Disclosure Report Cover		Amendment		
		Yes		No
Use this form for general report and committee information, must be signed and submitted along with a	.1 1		300	

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 Infor	mation							
a. Full Name								c. ID Number
Wetmore for Mayor	•	DEDELMED					c. ID Number	
		DEGEIVEN						
b. Mailing Address (incl PO Box 2262	5122					d. Date Filed		
Hickory, NC 28603		[][] JOL 3 1 2017 []]				07/28/2017		
				By_		ĺ		e. Phone Number
		-						828-612-0415
a n		6000000000	4. Period l	and Da				020 012-0413
2. Report Year	3. Period Start Date (mm/	dd/yy)	(mm/dd/yy)	ena Da	te	5. Treasurer Fi		ıme
2017	07-14-17		07/2	4/2017		Ryan Patrick K	elly	
6. Type of Committ	ee (Check One)	9. Type	of Report	(c.	heck o	nly one type of repo	ort fre	om one category)
Candidate Campa	ign Party	Municipa				County		Referendum
☐ PAC	Referendum		Organizational			Organizational		Organizational
Independent Expenditure	Joint Fundraiser		Thirty-five day			Quarterly	1	Pre-referendum
Legal Expense Fu	nd	100000						
7. Type of Fund	(if applicable, check one)		re-primary			First	ı	Final
Booster Fund"		1 —	Pre-election		Ħ	Second		Supplemental Final
Building Fund		F	re-runoff		Ħ	Third		Annual
1 NO 400		_ s	Semi-annual		\Box	Fourth	İ	Special
			Mid Year		_	Semi-annual	- 1	— Брески
Other:			Year End			Mid Year	1	0. Special Report Name
		□ F	inal	Year I		Year End		
8. Number of Fundr	aisers this Report	□ s	pecial			Final		
						Special		
11. Account Informa				11. Ac	count	Information		
a. Financial Institution F	ull Name			a. Finan	cial Ins	titution Full Name		
Capital Bank	Transaction of the second							
b. Purpose	c. Account Code			b. Purpo	ose			c. Account Code
Campain Financials	071	7						
rmanciais							-	
	d. Period Begin Balance							d. Period Begin Balance
	\$ 0							\$
CERTIFICATION								
I certify that the Com	mittee or Fund is in compli	ance with	all applicab	le prov	isions	of Article 22A, 22I	B. & 3	22D-22M of Chapter 163 of
the NC General Status	tes and that no funds are co	mmingled	with prohil	bited or	other	non-disclosed fund	ls. I fi	orther certify that this report
is complete, true and	correct and that I have been	trained b	y the NC St	ate Bo	ref of	Elections.		
Ryan Patrick			.///	4-11	w		07/2	28/17
FOR OFFICE HER ON	Printed Name of Signer		· MSig	nature of	Appoir	nted Treasurer		Date
FOR OFFICE USE ON	NLY							
Date Received:		E	mployee:				Del	Normal Mail
Date Postmarked		Е	mployee:				Ħ	Normal Mail Registered Mail Hand Delivered
Date Scanned:	-	Е	mployee:				Ħ	Electronically Filed Signer has not received
Date Data Entered	d:	E	mployee:					mandatory training
	custodia	n of book	s informatio	n, or ac	count	information.		reasurer, assistant treasurer,
	You must amend the Staten	ient of Or	ganization (CRO-2	100A	El to make commit	ttee of	nangee

CRO-1000

Amendment \boxtimes Yes No

Detailed SummaryUse 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	 ormation.	3. ID N	lumbou.
Wetmore for Mayor	10-Day Report		3. ID N	umber
0				
Start of Election Cycle: January 1,	2017	Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$	Election Cycle
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 11850.00	\$	11850.00
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)	\$ 1 (1 × 1) × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	\$	
11b) Contributions from Not-for-Profit Organization	ns (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)	\$	\$	
EXPENDITURES				
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$ 2000.00	\$	2000.00
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)	\$	\$	
17) In-Kind Contributions	(CRO-1510)	\$	\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,		\$ 2000.00	\$	2000.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ict line 18)	\$ 9850.00	\$	9850.00
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)	\$		
4) Account Transfers Within the Committee	(CRO-1720)	\$		
5) Administrative Support	(CRO-1710)	\$	\$	
6) Forgiven Loans	(CRO-1440)	\$	\$	
7) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$	
8) Contributions to be Refunded	(CRO-1215)	\$	\$	

Conti	ributions fro	m Individuals		î	Pg	of	Amenda	nent Yes N
Use this	form to report inc	lividual contributions	over \$5	0 or contributions u	nder \$50 if form (CRO 1205 is	not used	res N
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID N		
Wetmor	e for Mayor							
3. Conti	ributor Informati	ion		Add 🔲 R	Remove			
a. Full Name, Mailing Address & Phone			b. Job Title/Profession	d. Commo	ents			
(include city, state, & zip)			Owner	Initial I	Deposit to			
Louis W					open Ca			
4152 1 st Street Place NW Hickory, NC 28601			c. Employer's Name	Accoun	t			
828-612				Wetmore Mediat	a Florian Court D			
						e. Election Sum to Date		
72.200	Т					\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/	уууу)	k. Amou	nt
	0717	Check			07/1	4/17	\$	10,000.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add R	emove			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession	Notific the second	d. Comme	nts	
	city, state, & zip)							
Joshua S				Owner				
	Ave Apt H			c. Employer's Name/				
888-567-	NC 28601			Shampo Enterpris				
000-307-	4333				e. Election	e. Election Sum to Date		
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/	уууу)	k. Amoun	t
	0717	Check			7/19/2	2017	\$	1000.00
							\$	
							\$	
3. Contri	butor Informatio)n		Add Re	emove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n	d. Commer	nts	
	city, state, & zip)			Chief Executive				
	Hunt Broyhill			Officer				
Hickory 1	th Street Court NV	N		c. Employer's Name/S				
828-758-				Broyhill Asset Management		a Election Sum to But		
020 100-0100					e. Election Sum to Date			
f. Prior	g. Account Code	h. Form of Payment	I		1	\$	250.00	
<u></u>	0717	Check	1. 1n-K	ind Description	j. Date (mm/dd/y		k. Amoun	A1007/410 TANAN
	0/1/	Clieck			07/24/	2017	\$	250.00
ᆜ							\$	
Ш							\$	
	only this Page					\$		11250.00
	of ALL CRO					\$		
(This line	must be on line 6 of 1	Detailed Summary Page C.	RO-1100)			3		

Amendment

		om Individuals		I	Pg _2 0	of 2	Amendm Y	
Use this	form to report in	dividual contributions	over \$5	0 or contributions un	nder \$50 if form C	RO 1205 is n	ot used	
1		e (and Fund if applica	able)			2. ID Nu	mber	
	re for Mayor							
	ributor Informat			Add R	lemove			
	ame, Mailing Address	s & Phone		b. Job Title/Profession	on	d. Commer	nts	
Larry A	e city, state, & zip)					e vindi- e e e e e e e e e e e e e e e e e e e		
	ermud Dr			Retired				
2000	r, NC 28601			c. Employer's Name/ Retired	Specific Field			
				recircu		e Election	Sum to Date	
								SE = 0 100 F
f. Prior	g. Account Code	h. Form of Payment	1:1.	Kind Daniel	- [\$	500.00	
	0717	Check	1. 111-	Kind Description	j. Date (mm/dd/y		k. Amount	
_=	0717	Check			07/24/	2017	\$	500.00
Ц							\$	
							\$	
	ibutor Informati			Add Re	emove			
	me, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession	n	d. Commen	ts	
	byd Cartwright			-				
370 21st				c. Employer's Name/S	Specific Field			
	NC 28601							
929-322-	-7832					e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Lind Description	j. Date (mm/dd/y	000.		
	0717	Check		, and the second	07/24/2		k. Amount	100.00
						9,50,70,00	\$	
							\$	
3. Contri	 ibutor Informatio	On .		Add Re	move		J 5	
	ne, Mailing Address			b. Job Title/Profession		d. Comments		
	city, state, & zip)					u. Comments		
				c. Employer's Name/S	nocific Field			
				C. Employer's (Value/S	pecine Field			
						e. Election St	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	уу)	k. Amount	
							\$	
							\$	1
							\$	
4. Total	only this Page	e				\$		600.00

5. Total of ALL CRO-1210 Pages

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

11850.00

\$

Disbursen	nents		D.			Amendment	_
Use this form t	to report expenditures	s from the commit	Pg tee for; operating expense	s <u>1</u> of es, contributions to	<u>1</u> o candidate/	☐ Yes ☐	N
committees an	d coordinated party e	expenditures.			o outraracter	pontical	
Wetmore for I	Full Name (and Fur Mayor	nd if applicable)			2.	ID Number	
3. Type of Dis		ase use separate (CRO-1310 forms for each	h tung of Dieles			
	Expenses	Contributions to Ca	andidates/Political Committees			rty Expenditures	
4. Payee Infor		\boxtimes	Add	Remove	Coordinated Fal	tty Expenditures	
	iling Address & Phone		b. Coordinated Committee		d. Commo	ents	
Shampo Enter							
682 22 nd Ave]			1 10 1		Politica		
Hickory, NC 2			c. Level Registered (Specify	y) County:	Consult	ing	
			State	Municipality:	e Flection	Sum to Date	
f.1	T	1		\$ 2000			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	k. Required Remarks			
0717	Check	0	07/14/2017	\$2000.00	Consulting Fee		
				\$			
4. Payee Inform			Add	Remove			
	ling Address & Phone		b. Coordinated Committee	Name	d. Comme	nts	
(include city, state	, & zip)						
			c. Level Registered (Specify				
			Federal Federal	County:			
			State	c. Election Sum to Date			
				Municipality:		Sum to Date	
61 .61					\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required	d Remarks	
				\$			
				\$			
4. Payee Inforn			Add	Remove			
	ing Address & Phone		b. Coordinated Committee N	Name	d. Commen	its	
(include city, state,	& zip)						
		-	a I aval Danistava I (C. 15)		4		
			c. Level Registered (Specify)	County:			
			State	Municipality:	e. Election Sum to Date		
						Juli to Date	
	F				\$		
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required	Remarks	
				\$			
				\$			
. Total only thi					\$ 20	00.00	
	CRO-1310 Pages						
(This line goes in	line 13a of Detailed Sumi line 13b of Detailed Sumi	nary Page CRO-1100 ; mary Page CRO-1100	if Operating Expenses) if Contrib to Candidates/Politic	I.C.	\$ 20	00.00	
(This line goes in	line 13c of Detailed Sumr	nary Page CRO-1100 (if Contrib to Canataates/Politic if Coordinated Party Expenditi	cal Comm)			
. Purpose Code	es (List detailed exp	enditure code in (l	1.) above)				
* - Media	B* - Printing	C* - Fundr	raising	D - To Anoth	er Candidate		
- Salaries - Postage	F* - Equipment J - Penalties	G - Politica K* - Office		H* - Holding	Public Offic	e Expenses	
)* - Other				Q* - Donatio	n to Legal Ex	pense Fund	
Codes require	detailed explanatio	n in required ren	narks field (k)				