me & N	Mailing Address o	f the R	Reimbursee	
(the original vendor)				whom the campai			
Vote LeFevers		David l	LeFever	S			
615 N Main Ave		Contract of the second	Main Av				
Newton, NC 28658		Newton	i, NC 2	8658			
3							
a. Contribution Description	b. Da	te (mm/dd/	уууу)	c. Credit Card Y	//N (	d. Amount	
Funds Transfer	10/1	3/2017		N		\$ 25.78	
3. Contributor Information	Ė	Add		Remove			
Full Name & Mailing Address of the Payee				Mailing Address of			
(the original vendor)		(the pe	rson to	whom the campai	gn che	eck is written)	
a. Contribution Description	b. Da	b. Date (mm/dd/yyyy)		c. Credit Card Y	//N (	d. Amount	
						\$	
3. Contributor Information		Add		Remove			
Full Name & Mailing Address of the Payee		Full Na	me & N	Mailing Address o	f the R	teimbursee	
(the original vendor)		(the pe	rson to	whom the campai	gn che	eck is written)	
a. Contribution Description	b. Da	te (mm/dd/	уууу)	c. Credit Card Y	//N (	d. Amount	
						\$	
3. Contributor Information		Add		Remove			
Full Name & Mailing Address of the Payee		Full Name & Mailing Address of the Reimbursee					
(the original vendor)		(the person to whom the campaign check is written)					
a. Contribution Description	b. Da	l te (mm/dd/	уууу)	c. Credit Card Y	//N	d. Amount	
						\$	
4. Total only this Page					\$ 25	5.78	
5. Total of ALL CRO-1215 Pages					Ф 2-	70	
(This line goes in line 28 of Detailed Summary Page CRO-1100)					\$ 25	5.78	
TO THE STATE OF TH							